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CO-OCCURRING DISORDERS: PREVALENCE, UNDER-DIAGNOSIS, AND THE DOWNWARD SPIRAL LEADING TO HOMELESSNESS, INCARCERATION, AND LOWER LIFE EXPECTANCY. HOW TO CHANGE THE COURSE BY IMPLEMENTING EVIDENCE-BASED, INTEGRATED CARE—FROM THE PROVIDER LEVEL UP TO A SYSTEMS-BASED APPROACH

Torie S. Sepah

California Institute for Women, USA

Co-occurring disorders—which used to be called ‘dual diagnosis’ disorders refers to the concurrence of both a substance use disorder and a psychiatric disorder in a given individual.

Such disorders are not uncommon and a growing body of evidence has taught us that this phenomenon has a unique clinical course than either of its separate diagnosis. The impact of co-occurrence is greater than the sum of its parts.

In general, there is a downgrading of the prognosis for both disorders when identified in the same patient. The currently accepted prevalence of this condition has been stable over the course of two decades during which time, several large scale studies have cast their net wide enough to capture diagnostic relationships that had historically been difficult to make. After all, the populations being studied present

diagnostic challenges given the overlap between substance induced symptoms, withdrawal symptoms and those that are independent of substance use.

Biography

Torie S. Sepah, MD is a physician psychiatrist, with Board Certification by the ABPN in Adult Psychiatry. She completed undergraduate at UCLA with a BA in Political Science and medical school at Tulane School of Medicine, where she was inducted into the Arnold P. Gold Humanism in Medicine Honour Society for exemplifying humanistic care. She completed internship in Family Medicine at Kaiser Permanente Los Angeles Medical Centre and residency in Psychiatry at LA County-University of Southern California. Dr. Sepah was a Chief Resident during residency at which time she conducted research on physician burnout among two departments, from the resident to attending level.

Torie.sepah@gmail.com