

DISEASE MODEL OF ADDICTION

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Associate Professor

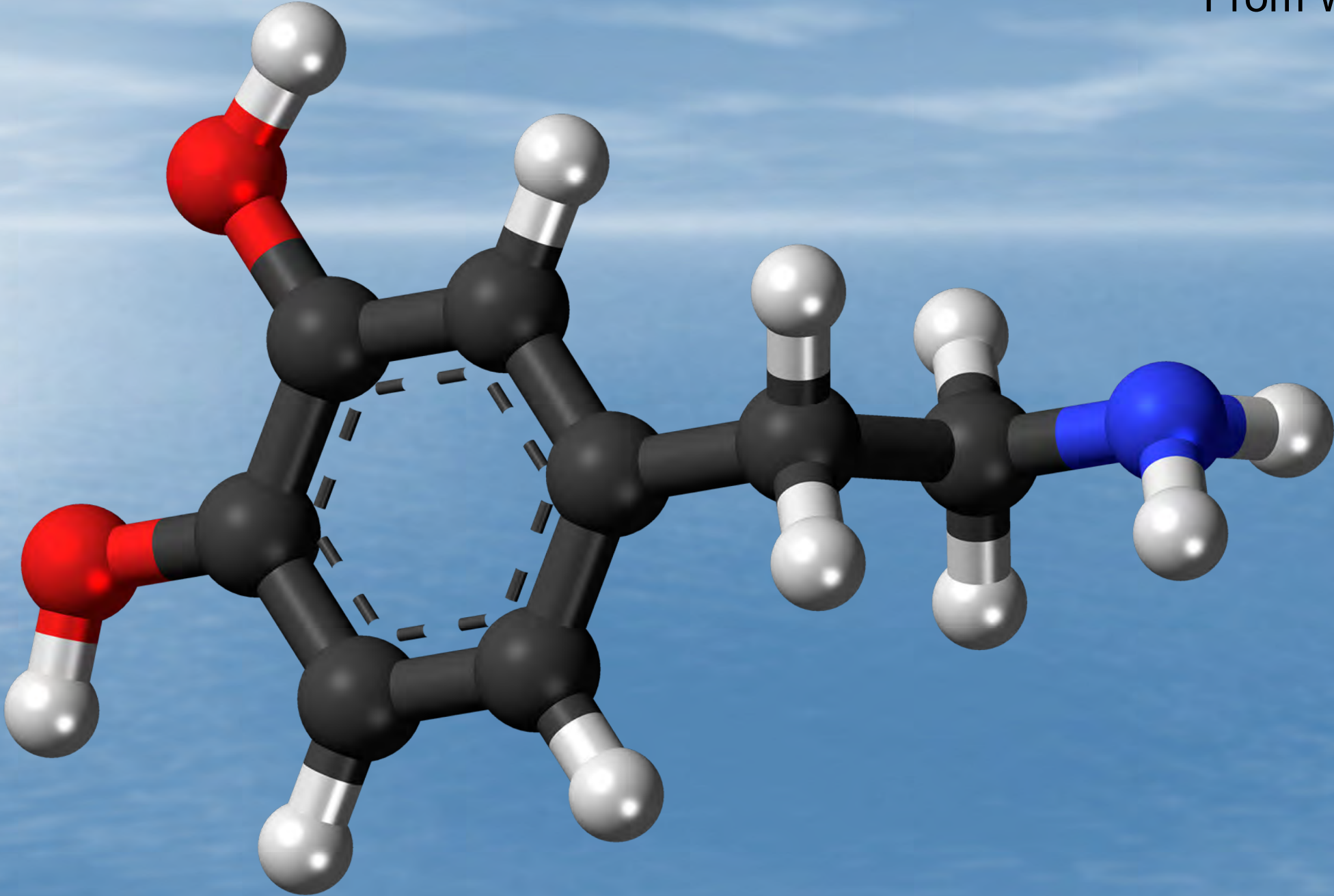
Director, Aerospace Medicine Center

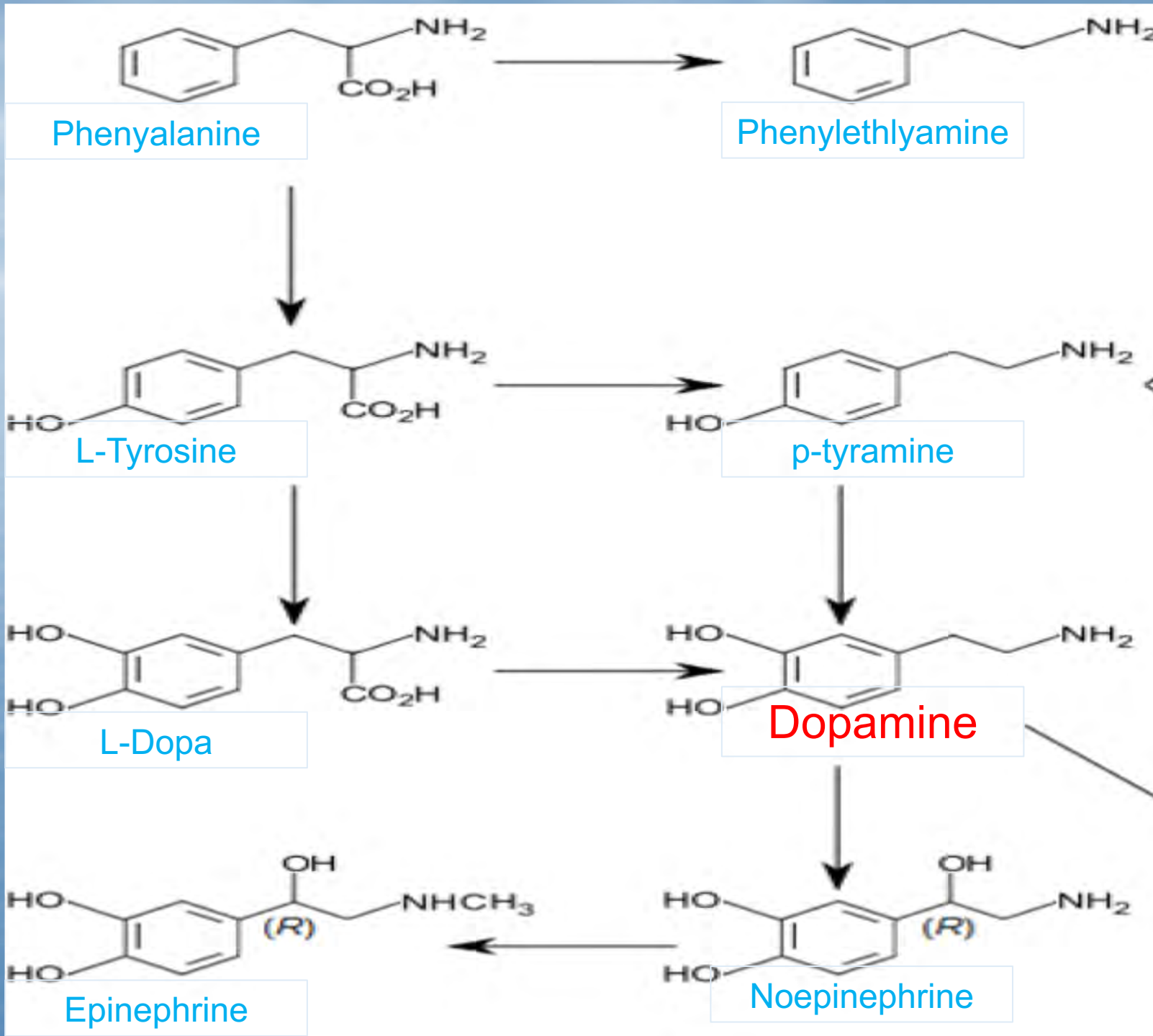
University of Texas Medical Branch











Synaptic vesicle

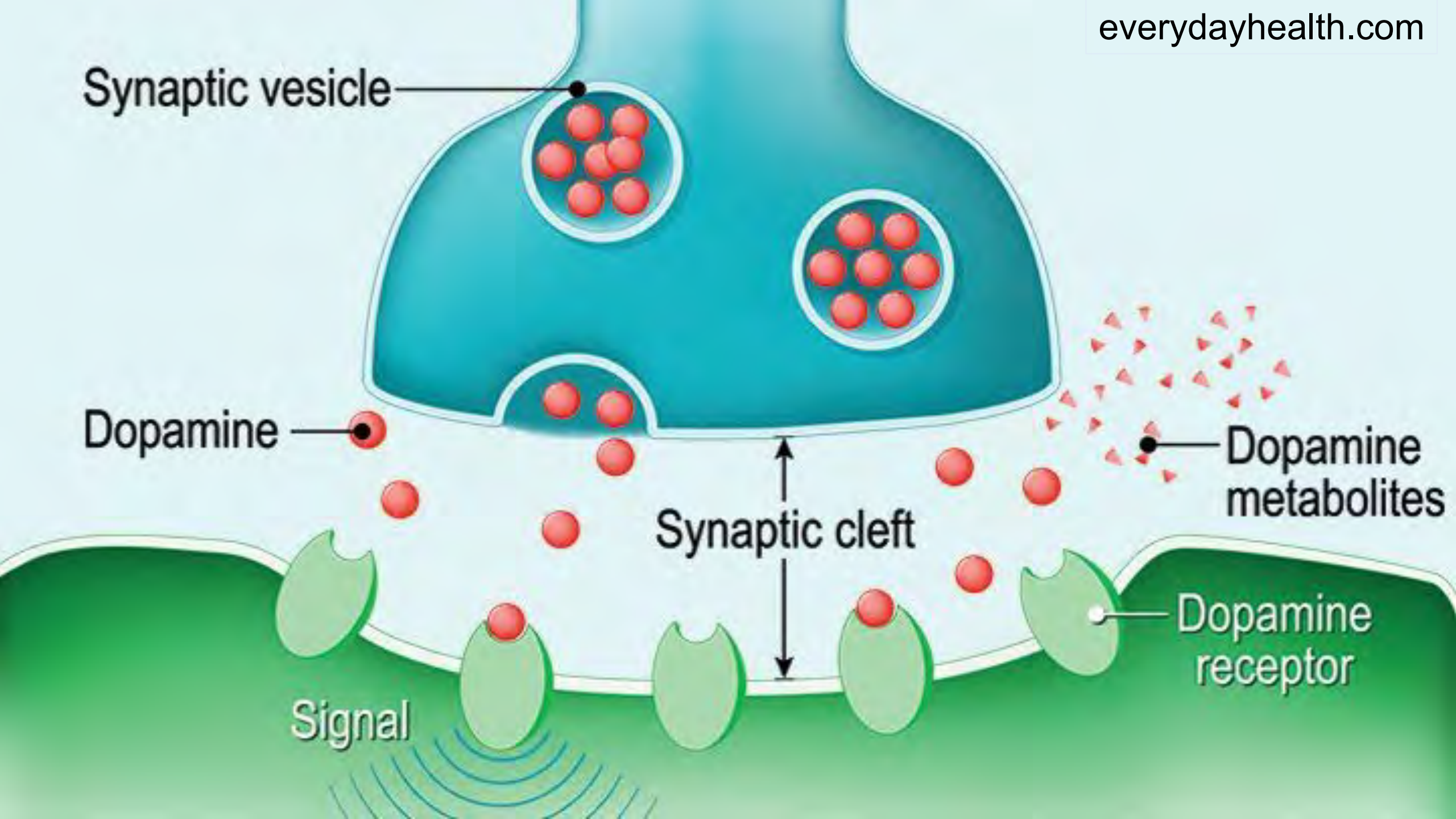
Dopamine

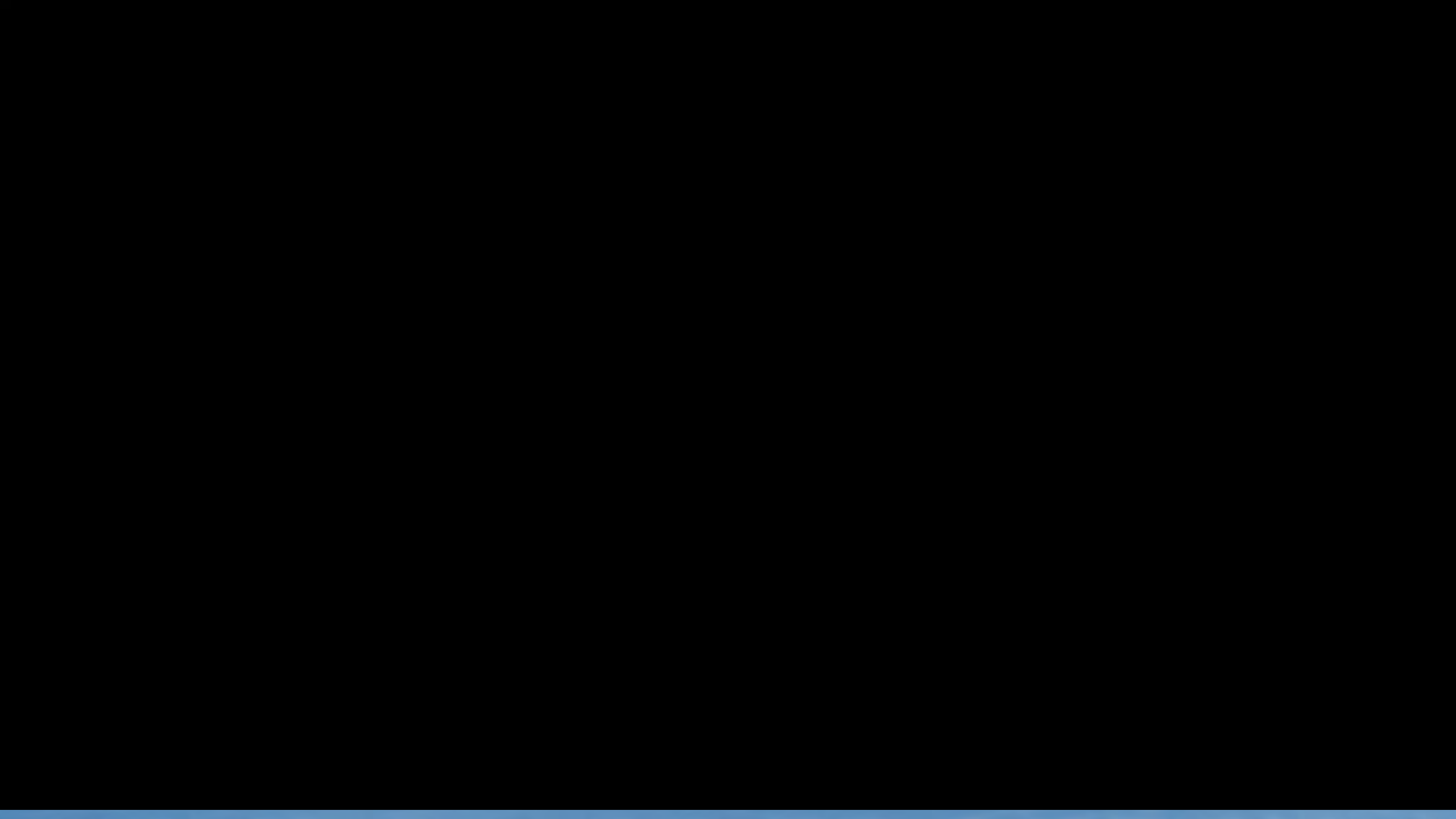
Dopamine metabolites

Synaptic cleft

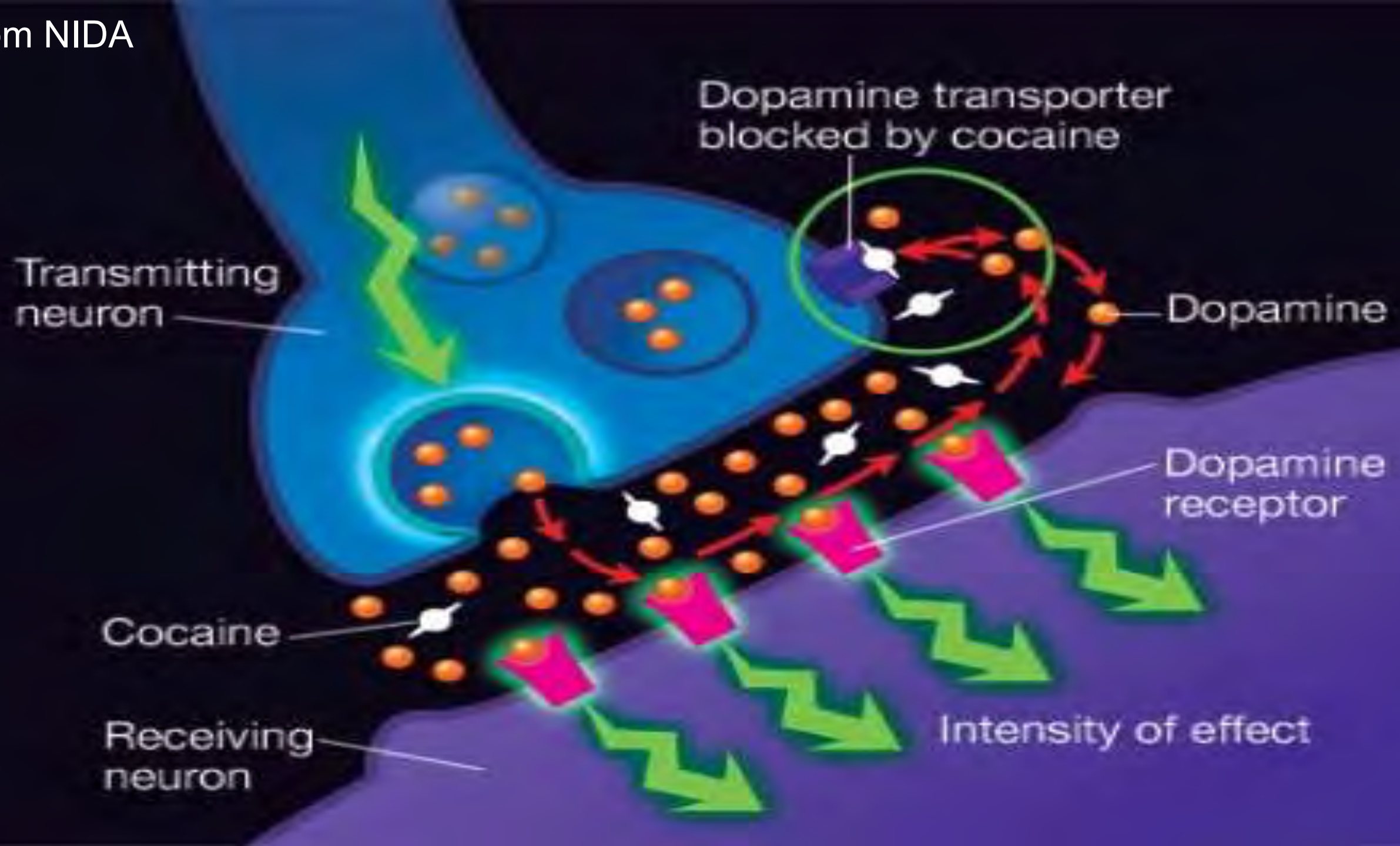
Dopamine receptor

Signal





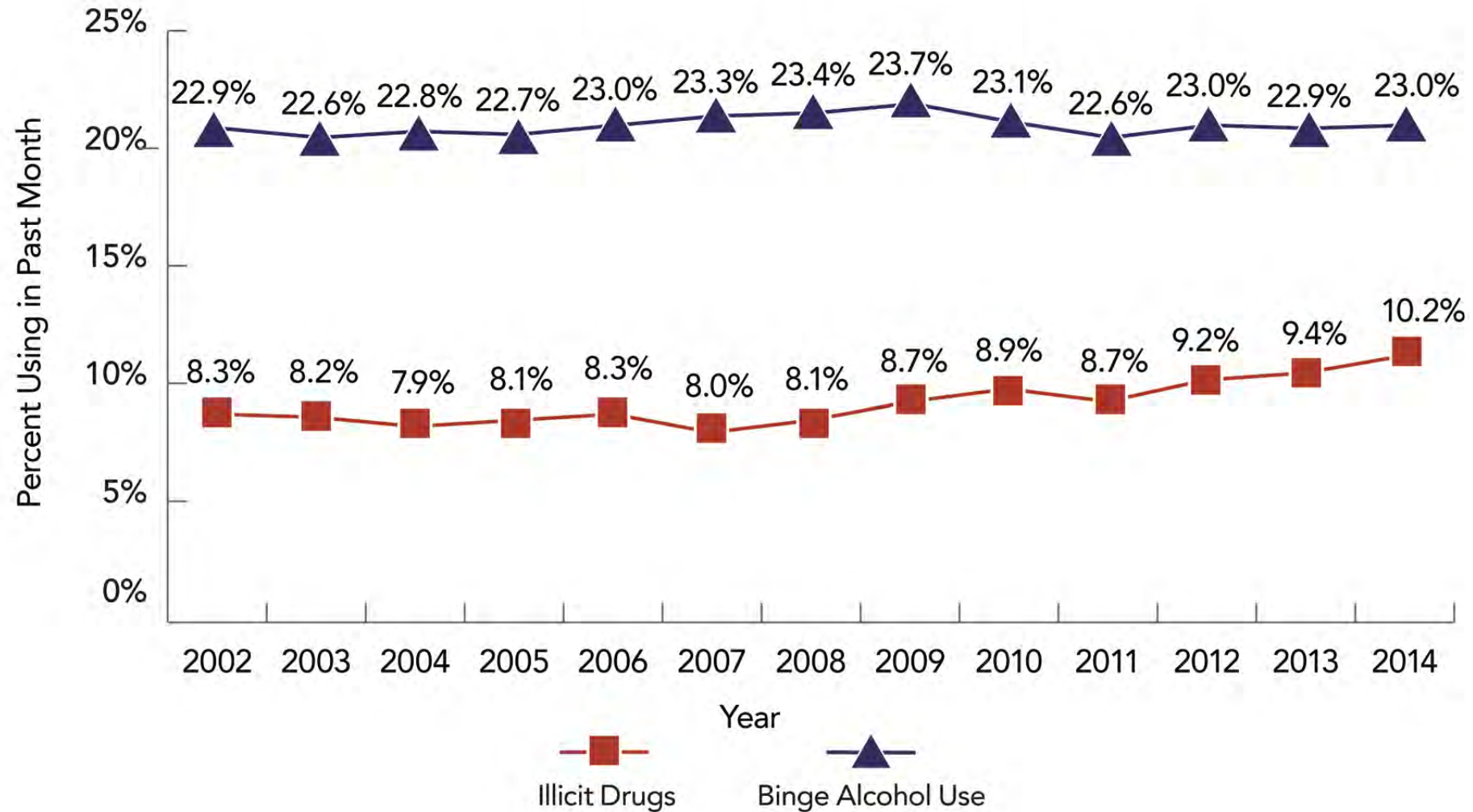
From NIDA



2014 SUBSTANCE USE, PAST YEAR INITIATION OF SUBSTANCE USE, AND MET DIAGNOSTIC CRITERIA FOR A SUBSTANCE USE DISORDER IN THE PAST YEAR AMONG PERSONS AGED 12 YEARS OR OLDER) # IN MILLIONS

Substance	Past Year Use or Misuse ^v		Past Year Initiation Among Total Population ^{vi}		Met Diagnostic Criteria for a Substance Use Disorder ^{vi,vii}	
	#	%	#	%	#	%
Alcohol	175.8	65.7	4.8	1.8	15.7	5.9
Drinking Pattern						
Binge Drinking ⁱ	66.7	24.9	da	da	da	da
Heavy Drinking ⁱ	17.3	6.5	da	da	da	da
Any Illicit Drug[†]	47.7	17.8	nr	nr	7.7	2.9
Cocaine/Crack	36.0	1.8	1.0	0.4	0.9	0.3
Heroin	0.8	0.3	0.1	0.1	0.6	0.2
Hallucinogens	4.7	1.8	1.2	0.4	0.3	0.1
Marijuana ⁱⁱ	36.0	13.5	2.6	1.0	4.0	1.5
Inhalants	1.8	0.7	0.6	0.2	0.1	0.0
Misuse of Psychotherapeutics ^{iv}	18.9	7.1	nr	nr	2.7	1.0
Pain Relievers	12.5	4.7	2.1	0.8	2.0	0.8
Tranquilizers	6.1	2.3	1.4	0.5	0.7	0.3
Stimulants	5.3	2.0	1.3	0.5	0.4	0.2
Sedatives	1.5	0.6	0.4	0.2	0.2	0.1
Alcohol or Any Illicit Drugs[†]	182.3	68.1	nr	nr	20.8	7.8
Alcohol and Any Illicit Drugs[†]	41.3	15.4	nr	nr	2.7	1.0

PAST MONTH RATES OF SUBSTANCE USE AMONG PEOPLE AGED 12 OR OLDER: PERCENTAGES, 2002-2014, 2014 NATIONAL SURVEY ON DRUG USE AND HEALTH (NSDUH)



Type 1 Diabetes

Muscle unable to use glucose due to low insulin



Increased glucose due to low insulin



TYPE 1 DIABETES



Pancreas

Decreased insulin in the blood vessels

Type 2 Diabetes

Obesity, inheritance & other factors leading to insulin resistance.

Muscle unable to use glucose due to insulin resistance



Increased glucose in the blood stream



TYPE - 2 DIABETES



Pancreas

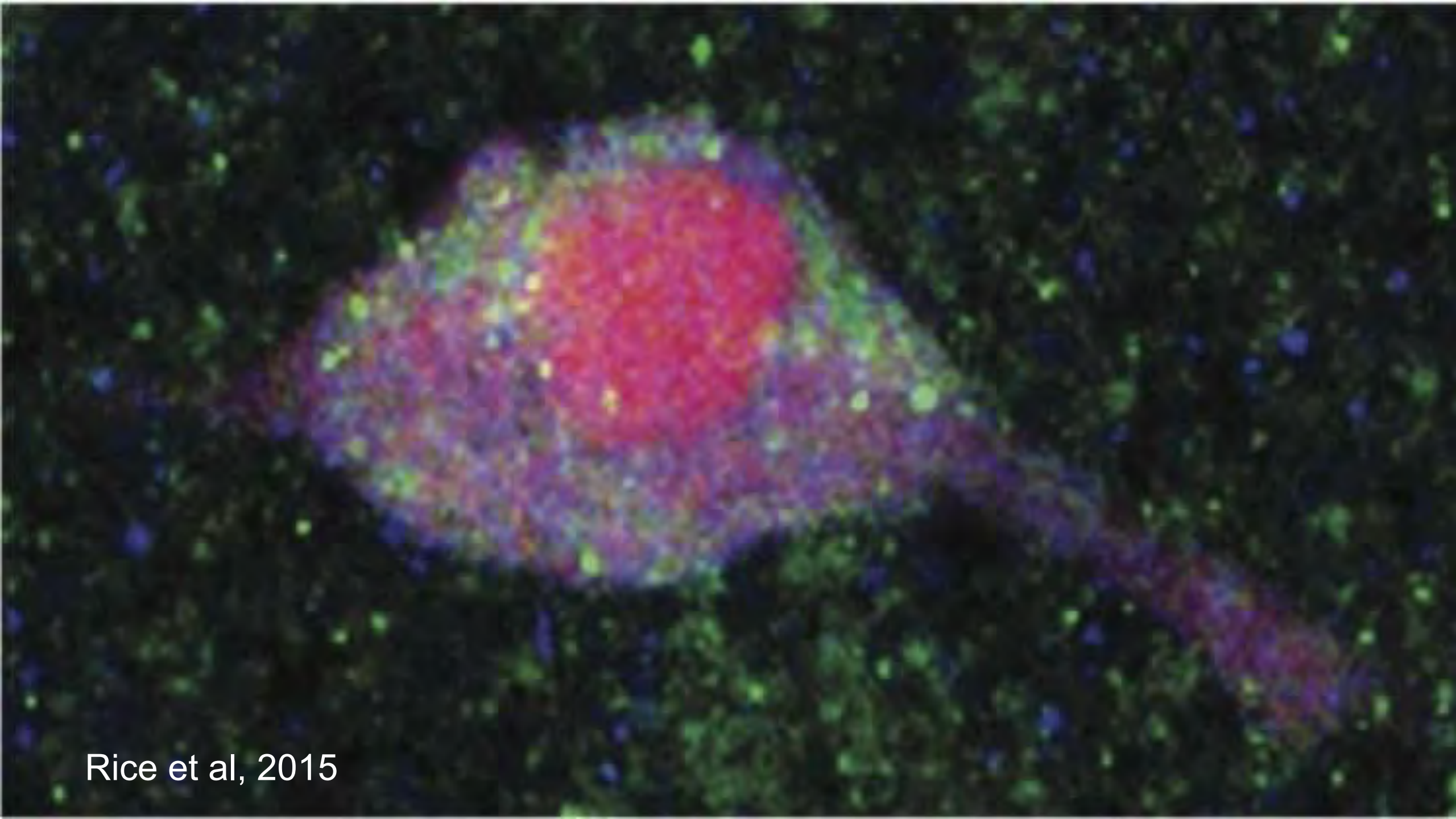
Sufficient insulin secreted in the blood stream

CMAM

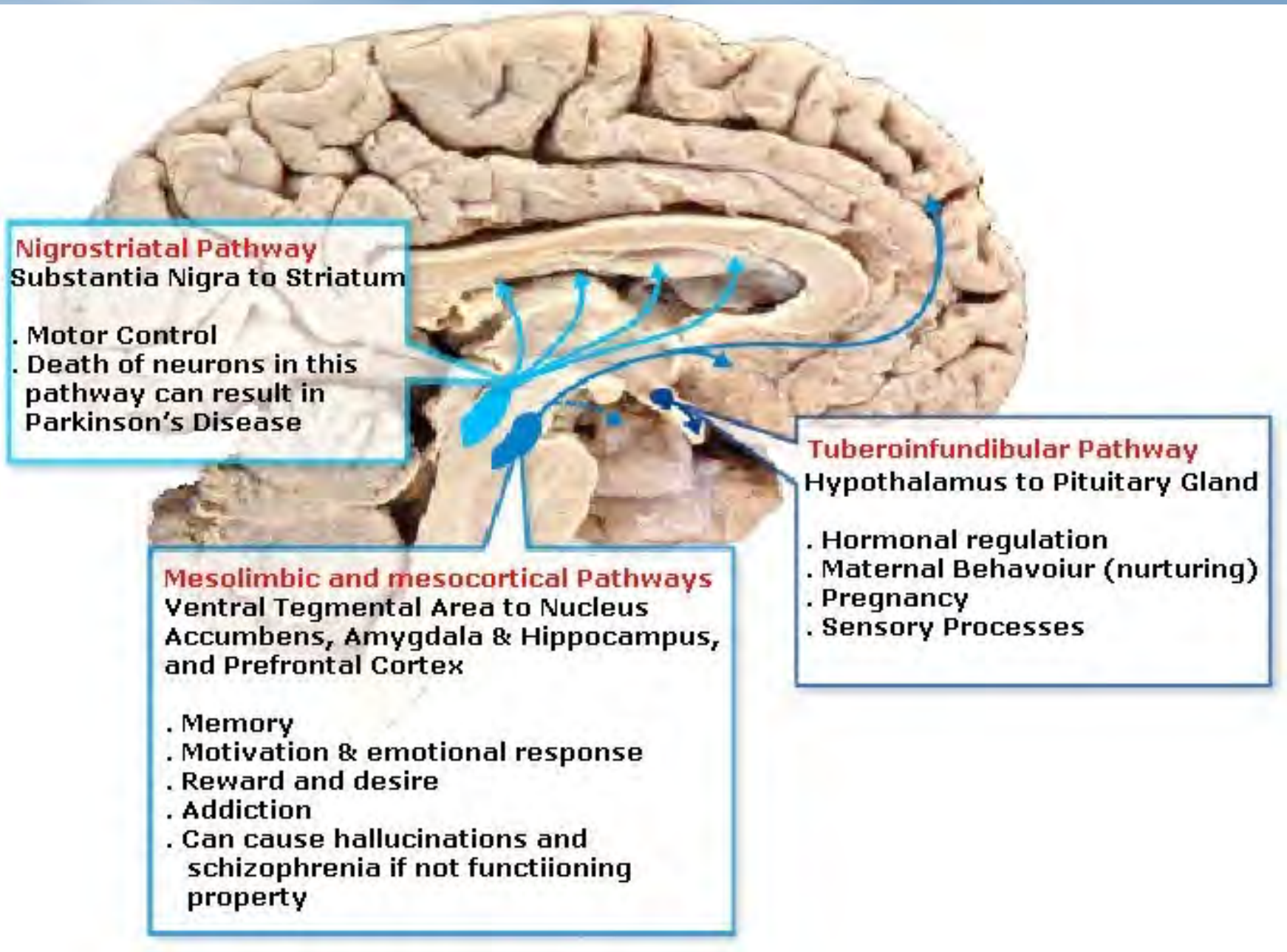


Over 8 years Professional Medical Models
Manufacture & Export Experience

Skype: anatomicalmodels
www.aliexpress.com/store/316880



Rice et al, 2015



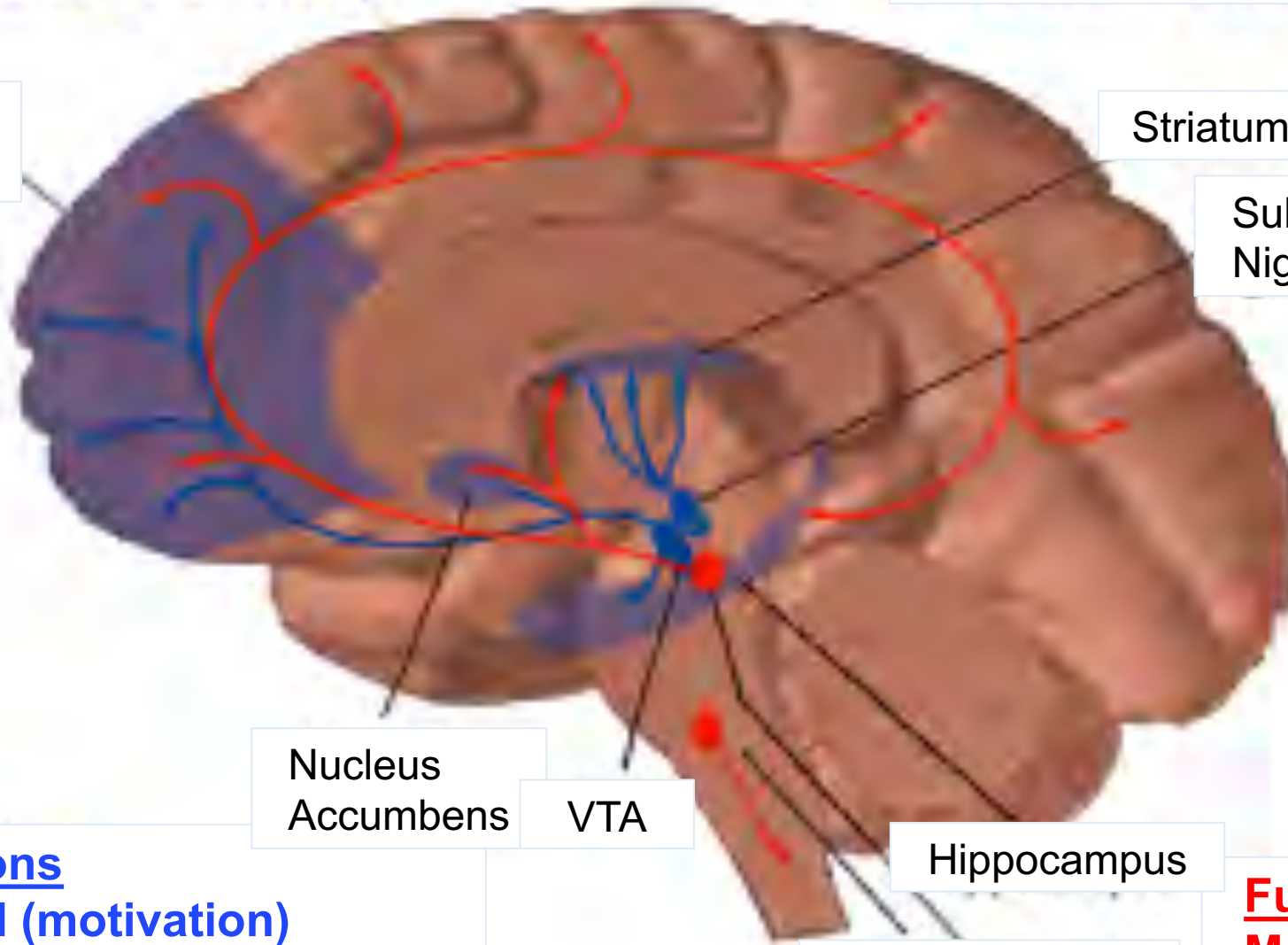
Dopamine Pathways

Serotonin Pathways

Frontal Cortex

Striatum

Substantia Nigra



Nucleus Accumbens

VTA

Hippocampus

Raphe Nuclei

Functions

Reward (motivation)

Pleasure, Euphoria

Motor Function (fine tuning)

Compulsion

Perserveration

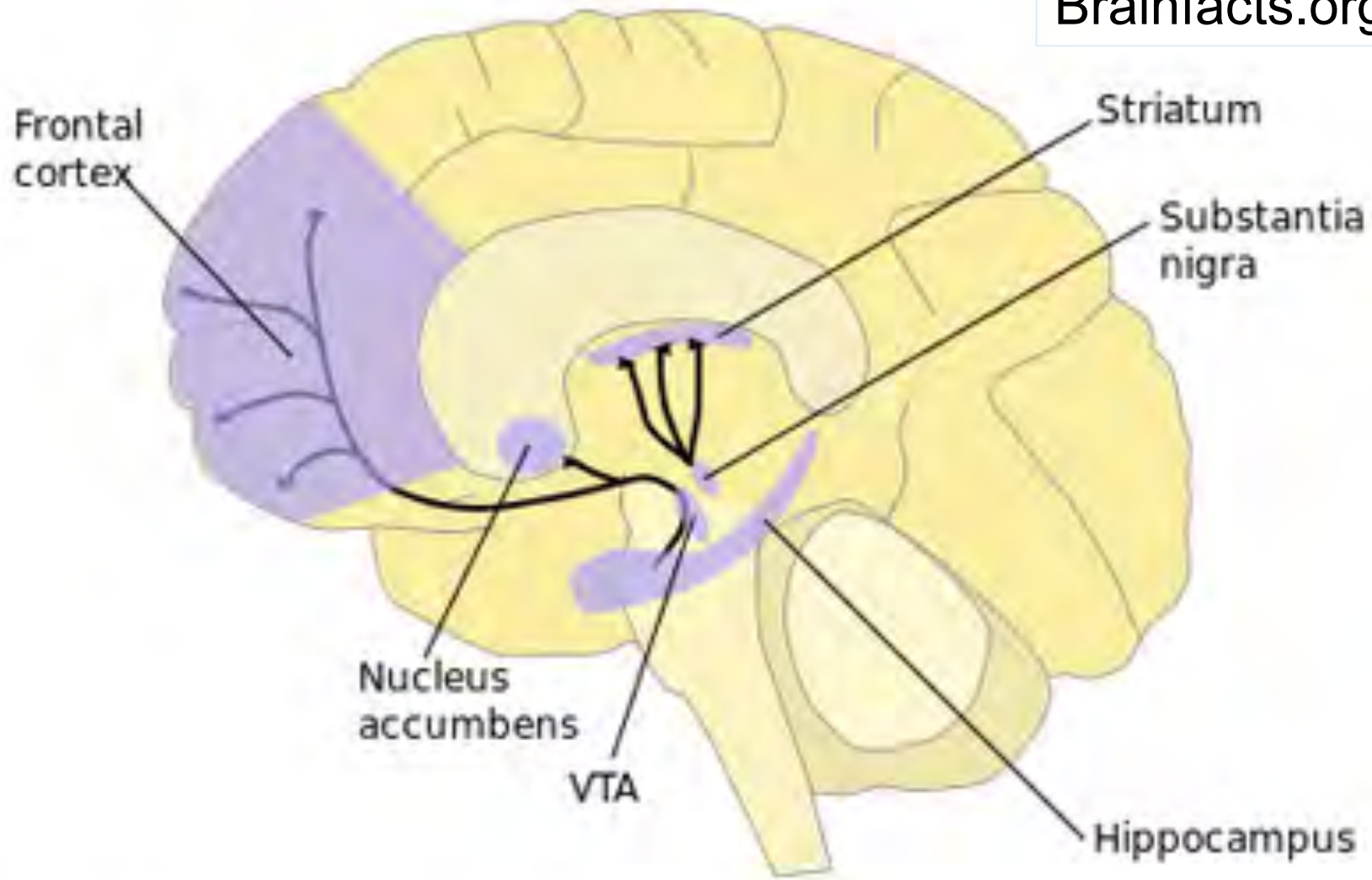
Functions

Mood

Memory

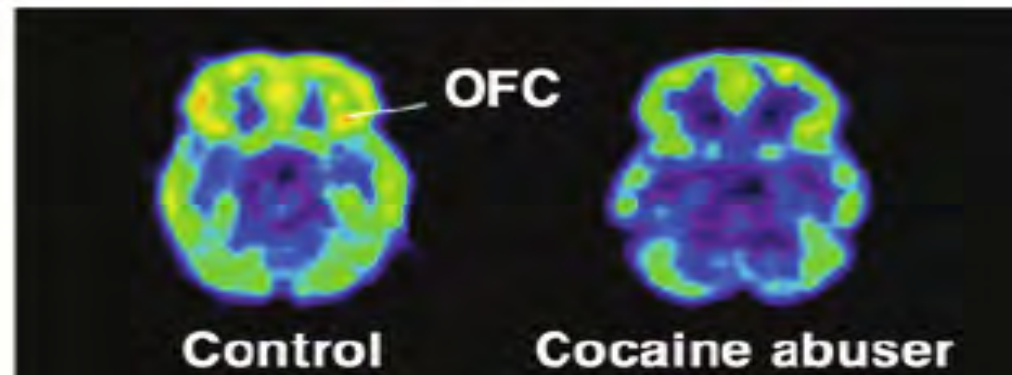
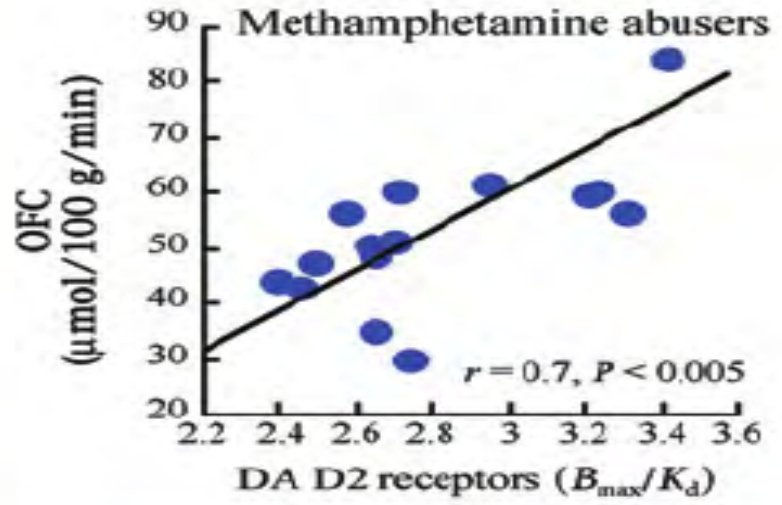
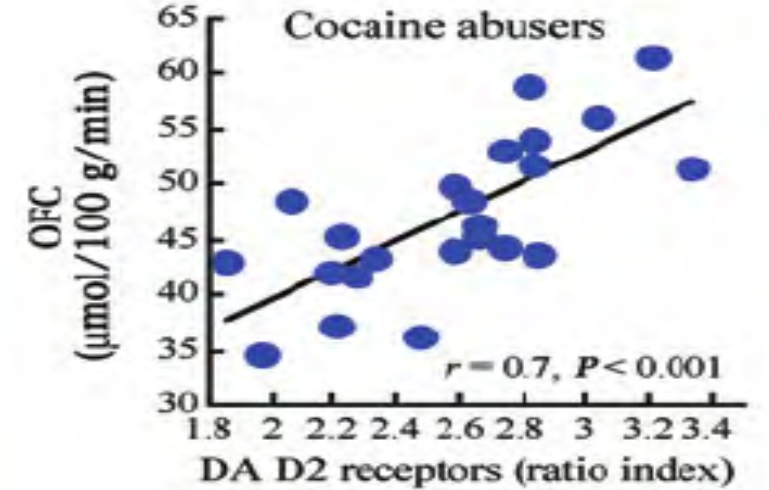
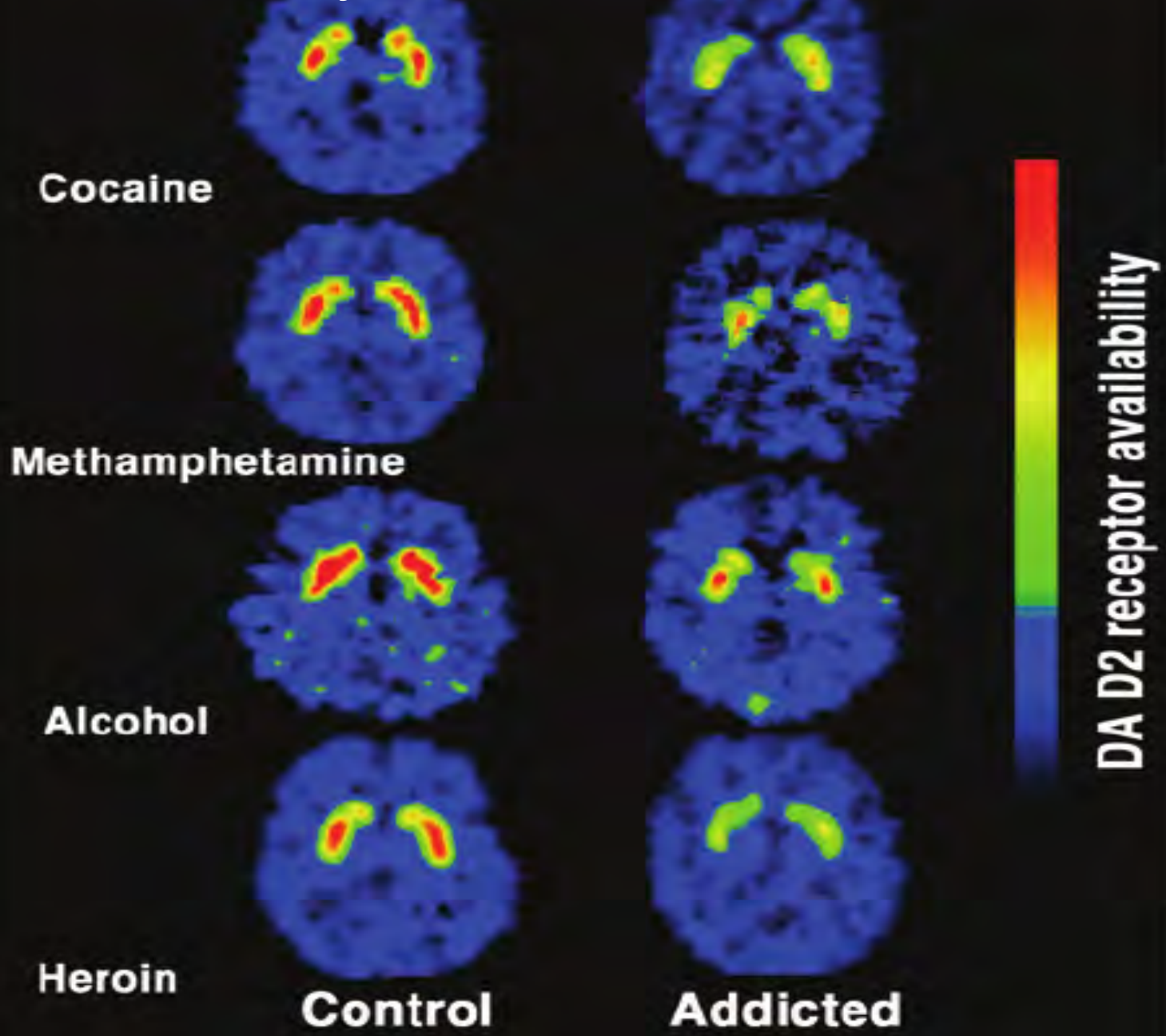
Sleep

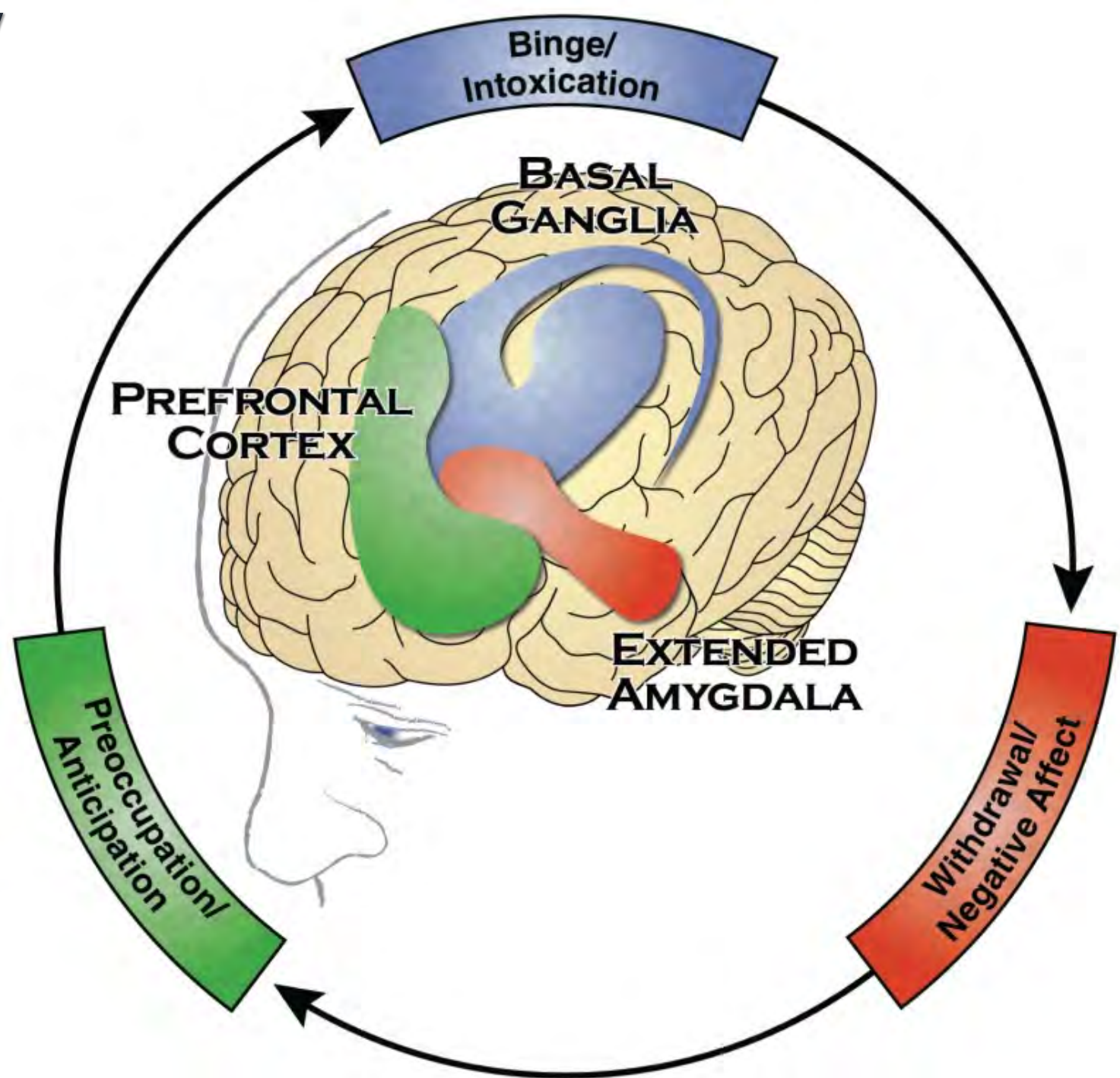
Cognitiion



Dopamine Pathways in the Brain

Volkow ND, Wise RA. How can drug addiction help us understand obesity? Nat Neurosci 8: 555-560





US SURGEON GENERAL FINDINGS (2016)

“Well-supported scientific evidence shows that disruptions in three areas of the brain are particularly important in the onset, development, and maintenance of substance use disorders: the basal ganglia, the extended amygdala, and the prefrontal cortex. “

US SURGEON GENERAL (2016)

VS.

BIG BOOK (1939)

These disruptions **(are)**:

(1) enable substance-associated cues to trigger substance seeking (i.e., they increase incentive salience); **Cunning**

(2) reduce sensitivity of brain systems involved in the experience of pleasure or reward, and heighten activation of brain stress systems;
Baffling

and

(3) reduce functioning of brain executive control systems, which are involved in the ability to make decisions and regulate one's actions, emotions, and impulses.

Powerful

CHARACTERISTICS OF ADDICTION (2016)

- **Impulsivity**
- **Positive Reinforcement**
- **Negative Reinforcement**
- **Compulsivity**

HENCE, STEP 1 – POWERLESSNESS AND NEED FOR HIGHER POWER

1

A modified version of the *BChE* gene is attached to a virus



2

Mouse is injected with the virus-gene combination



3

The virus enters the mouse cells and inserts the gene into the cell nucleus



4

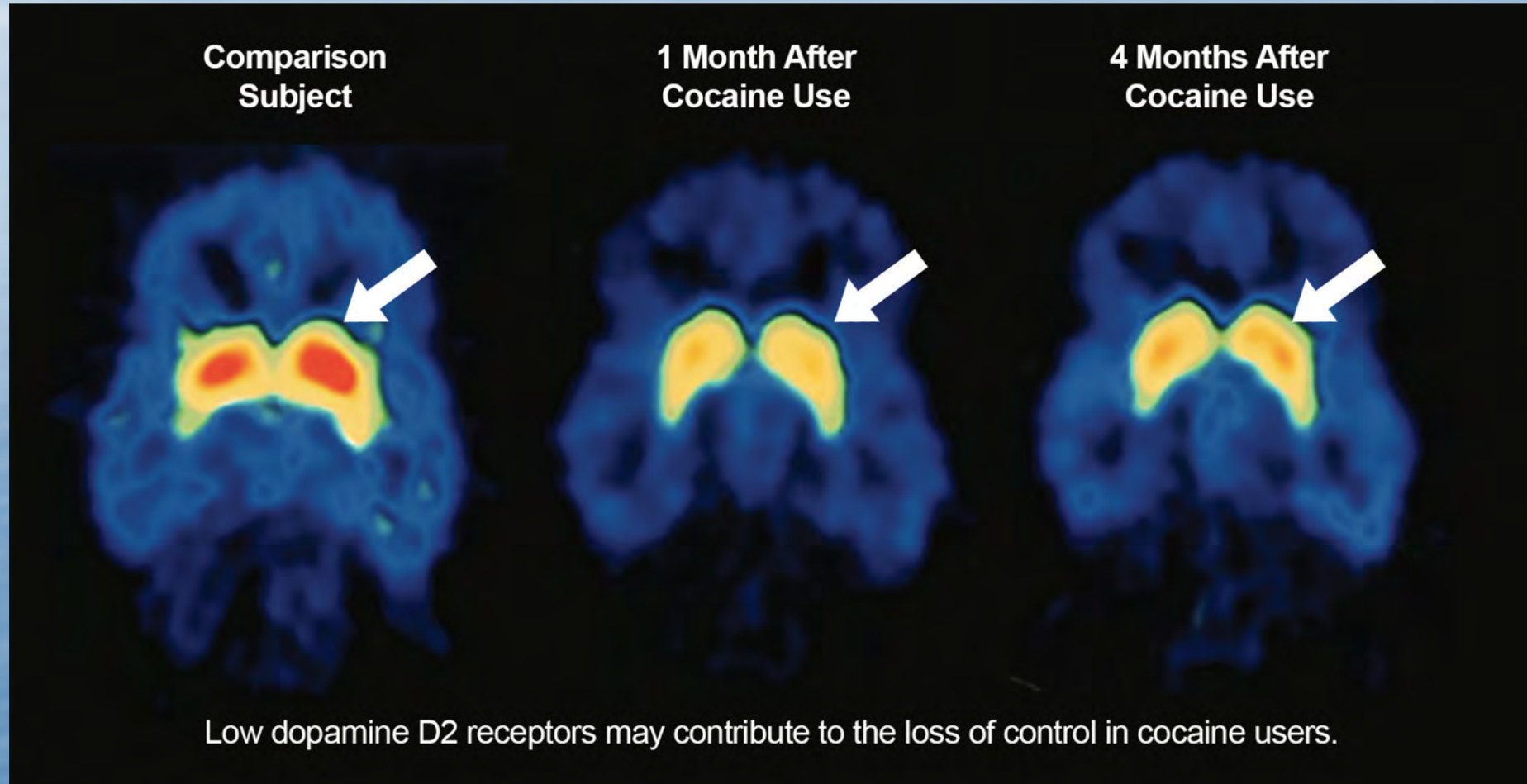
The gene directs the cells to produce a highly active version of BChE, which rapidly breaks down cocaine



IN THE MEANTIME...

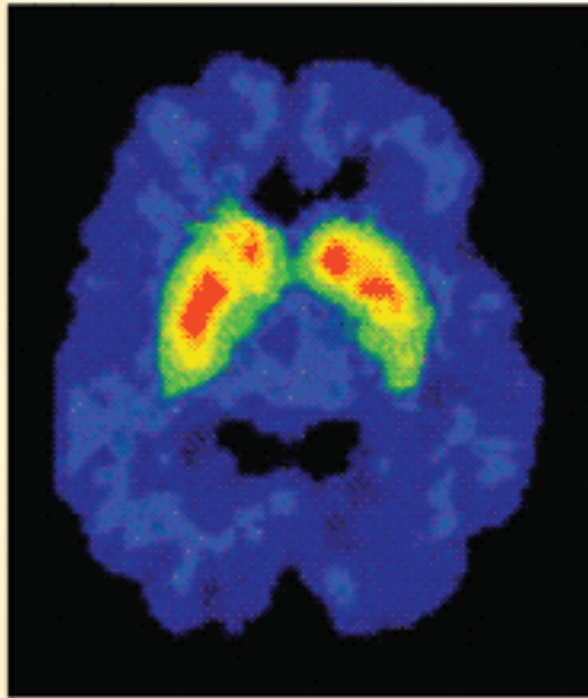
- **Cognitive-behavioral therapy** seeks to help patients recognize, avoid, and cope with the situations in which they're most likely to use drugs.
- **Contingency management** uses positive reinforcement such as providing rewards or privileges for remaining drugfree, for attending and participating in counseling sessions, or for taking treatment medications as prescribed.
- **Motivational enhancement therapy** uses strategies to make the most of people's readiness to change their behavior and enter treatment.
- **Family therapy** helps people (especially young people) with drug use problems, as well as their families, address influences on drug use patterns and improve overall family functioning.
- **CHANGING NEURAL PATHWAYS**
- Recently heard quote from Austin TX:
- "The more I miss meetings, the more I miss drinking"

TIME-RELATED DECREASE IN DOPAMINE RELEASED IN THE BRAIN OF A COCAINE USER

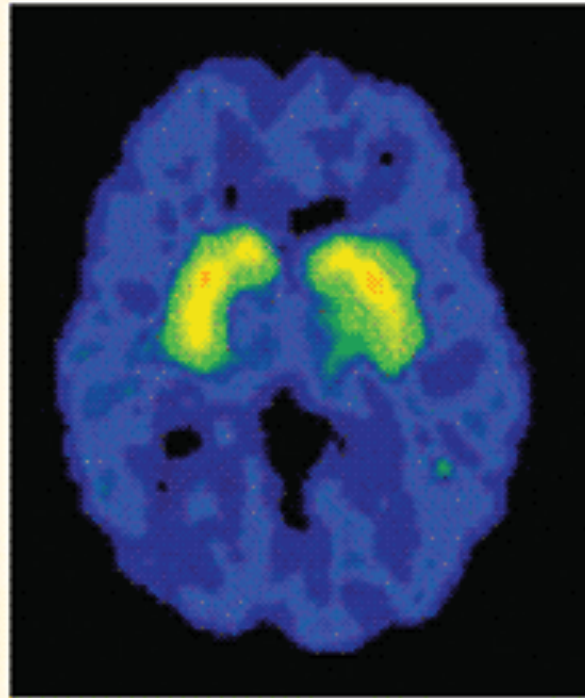


TIME-RELATED INCREASE IN DOPAMINE TRANSPORTERS

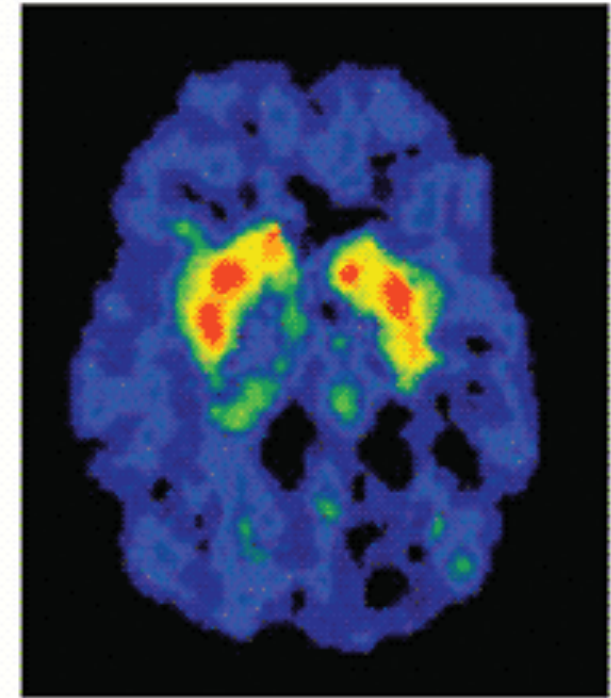
Healthy Person



Meth User: 1 month abstinence



Meth User: 14 months abstinence



CNS Vital Signs Clinical Report					Test Date: March 31, 2012 08:49:04				
Subject ID: [REDACTED]					Administrator: William Lambos				
Language: English (United States)					Age: 13				
Total Test Time: 48:12 (min:secs)					Test Date GMT: March 31, 2012 13:49:08				
Patient Profile	Percentile Range				> 74	25 - 74	9 - 24	2 - 8	< 2
	Standard Score Range				> 109	90 - 109	80 - 89	70 - 79	< 70
Domain Scores	Subject Score	Standard Score	Percentile	Valid Score**	Above	Average	Low Average	Low	Very Low
Neurocognitive Index (NCI)	NA	64	1	No					X
Composite Memory	71	46	1	Yes					X
Verbal Memory	39	53	1	Yes					X
Visual Memory	32	58	1	Yes					X
Psychomotor Speed	129	84	14	Yes			X		
Reaction Time*	1058	48	1	No					X
Complex Attention*	37	71	3	No				X	
Cognitive Flexibility	-5	70	2	No				X	
Processing Speed	42	92	30	Yes		X			
Executive Function	-1	72	3	No				X	
Social Acuity	1	65	1	Yes					X
Reasoning	-5	71	3	No				X	
Sustained Attention	19	92	30	Yes		X			
Working Memory	6	93	32	Yes		X			



DOPAMINE AGONISTS (STIMULATORS)

- LEVODOPA – TREATS PARKINSON'S MOVEMENT DISORDER
- METHYLPHENIDATE and others – ADHD
- PRAMIPEXOLE – TREATS RESTLESS LEG SYNDROME
- PROMAZINE – TREATS AGITATION/RESTLESSNESS

DOPAMINE ANTAGONISTS (INHIBITORS)

- RESPIRIDINE, THIORIDAZINE, FLUPHENAZINE – TREAT PSYCHOSIS
- PIMOZIDE – TREATS TICS IN TOURETTE'S SYNDROME
- ZIPRASIDONE – TREATS BIPOLAR I
- PROMAZINE – TREATS AGITATION/RESTLESSNESS

MEDICATIONS TO TREAT ADDICTION

- Naltrexone (Vivitrol).
- Buprenorphine (Probuphine, Suboxone).
- Disulfiram (Antabuse).
- Acamprosate (Campral)
- Modafinil (Provigil).
- Mirtazapine (Remeron).
- Bupropion (Wellbutrin, Zyban).
- Gabapentin (Neurontin).
- Vigabatrin (Sabril).
- Baclofen (Lioresal).
- Topiramate (Topamax).

MEDICATIONS TO TREAT ADDICTION

- **Opioid**
 - Methadone
 - Buprenorphine
 - Extended-release naltrexone
 - Lofexidine
- **Nicotine**
 - Nicotine replacement therapies (available as a patch, inhaler, or gum)
 - Bupropion
 - Varenicline
- **Alcohol**
 - Naltrexone
 - Disulfiram
 - Acamprosate