

EVIDENCE BRIEF: TREATMENT OF COMORBID CONDITIONS

November 2021

Key Findings

Impact of presence or severity of comorbidities on treatment of primary condition	Based on data from a single study, 1 SR found that a baseline diagnosis of major depressive disorder significantly predicted nonresponse to PTSD treatment. However, these findings are limited to a single, imprecise study.
Association of treatment of primary condition with improvement in comorbidities	Treatment with antidepressants may result in improvements in certain alcohol outcomes in individuals with comorbid depression and alcohol dependence, based on 1 well-conducted SR. The effect of treatment of a primary condition on a comorbid condition in 10 other SRs is unclear due to inconsistent, imprecise, and/or indirect findings.
Effectiveness of integrated treatment compared to nonintegrated treatment	The evidence was inconsistent among 6 SRs but was most favorable for integrated treatment of PTSD and SUD. The evidence was further limited by imprecise and/or indirect findings.

Background

Psychiatric comorbidity in Veterans is widespread and is generally associated with a more severe clinical profile, increased clinical complexity, and worse outcomes. The impact of comorbidity on treatment outcomes is not well understood, and there is debate about the optimal course of treatment of these patients. Existing research evaluating the effectiveness of treatments for a primary condition alone often either excludes individuals with comorbid diagnoses or does not measure comorbidity.

Objective

The objective of this review was to identify and synthesize evidence reported in existing systematic reviews (SRs) on whether treatment of a primary condition is impacted by the presence or severity of comorbidities, whether treatment of a patients' primary condition leads to clinical improvement of comorbidities, and the effectiveness of integrated treatment compared to nonintegrated treatment. This review included the following combinations of conditions: adults with posttraumatic stress disorder (PTSD) comorbid with anxiety, depression, bipolar disorder, traumatic brain injury (TBI), substance use disorder (SUD), or chronic pain; adults with TBI comorbid with anxiety, depression, bipolar disorder, PTSD, SUD, or chronic pain; or adults with anxiety, depression, or bipolar disorder comorbid with SUD or chronic pain.

Beech EH, Rahman B, Ward R, Anderson J, Belsher BE, Parr NJ. Evidence Brief: Treatment of Comorbid Conditions. Washington, DC: Evidence Synthesis Program, Health Services Research and Development Service, Office of Research and Development, Department of Veterans Affairs.VA ESP Project #09-302; 2021.

To view the full report, go to: <https://www.hsrd.research.va.gov/publications/esp/comorbid-conditions-brief.pdf>

Methods

The ESP searched MEDLINE, the Cochrane Database of Systematic Reviews, and other sources for SRs published in the last 7 years. Using predefined criteria, one reviewer assessed articles for inclusion, evaluated study quality, extracted data, and assessed certainty of evidence with verification by a second reviewer. See full report for complete details on methodology.

Results

462 potentially relevant articles were published up to August 2021. 26 SRs were included representing the best available evidence. We focused our synthesis on 21 SRs reporting a synthesis of studies relevant to our criteria.

Conclusion

As shown in the Key Findings table above, evidence captured in recent SRs on the treatment of comorbid conditions is sparse and inconsistent. Inconsistent findings across the included SRs may reflect different ways of defining and measuring comorbidity, heterogeneous study samples, and methodological variation across the SRs and their included studies.

Given the absence of strong evidence from recent SRs to guide treatment of comorbid conditions, clinicians and policymakers may look to a general pattern of research findings and clinical practice guideline recommendations indicating that: 1) comorbidity should be taken into consideration in the treatment of mental health conditions, substance use, TBI, and chronic pain; and 2) concurrent treatment of comorbid conditions appears to be effective, in particular for the treatment of comorbid PTSD and SUD.

Future Research Recommendations



Well-conducted and comprehensive SRs with clearly defined eligibility criteria are needed on the treatment of commonly occurring comorbid conditions.



Studies should appropriately define and measure comorbidity.



Studies should incorporate appropriate methodology to allow conclusions to be made about the impact of comorbidity on treatment outcomes.



Studies are needed that specifically aim to examine the treatment of comorbid conditions.