

IV INTERNATIONAL CONGRESS

Addictions and other  
Mental Disorders

**DUAL**  
PSYCHO-PATHOLOGY



April 17 - 20, 2015  
Barcelona - Spain



**SEPD**  
Adicciones y otros  
Trastornos Mentales

# FOCUS GROUPS: A METHOD FOR DEVELOPING GUIDELINES FOR DUAL DIAGNOSIS

---

Frieda Matthys, MD, PhD,

University Hospital Brussels and Vrije Universiteit Brussels (VUB), Belgium

Peter Joostens, MD,

Psychiatric Centre Broeders Alexianen, Tienen, Belgium

Wim van den Brink, MD, PhD,

Academic Medical Center, University of Amsterdam, The Netherlands

Bernard Sabbe, MD, PhD,

Collaborative Antwerp Psychiatric Research Institute (CAPRI), University of Antwerp, Belgium



# Content

- Why a guideline
- The process, the network and the experts
- Research design
- Risks and benefits
- General conclusion

# Prevalence

ADHD in children	3 – 6 %
ADHD in adults	1,5 – 4 %
ADHD in adults with SUD	13 – 23 %

Arias, 2008; Van Emmerik 2013

## Probability of developing a SUD

Child without ADHD	27 %
Child with ADHD	52 %

Biederman, 1995

**Earlier onset, faster evolution to problematic use, pronounced ADHD symptoms, with less chance**

## **for recovery**

	Gen. popul.	ADHD
Alcohol use disorder	10 %	17-45 %
Drug use disorder	1 %	9-30 %

WHO, 2012; Wilens, 2007;

Kaye, 2013

# Research data are scarce

n = **1927** records

Studies selected for writing the guidelines  
n = 113

Studies selected for the introduction  
n = 47

Studies included for the recommendations  
**n = 66**

Recommendations concerning diagnosis  
n = 28

Recommendations concerning treatment  
n = 38

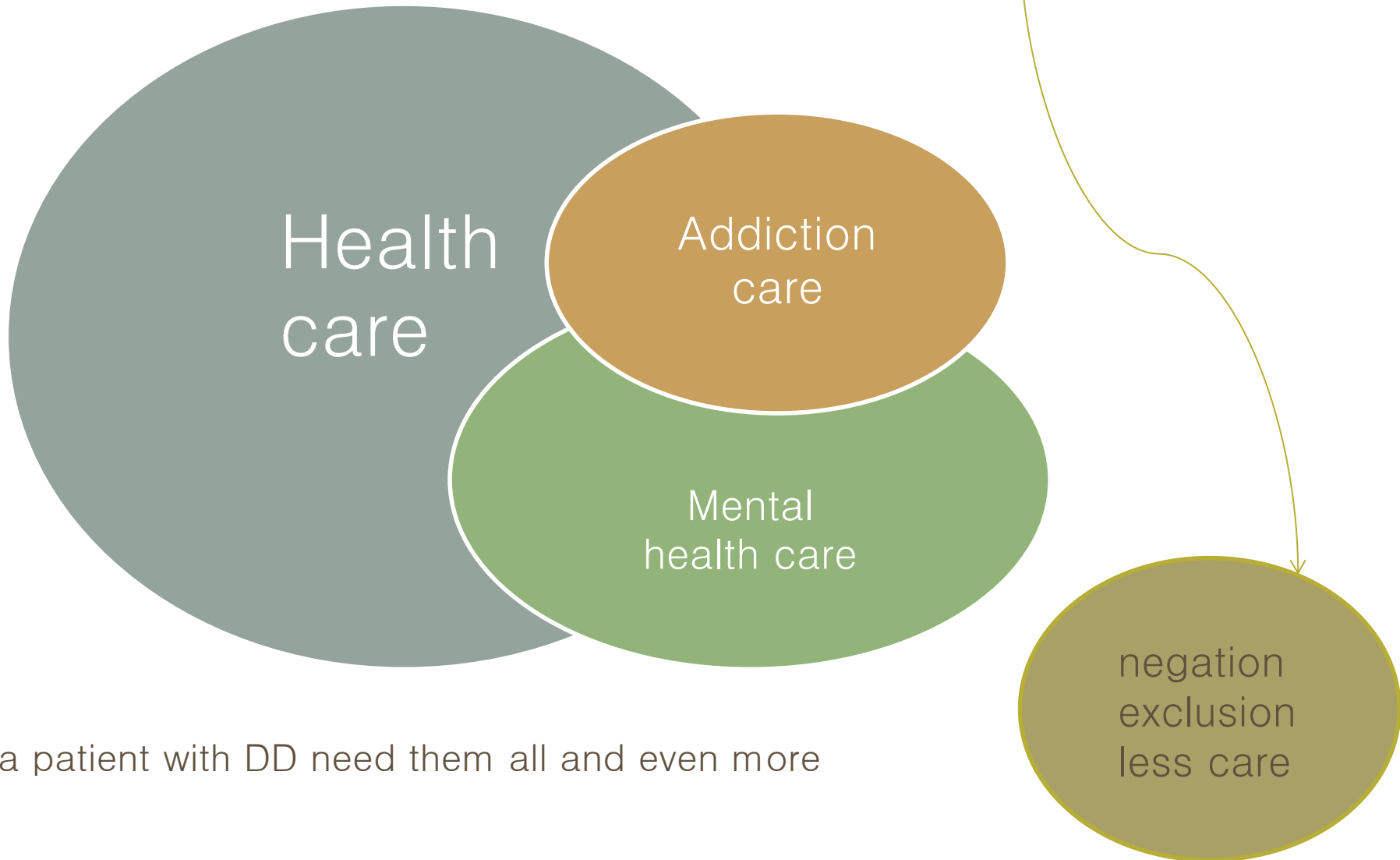
**ADHD + SUD**  
n = 15

ADHD  
n = 13

**ADHD + SUD**  
n = 23

ADHD  
n = 15

# History and stigma



a patient with DD need them all and even more

# Grounds and reasons for this research

- high prevalence
- symptoms of ADHD interfering with those of substance abuse
- in addiction care ADHD is often unrecognized
- little research data
- SUD is often an exclusion criterion
- current guidelines not useful in this population (advise = treating SUD first)



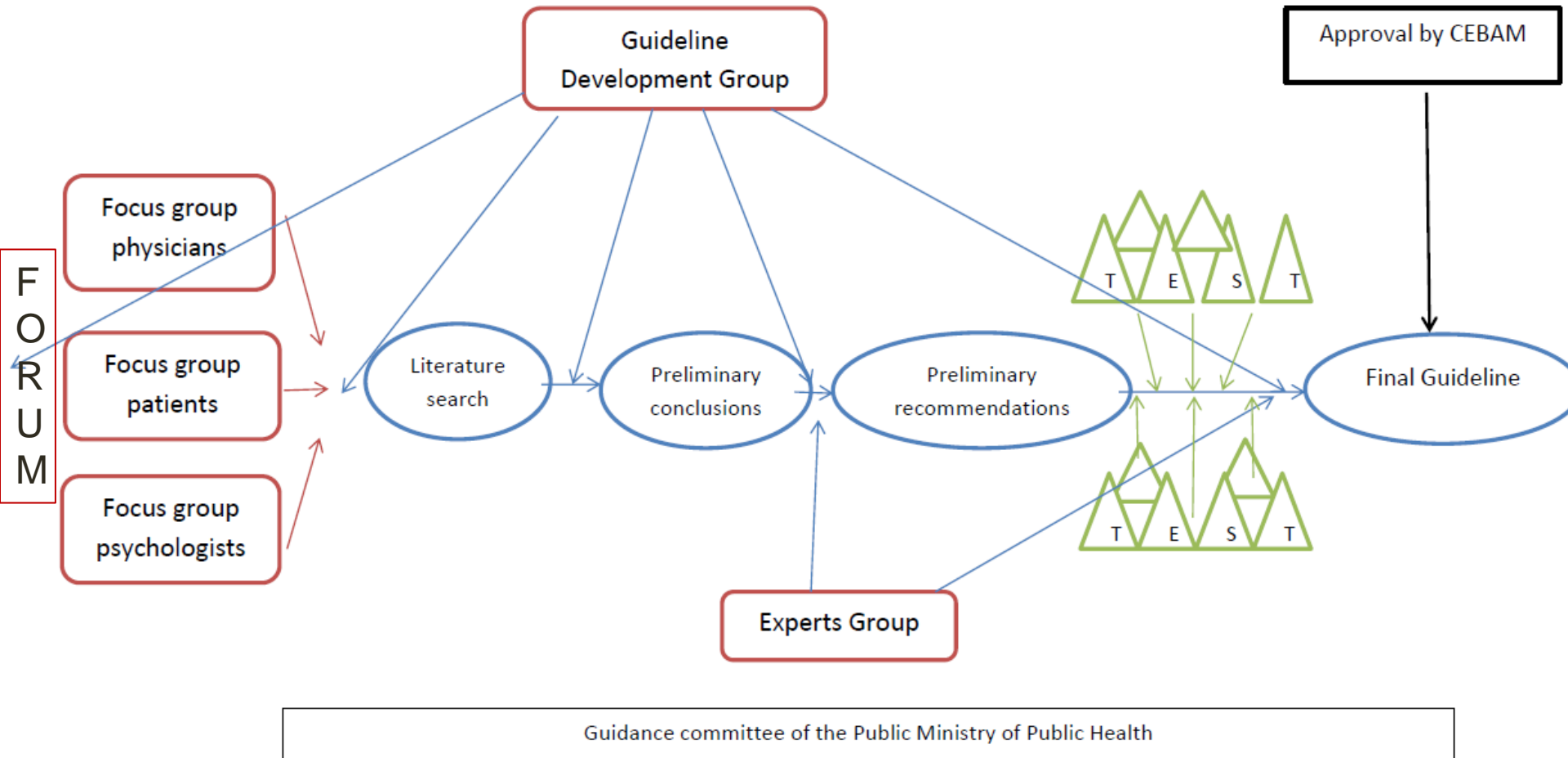
PART A

ADHD and SUD:  
from a lack of data  
to focus groups

The process  
of the project



# Developing process



# Good Clinical Practice in the Recognition and Treatment of ADHD in (Young) Adults with Addiction Problems

## **Guidelines for Clinical Practice**



Association for Alcohol and Other Drug Problems - Forum for Addiction Medicine

You can find the guideline with this link: <http://fur.ly/a6h1>

# Effectivity of a guideline

## Development strategy

- Scientifically based
- Close to the practitioners

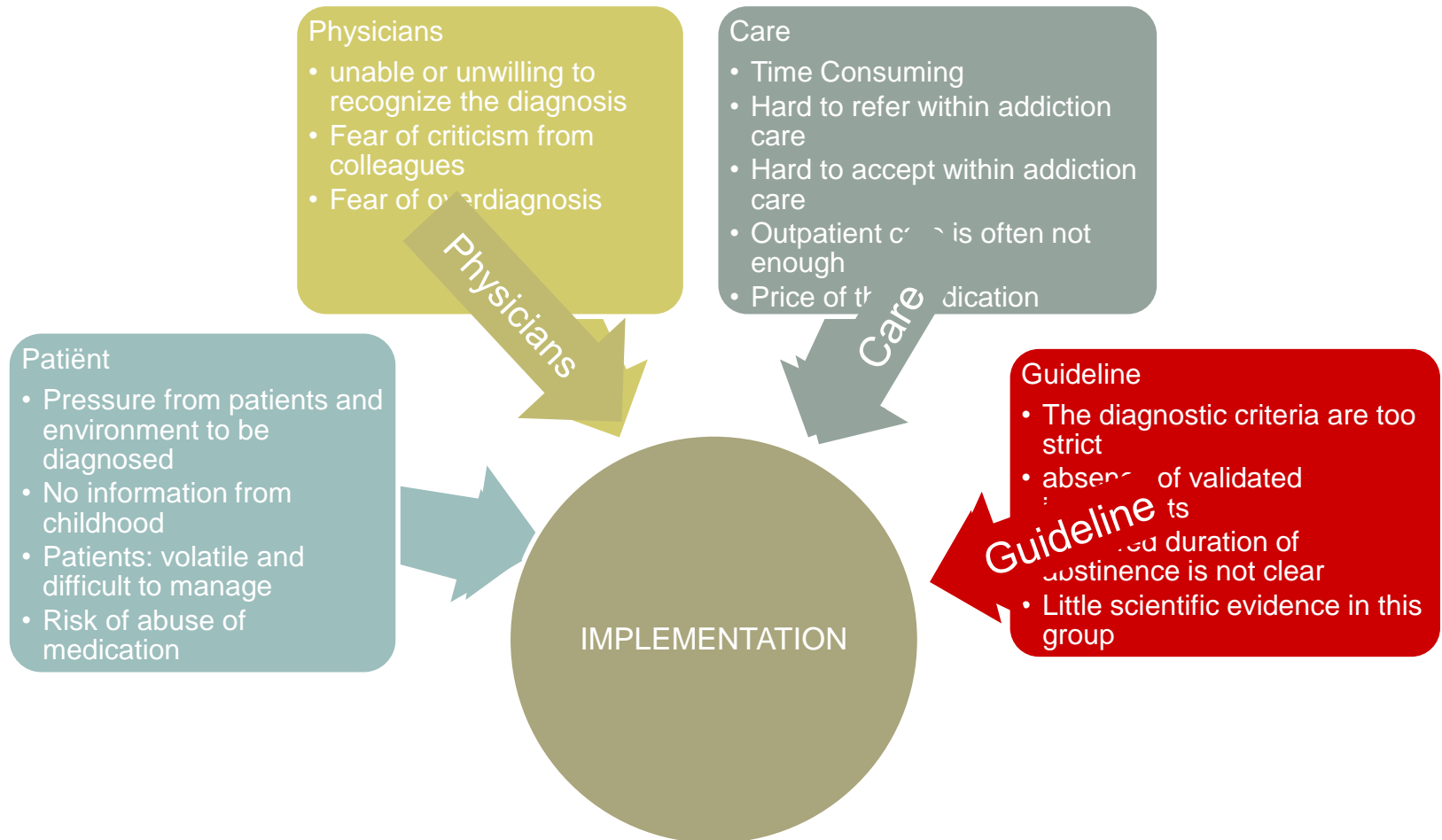
## Dissemination strategy

- Publications local and international
- Specific educational interventions
- Continuous education

## Implementation strategy

- Reminder on organisation level
- Patient specific reminder at clinical visit (in patient file)
- General and repeated feedback

# Barriers for the implementation





# Conclusion (1)

- This is the first guideline for adults with ADHD and SUD
- Focus groups is a valuable method to develop guidelines, especially given the lack of research data which is often the case often in dual diagnosis
- The treatment of comorbidity must be integrated in the addiction treatment program
- Stigma remains a concern for psychiatric disorders in general and for addiction in particular



## Conclusion (2)

- Open discussions on these disorders and increasing the ability of health care providers can help to reduce the stigma.
- Focus groups can help to increase the involvement of caregivers, and influence their attitude towards this issue
- The prevalence of comorbid disorders in patients with addiction is so high that research should focus more on these groups

IV INTERNATIONAL CONGRESS

Addictions and other  
Mental Disorders

**DUAL**  
PSYCHO-PATHOLOGY



April 17 - 20, 2015  
Barcelona - Spain



**SEPD**  
Adicciones y otros  
Trastornos Mentales

# FOCUS GROUPS: A METHOD FOR DEVELOPING GUIDELINES FOR DUAL DIAGNOSIS

[frieda.matthys@vub.ac.be](mailto:frieda.matthys@vub.ac.be)

---

Frieda Matthys, MD, PhD, University Hospital Brussels and Vrije Universiteit Brussels (VUB), Belgium

Peter Joostens, MD,

Psychiatric Centre Broeders Alexianen, Tienen, Belgium

Wim van den Brink, MD, PhD,

Academic Medical Center, University of Amsterdam, The Netherlands

Bernard Sabbe, MD, PhD,

Collaborative Antwerp Psychiatric Research Institute (CAPRI), University of Antwerp, Belgium