

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

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# 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

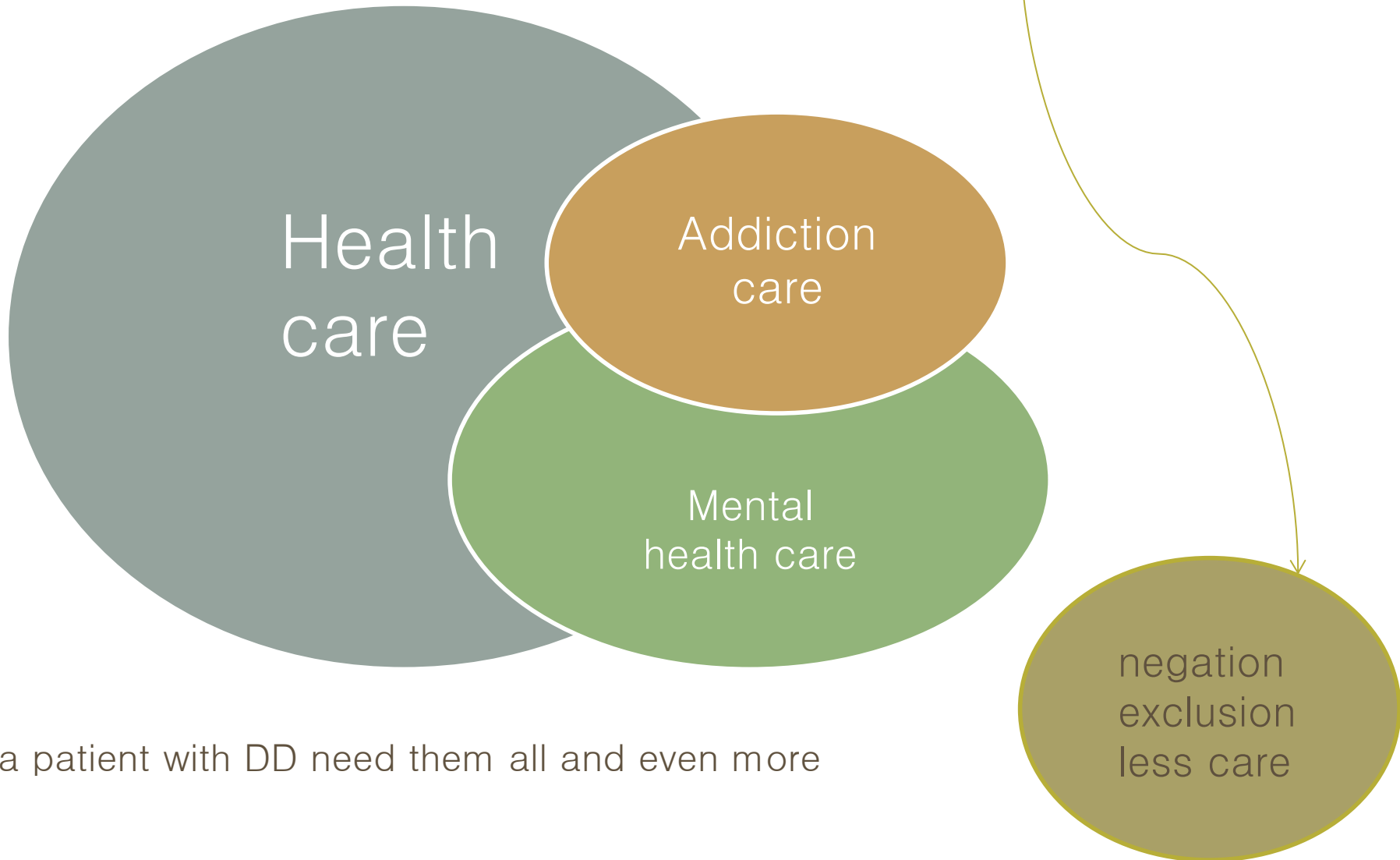
**ADHD + SUD**  
n = 15

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)

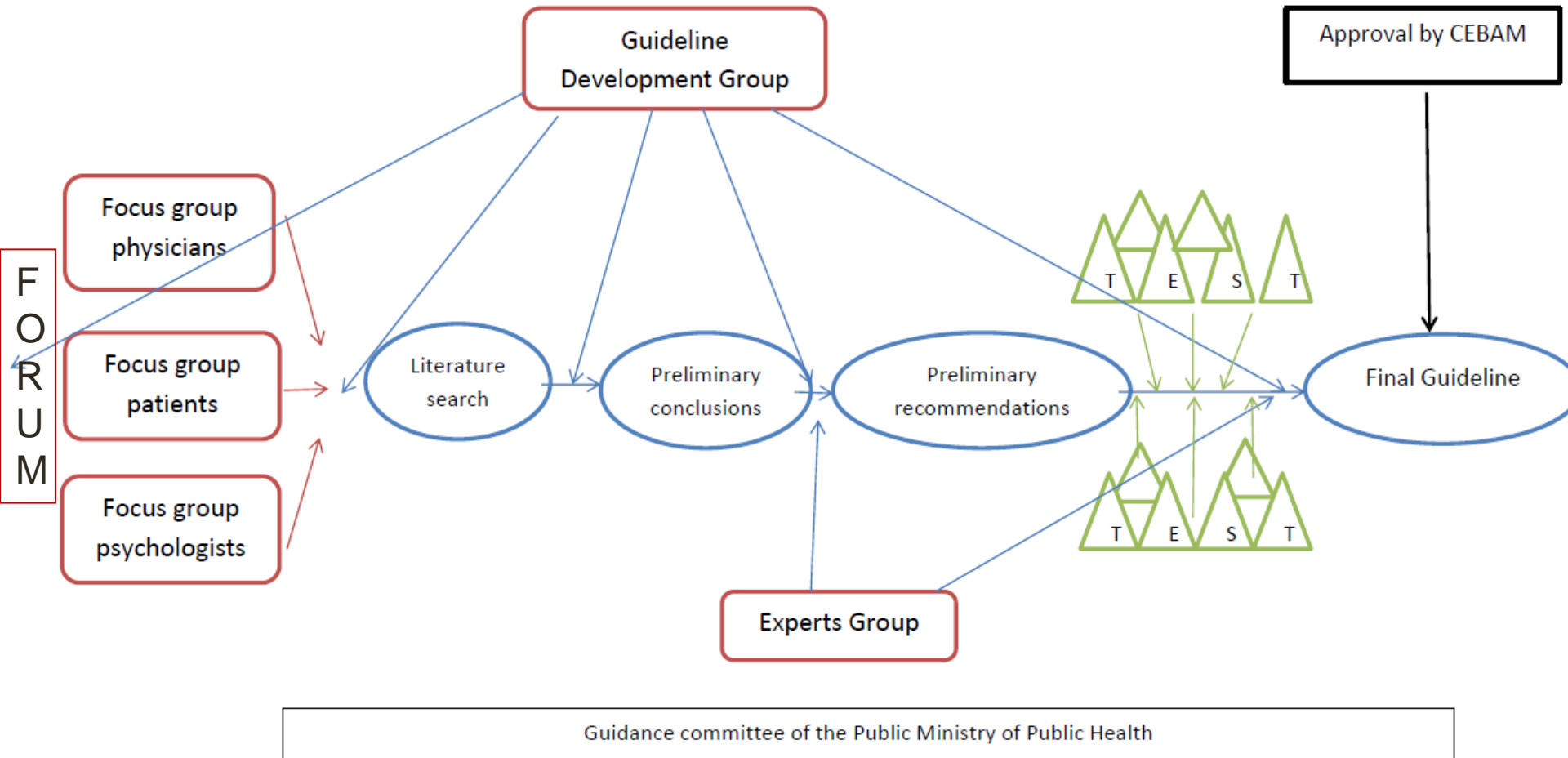


PART A

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

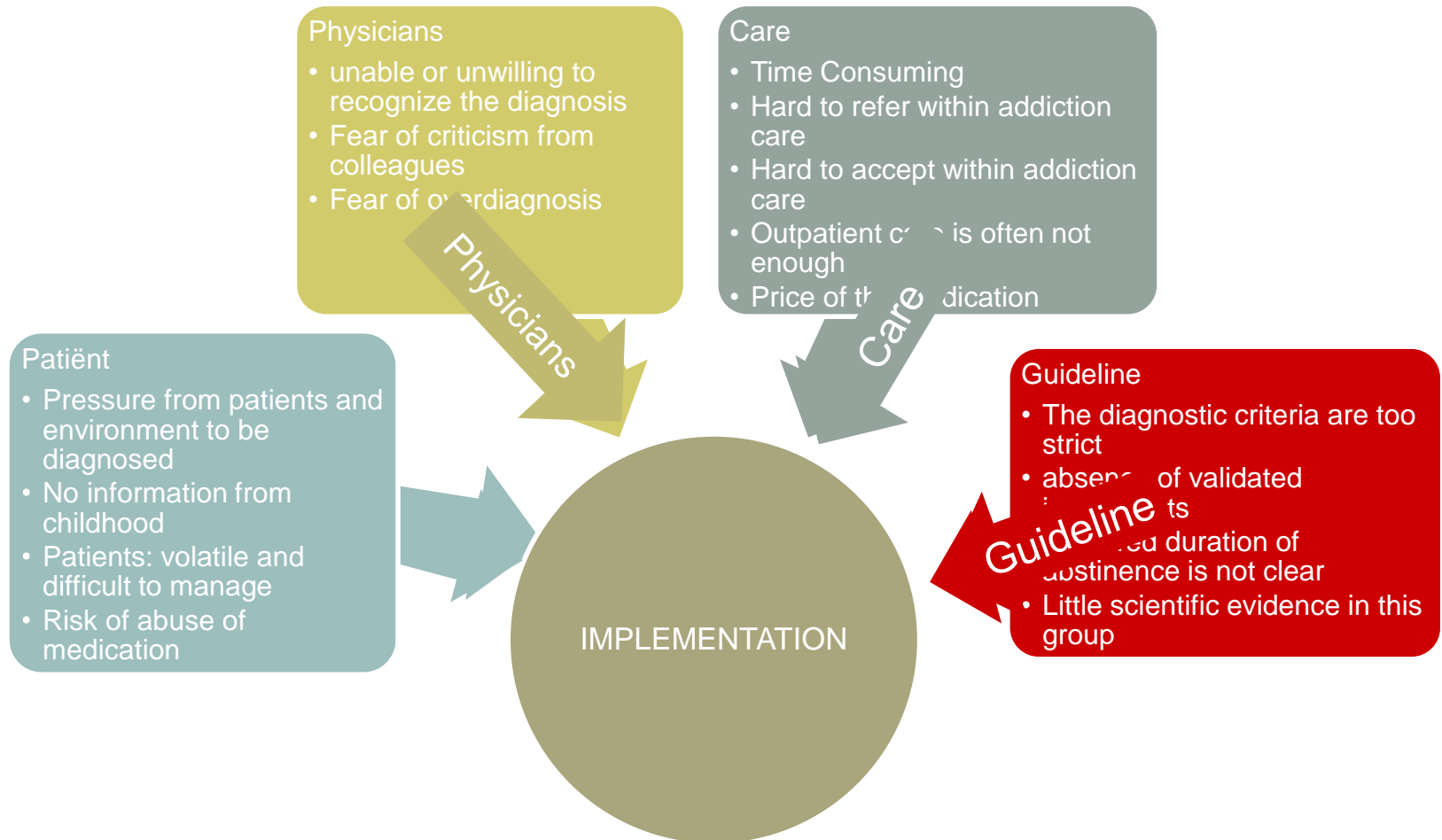
## Dissemination strategy

- 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

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