Guideline for the screening, diagnosis and treatment of ADHD in substance use disorder patients

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DISCLOSURE

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Content

- Grounds and reasons for this research
- The developing process
- Gathering opinions and experiences
- Recommendations for screening, diagnosis and treatment
- Recommendations for further investigation
- 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

Wilens,2004

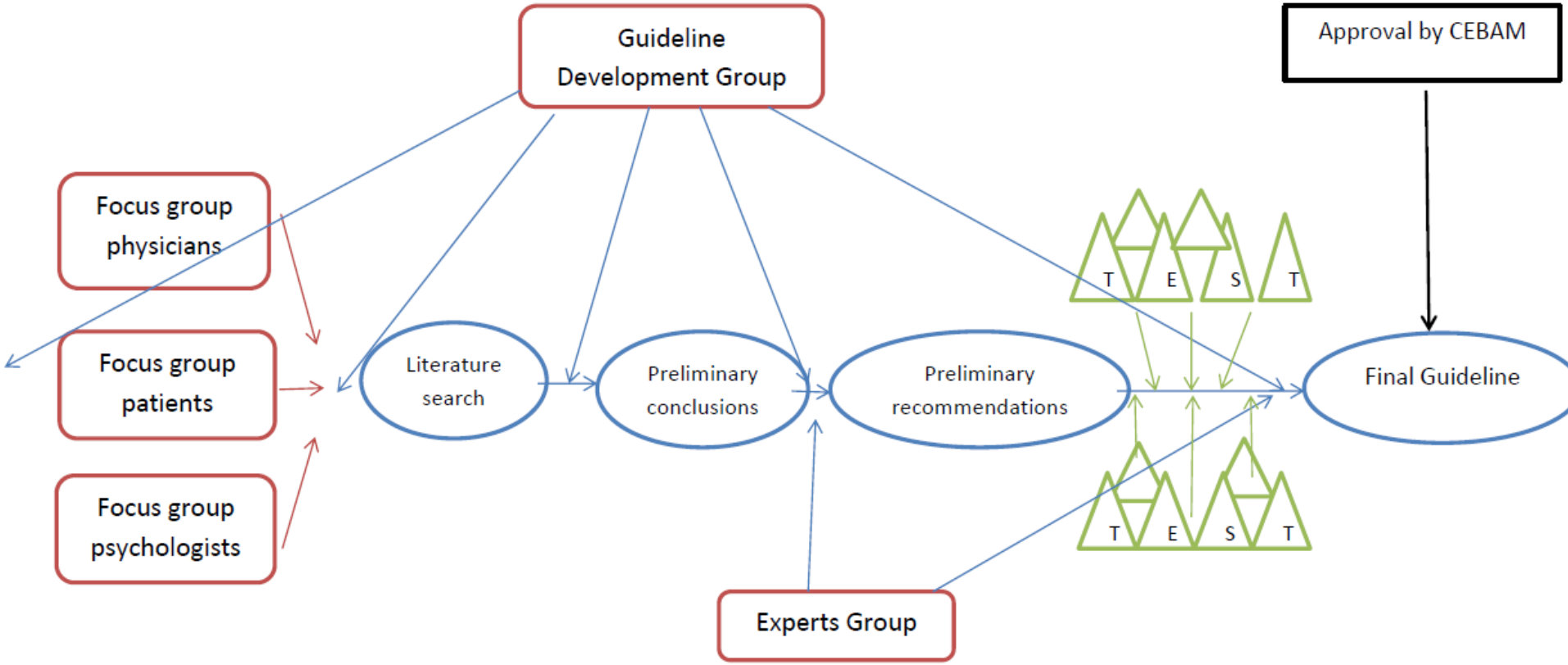
	gen.popul.	ADHD
Alcohol use disorder	10 %	17-45 %
Drug use disorder	1 %	9-30 %

WHO,2012; Wilens,2007; Kaye,2013

Grounds and reasons for this research

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

Developing process



Guidance committee of the Public Ministry of Public Health

Gathering opinions and experiences

Themes from the patients

- The biggest burden is impulsivity and the difficulty in organizing oneself
- A positive effect from drugs on their ADHD symptoms
- The search for kicks as an important factor in the origination of their addiction

- Doubts about the competence of the medical doctors
- Consequences of receiving the diagnosis were varied: relieved, sad about the lost years, uncomfortable, labeled
- Have a need for coaching and guiding, more than for medication

Gathering opinions and experiences
Themes from the practitionars: diagnosis

- Is abstinence necessary for diagnosis and treatment ?
- Is it possible to diagnose ADHD more objectively, e.g. by using observation and neuro-psychological research ?
- Is the diagnosis frequently missed when patients are less hyperactivity / impulsive ? (e.g. women)
- Is it possible to diagnose ADHD and start treatment in an outpatient setting ?

Gathering opinions and experiences

Themes from the practitionars: treatment

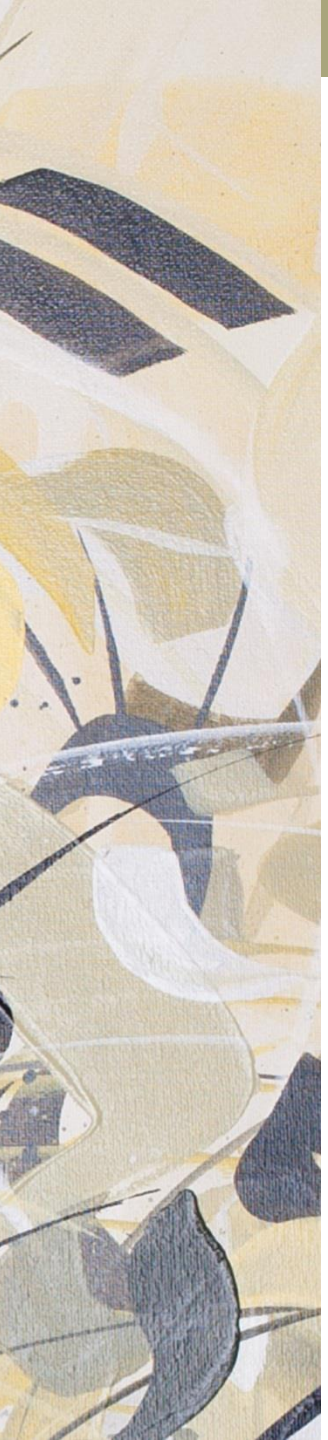
- What comprises good treatment of ADHD in adults with SUD ?
- What medication is effective for ADHD in adults with SUD and what is the effect on the use of alcohol and other drugs
- Is it justified to prescribe stimulants to these patients and what are the risks ?
- What psychotherapeutic treatments are effective for ADHD in adults with SUD ?

Gathering opinions and experiences

Themes from the practitionars: treatment objectives

- To reduce the ADHD symptoms
- To develop coping mechanisms to handle their symptoms
- To decrease the emotional and functional problems

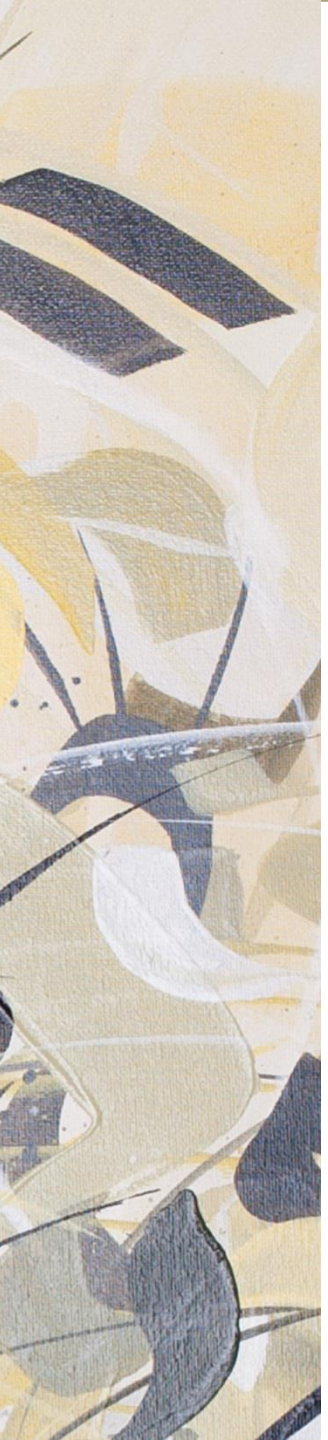
- To keep the patient in treatment (quick effect !)
- To influence the SUD in a positive way



Recommendations: Screening

- All SUD patients should be screened for ADHD as soon as their drug use has stabilized.
- Abstinence is not necessary [1]
- CAARS [2] Conners' Adult ADHD Rating Scale and ASRS [3] Adult ADHD Self-Report Scale are validated in this patient-group

[1] Van de Glind, 2013
[2] Cleland et al, 2006
[3] http://www.hcp.med.harvard.edu/ncs/asrs.php



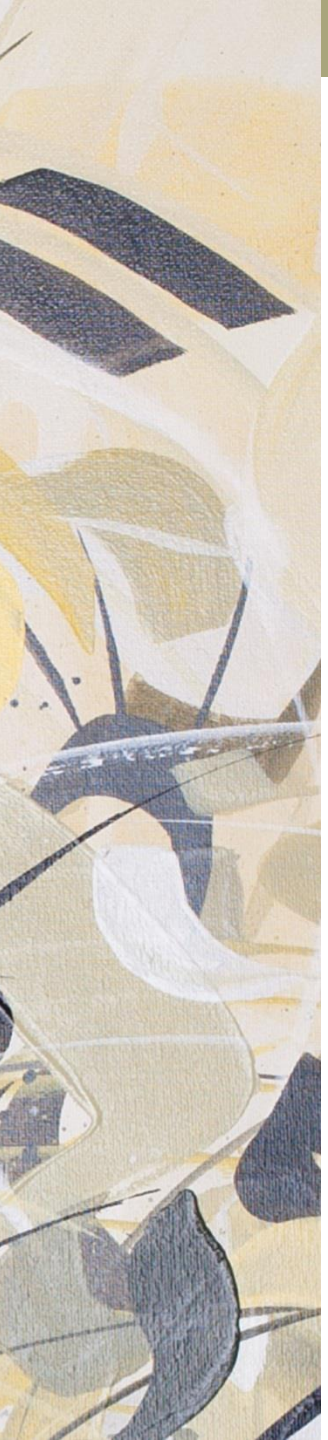
Recommendations: Diagnosis:

- ADHD diagnosis is part of a comprehensive psychiatric examination
- Validated diagnostic interviews are a good starting point CAADID [1], ADSA[2] and DIVA[3] can be used (!!! Have not been validated in this population)
- A timeline of the use alcohol and drugs and matched with the occurrence of ADHD symptoms is useful
- Information on childhood via family is needed (parents, siblings)
- Abstinence is required (but for how long ?)
- Observation is a useful diagnostic tool
- Neuropsychological assessment can support diagnosis (or contradict)

[1] Epstein et al, Conners' Adult ADHD Diagnostic Interview for the DSM-IV
[2] Adler et al., 2008, Attention Deficit Scales for Adults,
[3] Kooij & Francken, Diagnostic Interview for ADHD in Adults, 2010

Reasons for underdiagnosis

- DSM5: 5 symptoms and the presence of symptoms before the age of 12 years + abstinence + information of childhood
- Underdiagnosis:
  - When wrongly is assumed that in the presence of depression, anxiety or other psychiatric disorders ADHD should not be diagnosed
  - Patients with SUD often have difficulties in recalling the presence of ADHD symptoms in childhood
  - Abstinence sometimes is difficult to achieve
  - All the problems are easily attributed to the existing substance abuse
  - Adults have developed compensating strategies

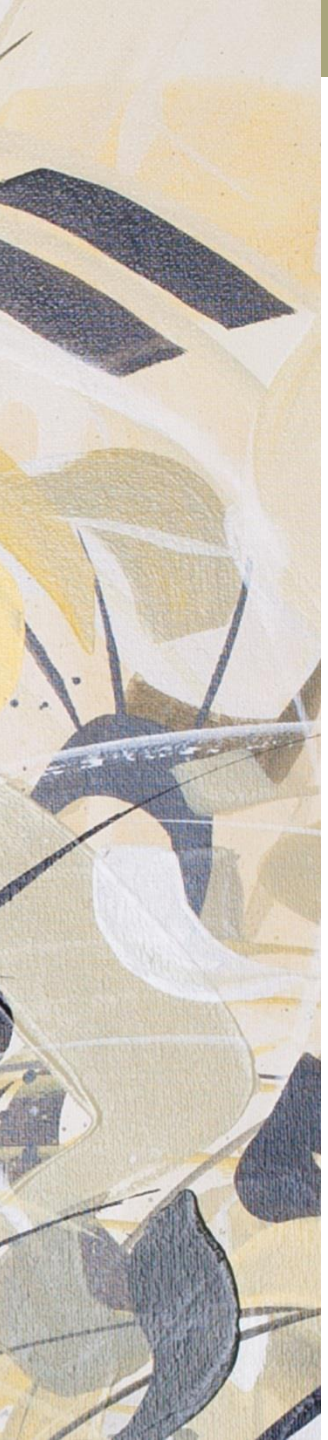


Recommendations: Treatment

A complex problem requires a complex treatment

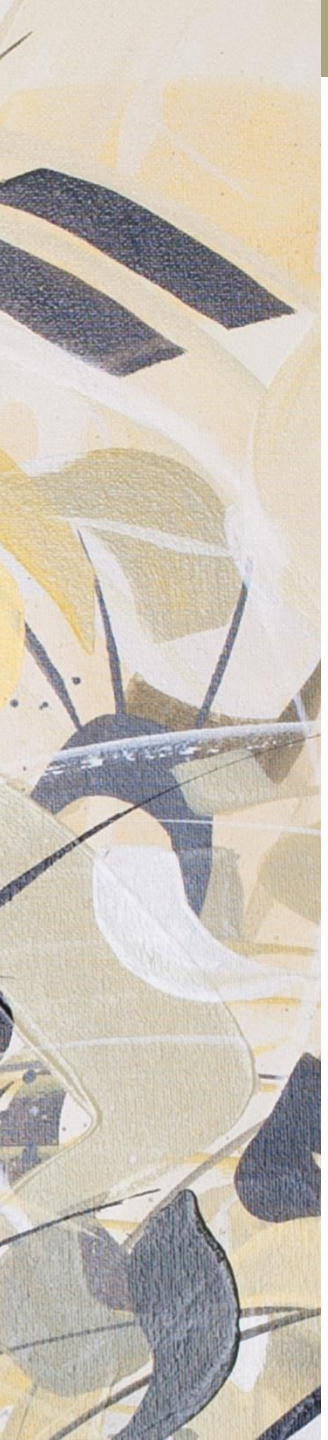
- The treatment preferably is multimodal
- The first phase consists of psycho-education
- In the second phase, CBT and skills training (individually or group-based), individual coaching and peer support are recommended in addition to medication
- The treatment of ADHD should be integrated into the treatment of addiction

Treat the patient, not the illness



Recommendations: Treatment (2)

- Dialectical behavior therapy (DBT) and mindfulness training can also be helpful
  - Peer and family support enhances the effect of the treatment.
  - Relationship therapy should be considered
- Remaining comorbid disorders should be treated



Pharmacological treatment

- Atomoxetine is preferred since it lacks abuse potential
- Methylphenidate (modified release) may be prescribed, on the assumption that delivery and administration are sufficiently supervised.
- Imipramine and bupropion are possible alternatives
- Because of the abuse potential, methylphenidate (immediate release) only has a place in an inpatient setting and in the startup phase to assess the impact

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

Guidelines for Clinical Practice

VAD
VERENIGING VOOR ALCOHOL- EN ANDERE DRUGPROBLEMEN vzw
Association for Alcohol and Other Drug Problems - Forum for Addiction Medicine

Limitations

- The recommendations are based largely on expert opinions and research in populations without SUD
- On some items no research data are available: eg the required duration of abstinence and what to do with non-abstinent patients
- The treatment options are limited. Maybe the ADHD medication should be dosed higher ? So far there is no evidence that ADHD medication can improve the substance use disorder
- Can neuropsychological research solve diagnostic problems?
- Observation is mentioned as useful but is so far not measurable
- Is the clinical condition and the approach for ADHD in adults with SUD gender sensitive ?

Conclusion

- 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
- Screening for ADHD is essential for all patients with SUD: ASRS is a sensible screening instrument with less specificity
- The diagnostic requirements for ADHD in adults with SUD are too strict; both with regard to abstinence as to the need for contact with the family
- The treatment must be integrated in the usual addiction treatment program
- There is a need for an **European guideline**