The International Consensus Statement
On Diagnosis And Treatment Of Patients With SUD And Comorbid ADHD

6th World Congress on ADHD
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In the last 12 months, I have received fees for the following activities:

▶ Advisory boards: Lundbeck, Johnson & Johnson
▶ Lecturing: Eli Lilly Benelux
▶ Research funding: Johnson & Johnson
FROM A VIRGIN TERRITORY TO A GUIDELINE

Development
- Focusgroups and review
- Consensus
- Testing and approval

Implementation
- Barriers for the implementation
- Training of the care givers

Updating Dissemination
- Update of the guideline
- A manual for the treatment of ADHD and SUD
- An International Consensus Statement
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 in research
- current guidelines not useful in this population (advise = treating SUD first)
THEMES FROM THE PATIENTS

- The biggest burden is impulsivity and the difficulty in organizing their everyday lives
- A positive effect from the drugs on their ADHD symptoms
- The search for kicks as an important factor in the origination of their addiction
- Consequences of receiving the diagnosis were varied: relieved, sad about the lost years, uncomfortable, labeled
- A need of coaching, guiding and training, more than medication
PROBLEM AREAS IN THE DIAGNOSIS

- comorbidity
- lack of info from the family
- criteria too strict
- simulated symptoms
- overlap of symptoms
- drop out
- out patient
- resistance
- lack of competence
- lack of time
- lack of evidence
- observation not validated
- validated instruments

Lack of research
Care related factors
Patient related factors
Problem Areas in the Treatment

- Reluctant to medication
- Abstinence is necessary?
- Addiction care often group therapy
- Referral difficulties
- Volatility of the patient
- Delay of effect of non-stimulants
- Small effect on substance use
- Effect on adherence in therapy
- Risk of abuse and dealing
- Medication too expensive

Factors:
- Lack of research
- Medication related factors
- Care related factors
- Patient related factors
n = 2745 records

Exclusions:
- Duplicates
- Children
- Other comorbidities
- Reviews preceding a meta-analysis
- Personal opinions
- Protocol without results

Screening titles and if necessary abstracts

Full text articles
n = 212

- General & prevalence
  N = 81
- Diagnosis
  N = 42
- Treatment
  N = 89
Good Clinical Practice in the Recognition and Treatment of ADHD in (Young) Adults with Addiction Problems

Guidelines for Clinical Practice

http://www.vad.be/assets/2041

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

- All SUD patients should be screened for ADHD as soon as their drug use has stabilized. Abstinence is not necessary.
- CAARS\(^2\) and ASRS\(^3\) are validated in this patient-group.
- ADHD diagnosis is part of a comprehensive psychiatric examination.
- The diagnostic process should include a comprehensive assessment of the current and past substance use (frequency of use, social context, etc.).
- Validated diagnostic interviews are a good starting point. CAADID\(^4\), ADSA\(^5\) and DIVA\(^6\) can be used (!!! not been validated in this population).

\(^{1}\) Van de Glind, 2013
\(^{2}\) Conners' Adult ADHD Rating Scale, Cleland et al, 2006
\(^{4}\) Epstein et al, Conners’ Adult ADHD Diagnostic Interview for the DSM-IV
\(^{5}\) Adler et al., 2008, Attention Deficit Scales for Adults,
\(^{6}\) Kooij & Francken, Diagnostic Interview for ADHD in Adults, 2010
RECOMMENDATIONS

- A timeline of the use of alcohol and drugs and matched with the occurrence of ADHD symptoms is useful.

- Information on childhood via family is needed (parents, siblings).

- Evaluating the current symptomatology and differential diagnosis can be started after a sufficient period of stabilization of substance use.

- Observation is a useful diagnostic tool.

- Neuropsychological assessment can support diagnosis (or contradict).

- A follow-up evaluation of ADHD symptoms during SUD treatment is also recommended in order to reduce the risk of misdiagnosis.
The treatment preferably is **multimodal**

The first phase consists of **psycho-education**

In a second phase, individual coaching and peer support should be offered along with **pharmacotherapy**.

In a third phase **CBT and skills training (individually or group-based)**, **individual coaching and peer support** are recommended.

The treatment of ADHD should be **integrated** into the treatment of addiction

Involve the **family** in the 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.
BARRIERS FOR THE IMPLEMENTATION

**Patient**
- Pressure from patients and environment to be diagnosed
- No information from childhood
- Patients: volatile and difficult to manage
- Risk of abuse of medication

**Physicians**
- Unable or unwilling to recognize the diagnosis
- Fear of criticism from colleagues
- Fear of over-diagnosis

**Care**
- Time consuming
- Hard to refer within addiction care
- Hard to accept within addiction care
- Outpatient care is not always enough
- Price of medication

**Guideline**
- The diagnostic criteria are too strict
- Absence of validated instruments
- Required duration of abstinence is not clear
- Little scientific evidence in this group

**Implementation**
About 40 physicians and psychologists, working in addiction care, are trained in screening, diagnosis and treatment of ADHD in SUD patients.

An evaluation study is in progress to measure the impact of training on the attitude and practice of health care providers.


The updated guideline is approved by CEBAM September 2016.

An international Conference has been organized. At the conference we have made a first proposal for an consensus text.
WHAT IS THE ICASA FOUNDATION?

International Collaboration on ADHD and Substance Abuse

ICASA aims

to contribute to a substantial decrease in the proportion of ADHD patients developing an addiction/SUD

to substantially improve the detection, diagnosis and treatment of patients having both ADHD and SUD
The International ADHD in Substance Use Disorders Prevalence (IAASP) study: background, methods and study population

GEURT VAN DE GLIND,1,3 KATELIJNE VAN EMMERIK-VAN OORTMERSSEN,2,3 PIETER JAN CARPENTIER,4 FRANCES R. LEVIN,5 MAARTEN W.J. KOETER,3 CSABA BARTA,6 SHARLENE KAYE,7 ARVID SKUTLE,8 JOHAN FRANCK,9 MAIJA KONSTENIUS,9 ELI-TORILD BU,8 FRANZ MOGGI,10 GEERT DOM,11 ZOLT DEMETROVICS,6 MELINA FATSÉAS,12 ARILD SCHILLINGER,13 MÁTÉ KAPITÁNY-FÖVÉNY,6 SOFIE VERSPREET,11 ANDREA SEITZ,14 BRIAN JOHNSON,15 STEPHEN V. FARAONE,15 J. ANTONI RAMOS-QUIROGA,16 STEVE ALLSOP,17 SUSAN CARRUTHERS,17 ROBERT A. SCHOEVERS,18 IASP RESEARCH GROUP19 & WIM VAN DEN BRINK3
Variability in the prevalence of adult ADHD in treatment seeking substance use disorder patients: Results from an international multi-center study exploring DSM-IV and DSM-5 criteria

Geurt van de Glind¹,¹⁺,¹ˌ, Maija Konsteniusᶜ¹, Maarten W.J. Koeter⁵, Katelijne van Emmerik-van Oortmerssen¹⁺,⁵, Pieter-Jan Carpentier⁷, Sharlene Kaye⁸, Louisa Degenhardt⁴,⁶, Arvid Skutle⁹, Johan Franck⁹, Eli-Torild Bu⁹, Franz Moggi, Geert Dorr, Sofie Verspreet, Zsolt Demetrovic⁸, Máté Kapitány-Fövény⁸, Melina Fatséas¹, Marc Auriacombe¹, Arild Schilling⁴, Merete Møller⁸, Brian Johnson⁹, Stephen V. Faraone¹, J Antoni Ramos-Quiroga⁸, Miguel Casas⁸, Steve Allsop⁸, Susan Carruthers⁸, Robert A. Schoevers⁸, Sara Wallhed⁸, Csaba Barta¹, Peter Alleman¹, I.A.S.P. Research group⁸, Frances R. Levin⁸, Wim van den Brink⁸

¹ Trimbos-instituut and ICASA Foundation, Utrecht, The Netherlands
Kaye et al., (2016) Persistence and Subtype Stability of ADHD Among Substance Use Disorder Treatment Seekers
Journal of Attention Disorders
1087054716629217
Innovative research is warranted!!!

For reaching two goals:

- Improvement of diagnostic and treatment procedures for patients suffering from both ADHD and SUD
- Prevention of the development of Substance Use Disorders in children/adolescents/adults with ADHD

Coming soon:

**INCAS**

International Naturalistic Cohort Study of ADHD and Substance Use Disorders (INCAS):
clinical characteristics, treatment, and outcome
The International Collaboration on ADHD and Substance Abuse (ICASA) is an organization of clinicians and researchers with the aim of developing evidence based procedures for screening, diagnosis and treatment of patients with comorbid ADHD and SUD. This Consensus Statement was developed by clinicians and researchers from 13 European countries, Australia, South Africa and the USA, and is based on a comprehensive literature search, own studies, and clinical experience.
Screening tools allow for a good recognition of possible ADHD in adults with SUD, and should be used routinely.

For individuals in SUD treatment, the ADHD diagnostic process should be started as soon as possible.

In diagnosed patients, simultaneous and integrated treatment of ADHD and SUD, using a combination of pharmacotherapy and psychotherapy, is recommended.

Long-acting methylphenidate, extended-release amphetamines, and atomoxetine are effective in the treatment of comorbid ADHD and SUD, and up-titration to higher dosages may be considered in patients unresponsive to standard doses.

Caution and careful clinical management is needed to prevent abuse and diversion of prescribed stimulants.
CONCLUSION

This consensus statement is addressed to clinicians, physicians, psychiatrists and psychologists (nurses ?) dealing with individuals addicted to alcohol or other drugs.

It is meant to provide a useful and practical guide to diagnosing and treating ADHD in patients with a substance use disorder.

In addition, this document aims to provide a survey of the available evidence and the gaps that exist with respect to this subject.

The recommendations can be adapted to each region and in line with local agreements and rules.
THANKS FOR YOUR ATTENTION

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