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

**6th World Congress on ADHD  
April 20-23, 2017  
Vancouver, Canada  
Frieda Matthys MD PhD**



## DISCLOSURE

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



Development

## FOUNDATIONS 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)



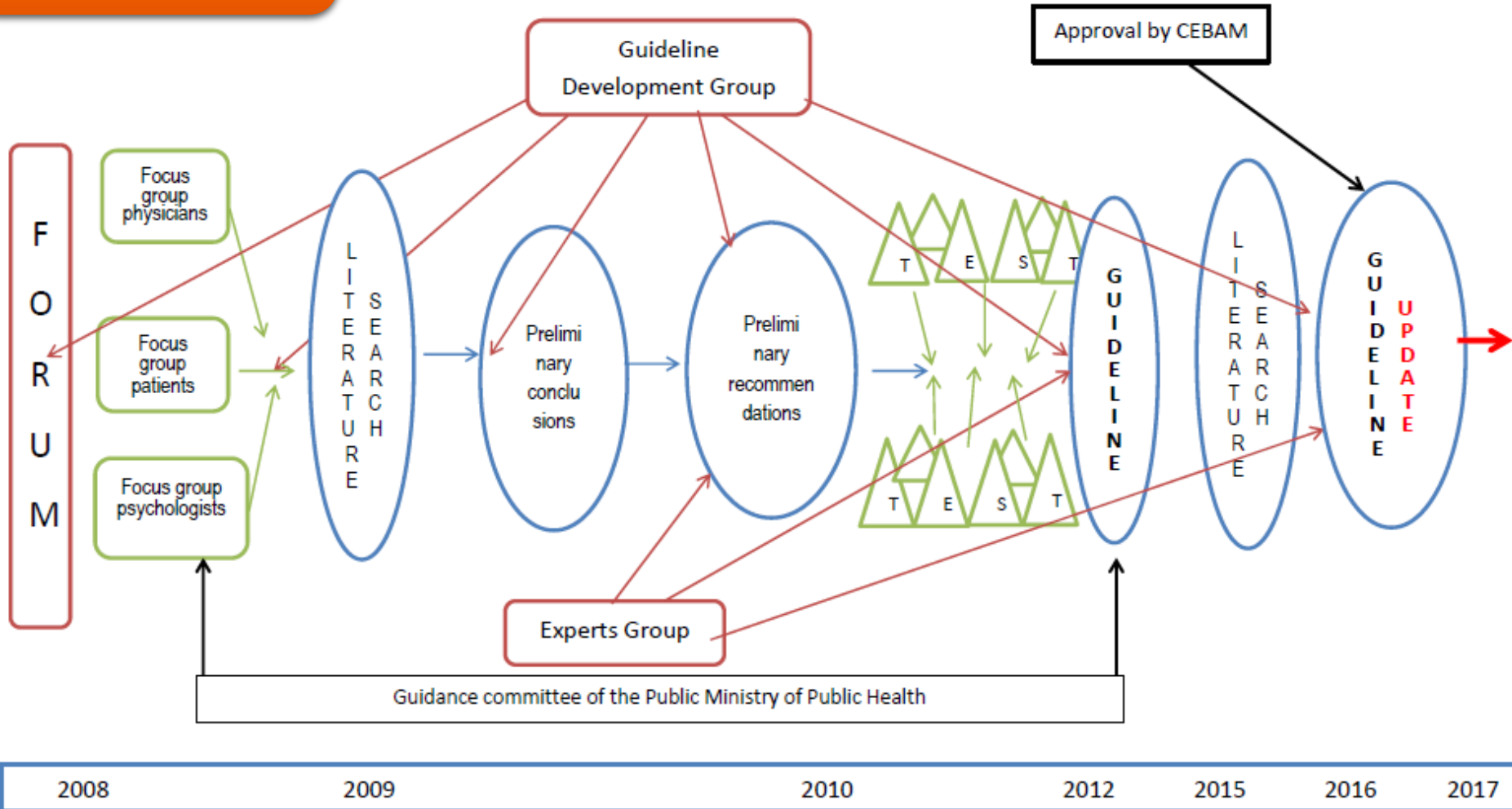


## THEMES FROM THE PATIENTS

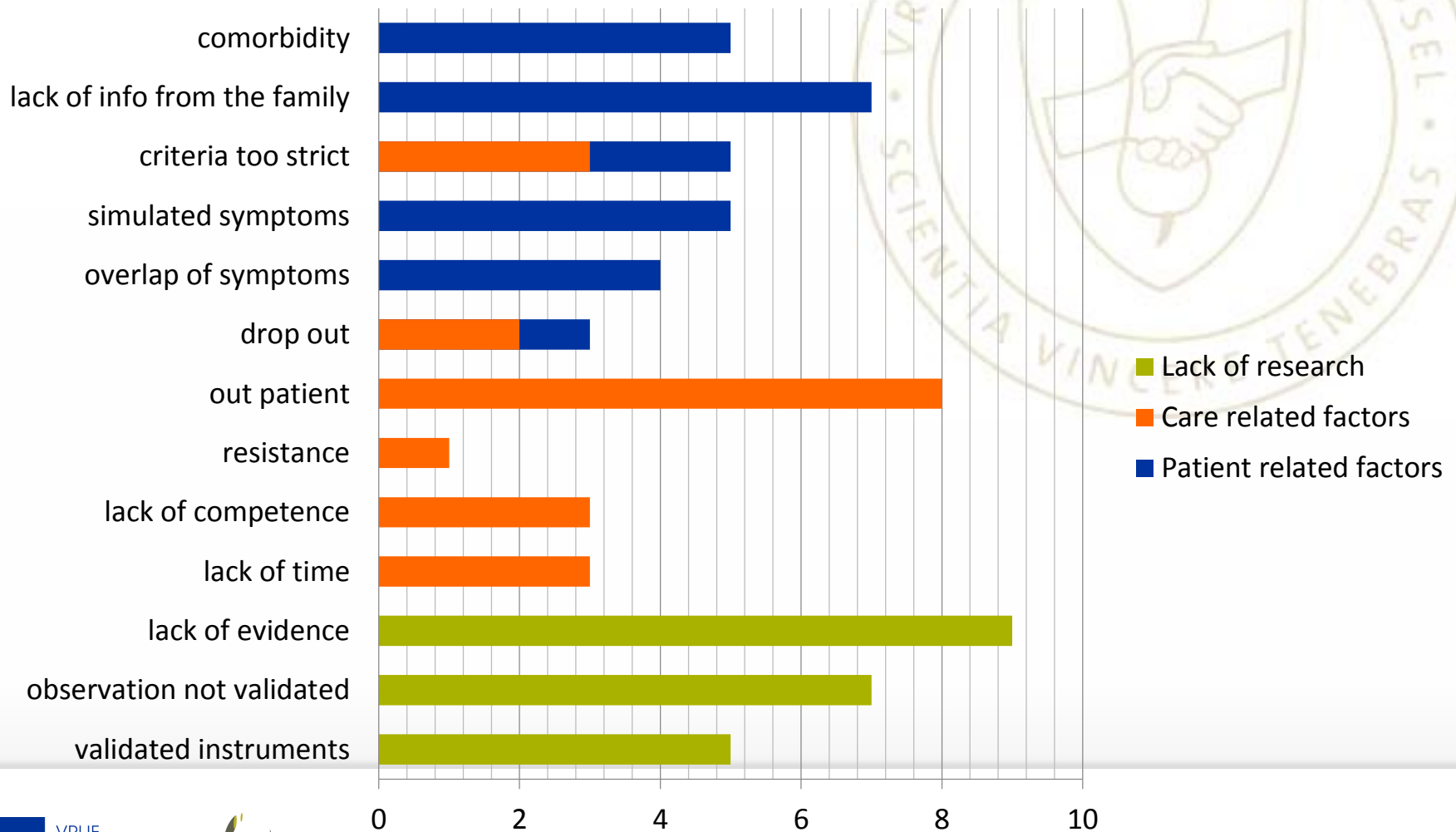
- The biggest burden is impulsivity and the difficulty in organizing their everyday lives
- A positive effect from the drugs on their ADHD symptoms
- The search for kicks as an important factor in the origination of their addiction
- Consequences of receiving the diagnosis were varied: relieved, sad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

# Development

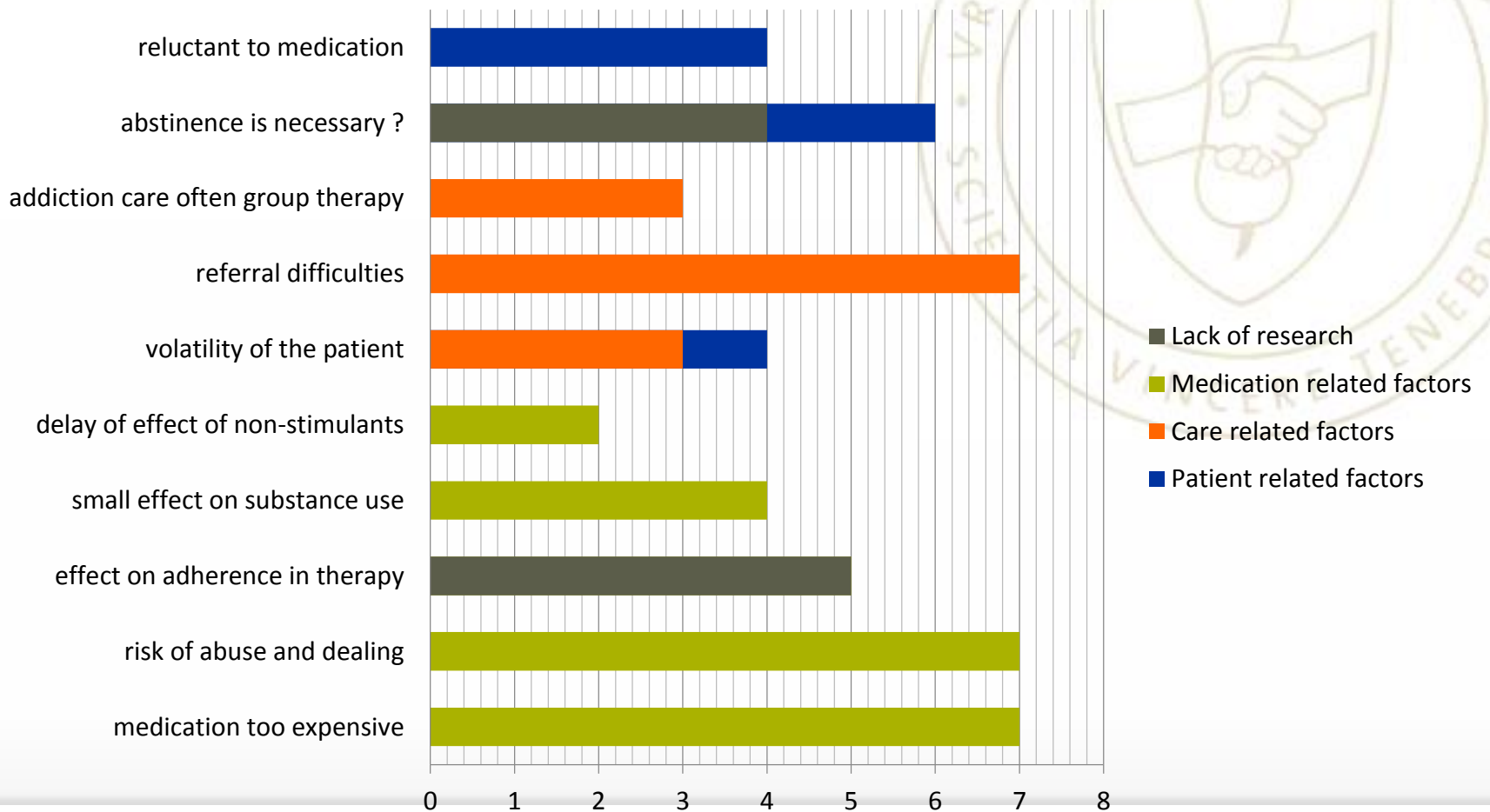
## Developing process



# PROBLEM AREAS IN THE DIAGNOSIS

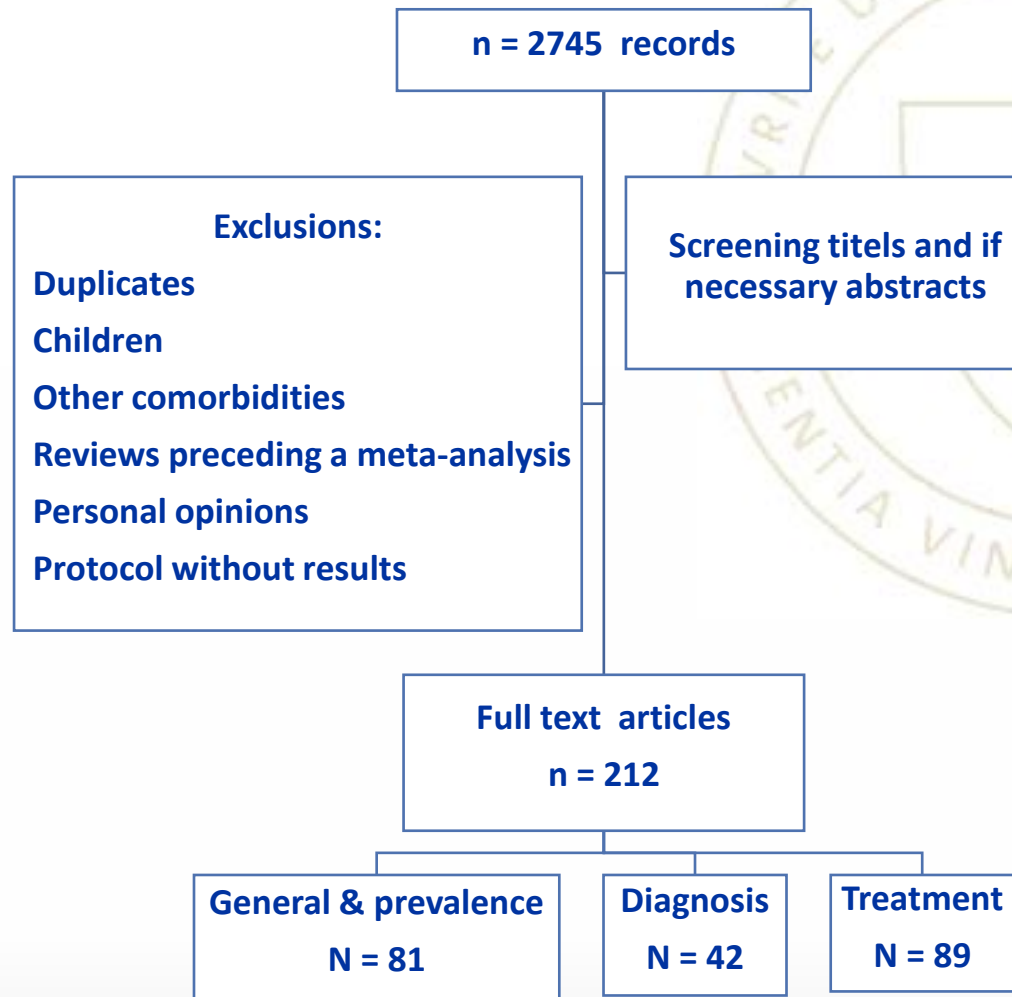


# PROBLEM AREAS IN THE TREATMENT





# RESEARCH DATA



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

# 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

# RECOMMENDATIONS

- All SUD patients should be screened for ADHD as soon as their drug use has stabilized. Abstinence is not necessary <sup>1</sup>
- CAARS<sup>2</sup> and ASRS<sup>3</sup> 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 <sup>4</sup>, ADSA<sup>5</sup> and DIVA<sup>6</sup> can be used (!!! not been validated in this population)

<sup>1</sup> Van de Glind, 2013

<sup>2</sup> Conners' Adult ADHD Rating Scale, Cleland et al, 2006

<sup>3</sup> Adult ADHD Self-Report Scale <http://www.hcp.med.harvard.edu/ncs/asrs.php>

<sup>4</sup> Epstein et al, Conners' Adult ADHD Diagnostic Interview for the DSM-IV

<sup>5</sup> Adler et al., 2008, Attention Deficit Scales for Adults,

<sup>6</sup> Kooij & Francken, Diagnostic Interview for ADHD in Adults, 2010

# RECOMMENDATIONS

- 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)
- 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



# RECOMMENDATION

A complex problem requires a complex treatment

- 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

Treat the patient, not the illness

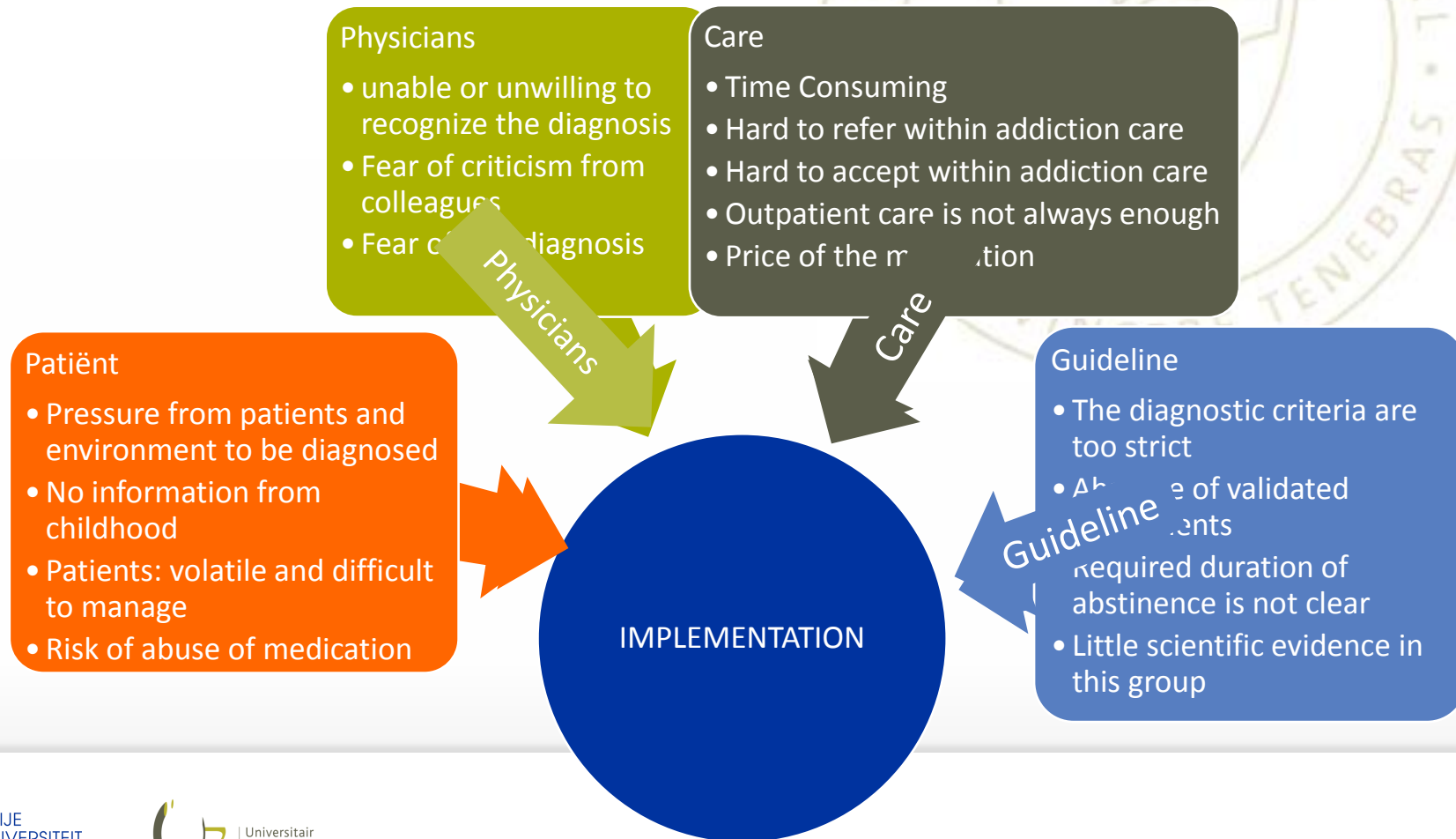




# RECOMMENDATIONS

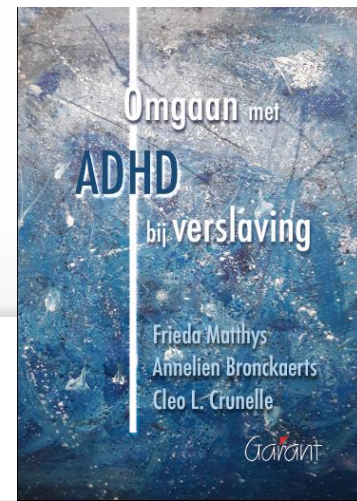
- **Atomoxetine** is preferred since it lacks abuse potential
- **Methylphenidate** (modified release) may be prescribed, on the assumption that delivery and administration are sufficiently **supervised**.
- Imipramine and bupropion are possible alternatives
- Because of the **abuse potential**, methylphenidate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

# BARRIERS FOR THE IMPLEMENTATION



# IMPLEMENTATION AND DISSEMINATION

- 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
- A manual for the integrated treatment of ADHD and SUD has been published Garant, 2016: ISBN: 9789044134063
- 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 **C**ollaboration on **ADHD** and **S**ubstance **A**buse

## 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

# International ADHD in Substance use disorders Prevalence Study (IASP)

*Int. J. Methods Psychiatr. Res.* 22(3): 232–244 (2013)

Published online 11 September 2013 in Wiley Online Library

(wileyonlinelibrary.com) DOI: 10.1002/mpr.1397

## The International ADHD in Substance Use Disorders Prevalence (IASP) study: background, methods and study population

GEURT VAN DE GLIND,<sup>1,3</sup> KATELIJNE VAN EMMERIK-VAN OORTMERSSEN,<sup>2,3</sup>

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ARILD SCHILLINGER,<sup>13</sup> MÁTÉ KAPITÁNY-FÖVÉNY,<sup>6</sup> SOFIE VERSPREET,<sup>11</sup> ANDREA SEITZ,<sup>14</sup>

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SUSAN CARRUTHERS,<sup>17</sup> ROBERT A. SCHOEVERS,<sup>18</sup> IASP RESEARCH GROUP<sup>19</sup> &

WIM VAN DEN BRINK<sup>3</sup>



# VARIABILITY IN PREVALENCE OF ADULT ADHD IN TREATMENT SEEKING SUD PATIENTS



## Drug and Alcohol Dependence

Available online 5 October 2013

In Press, Accepted Manuscript — Note to users



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 Glind<sup>a, b, 1</sup>,  , Maija Konstenius<sup>c, 1</sup>, Maarten W.J. Koeter<sup>b</sup>, Katelijne van Emmerik-van Oortmerssen<sup>b, e, g</sup>, Pieter-Jan Carpentier<sup>f</sup>, Sharlene Kaye<sup>g</sup>, Louisa Degenhardt<sup>h, u</sup>, Avid Skutle<sup>h</sup>, Johan Franck<sup>e</sup>, Eli-Torild Bu<sup>h</sup>, Franz Moggi<sup>i</sup>, Geert Dom<sup>i</sup>, Sofie Verspreet<sup>i</sup>, Zsolt Demetrovics<sup>k</sup>, Máté Kapitány-Fövényi<sup>k, v</sup>, Melina Fatséas<sup>l</sup>, Marc Auriacombe<sup>l</sup>, Arild Schillinger<sup>m</sup>, Merete Møller<sup>m</sup>, Brian Johnson<sup>n</sup>, Stephen V. Faraone<sup>n</sup>, J Antoni Ramos-Quiroga<sup>o</sup>, Miguel Casas<sup>o</sup>, Steve Allsop<sup>o</sup>, Susan Carruthers<sup>o</sup>, Robert A. Schoevers<sup>q</sup>, Sara Wallhed<sup>r</sup>, Csaba Barta<sup>s</sup>, Peter Alleman<sup>t</sup>, I.A.S.P. Research group<sup>w</sup>, Frances R. Levin<sup>d</sup>, Wim van den Brink<sup>b</sup>

<sup>a</sup> Trimbos-instituut and ICASA Foundation, Utrecht, The Netherlands



# ADDITIONAL IASP PAPERS

## Kaye et al., (2016) Persistence and Subtype Stability of ADHD Among Substance Use Disorder Treatment Seekers

Journal of Attention Disorders  
1087054716629217

*Drug and Alcohol Review* (November 2015), 34, 683–693  
DOI: 10.1111/dar.12249

### Comorbid attention deficit hyperactivity disorder and substance use disorder complexity and chronicity in treatment-seeking adults

JESSE TYLER YOUNG<sup>1,2,3</sup>, SUSAN CARRUTHERS<sup>1</sup>, SHARLENE KAYE<sup>4</sup>, STEVE ALLSOP<sup>1</sup>, JOANNE GILSENAN<sup>4</sup>, LOUISA DEGENHARDT<sup>5,6</sup>, GEURT VAN DE GLIND<sup>5,6</sup>, WIM VAN DEN BRINK<sup>6</sup> & DAVID PREEN<sup>2</sup>

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*Drug Alcohol Depend* 2014 Nov 1;144:70-7. doi: 10.1016/j.drugalcdep.2014.08.008. Epub 2014 Aug 26.

### Risk behaviours among substance use disorder treatment seekers with and without adult ADHD symptoms.

Kaye S<sup>1</sup>, Gilsenan J<sup>2</sup>, Young JT<sup>3</sup>, Carruthers S<sup>4</sup>, Allsop S<sup>1</sup>, Degenhardt L<sup>5</sup>, van de Glind G<sup>5</sup>, van den Brink W<sup>7</sup>.

Author information



Early developmental, temperamental and educational problems in 'substance use disorder' patients with and without ADHD. Does ADHD make a difference?

Arvid Skutle<sup>4,5</sup>, Eli Torild Hellandsjø Bu<sup>4</sup>, Finn Konow Jellestad<sup>6</sup>, Katelijne van Emmerik-van Oortmerssen<sup>6,7</sup>, Geert Dom<sup>8</sup>, Sofie Verspreet<sup>8</sup>, Pieter Jan Carpentier<sup>1</sup>, Josep Antoni Ramos-Quiroga<sup>8</sup>, Johan Franck<sup>9</sup>, Maija Konstenius<sup>9</sup>, Sharlene Kaye<sup>1</sup>, Zsolt Demetrovics<sup>1</sup>, Csaba Barta<sup>1</sup>, Melina Fatséas<sup>1</sup>, Marc Auriacombe<sup>1</sup>, Brian Johnson<sup>10,11</sup>, Stephen V. Faraone<sup>10,11</sup>, Steve Allsop<sup>12</sup>, Susan Carruthers<sup>13</sup>, Robert A. Schoevers<sup>14</sup>, Maarten W.J. Koeter<sup>15</sup>, Wim van den Brink<sup>16</sup>, Franz Mogggi<sup>17,18</sup>, Merete Møller<sup>1</sup>, Geurt van de Glind<sup>19</sup>

### Risk Factors for Borderline Personality Disorder in Treatment Seeking Patients with a Substance Use Disorder: An International Multicenter Study

Wapp M.<sup>1,2</sup>, van de Glind G.<sup>3,4</sup>, van Emmerik-van Oortmerssen K.<sup>5,6</sup>, Dom G.<sup>7</sup>, Verspreet S.<sup>8</sup>, Carpentier P.J.<sup>9</sup>, Ramos-Quiroga J.A.<sup>10</sup>, Skutle A.<sup>11</sup>, Bu E.-T.<sup>12</sup>, Franck J.J.<sup>13</sup>, Konstenius M.J.<sup>14</sup>, Kaye S.<sup>15</sup>, Demetrovics Z.<sup>16</sup>, Barta C.<sup>17</sup>, Fatséas M.<sup>18</sup>, Auriacombe M.<sup>19</sup>, Johnson B.<sup>20</sup>, Faraone S.V.<sup>21</sup>, Levin F.R.<sup>22</sup>, Allsop S.<sup>23</sup>, Carruthers S.<sup>24</sup>, Schoevers R.A.<sup>25</sup>, Koeter M.W.J.<sup>26</sup>, van den Brink W.<sup>27</sup>, Mogggi F.<sup>28,29</sup>, IASP Research Group

### NIH Public Access

#### Author Manuscript

*Drug Alcohol Depend*. Author manuscript; available in PMC 2014 July 07.

Published in final edited form as:  
*Drug Alcohol Depend*. 2013 October 1; 132(3): 587–596. doi:10.1016/j.drugalcdep.2013.04.010.

### Validity of the Adult ADHD Self-Report Scale (ASRS) as a screener for adult ADHD in treatment seeking substance use disorder patients

Geurt van de Glind<sup>1,2</sup>, Wim van den Brink<sup>3</sup>, Maarten W.J. Koeter<sup>4</sup>, Pieter-Jan Carpentier<sup>5</sup>, Katelijne van Emmerik-van Oortmerssen<sup>6,7</sup>, Sharlene Kaye<sup>8</sup>, Arvid Skutle<sup>9</sup>, Eli-Torild H. Bu<sup>10</sup>, Johan Franck<sup>11</sup>, Maija Konstenius<sup>12</sup>, Franz Mogggi<sup>13</sup>, Geert Dom<sup>14</sup>, Sofie Verspreet<sup>15</sup>, Zsolt Demetrovics<sup>16</sup>, Máté Kapitány-Fövényi<sup>17</sup>, Melina Fatséas<sup>18</sup>, Marc Auriacombe<sup>19</sup>, Arild Schillingier<sup>20</sup>, Andrea Seitz<sup>21</sup>, Brian Johnson<sup>22</sup>, Stephen V. Faraone<sup>23</sup>, J. Antoni Ramos-Quiroga<sup>24</sup>, Miguel Casas<sup>25</sup>, Steve Allsop<sup>26</sup>, Susan Carruthers<sup>27</sup>, Csaba Barta<sup>28</sup>, Robert A. Schoevers<sup>29</sup>, Frances R. Levin<sup>30</sup>, and IASP Research Group<sup>31</sup>

<sup>1</sup>Trimbos-instituut and ICASA Foundation, Utrecht, The Netherlands <sup>2</sup>Amsterdam Institute for Addiction Research, Amsterdam, The Netherlands <sup>3</sup>Reinier van Arkel groep, 's-Herlogenbosch, The Netherlands <sup>4</sup>Arkin, Amsterdam, The Netherlands <sup>5</sup>National Drug and Alcohol Research Centre, University of New South Wales, Sydney, Australia <sup>6</sup>Bergen Clinics Foundation, Bergen,

**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**

# INTERNATIONAL CONSENSUS STATEMENT ON DIAGNOSIS AND TREATMENT OF SUBSTANCE USE DISORDER PATIENTS WITH COMORBID ATTENTION DEFICIT/HYPERACTIVITY DISORDER

Cleo L. Crunelle, Wim van den Brink, Franz Moggi, Maija Konstenius, Johan Franck, Frances R. Levin, Geurt van de Glind, Zsolt Demetrovics, Corné Coetzee, Mathias Luderer, ICASA consensus group, Frieda Matthys.

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.

# INTERNATIONAL CONSENSUS STATEMENT

## SUMMARY OF THE RECOMMENDATIONS

- 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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