CURRENT PRACTICE IN BELGIUM ON **ADHD** AND SUBSTANCE USE DISORDERS (**SUD**)

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Universitair Ziekenhuis Brussel

DISCLOSURE

- Funded research for Janssen Pharmaceutica, Lilly and Novartis
- Funded lectures for Janssen Pharmaceutica and Lundbeck

- The study was funded by the Belgian Federal Public Service (Health, Food Chain Safety and Environment)

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Current practice in Belgium on ADHD and SUD

Evolution in the last five years

- The development of the guideline
- Barriers for the implementation

Current situation

- Training of the care givers
- A manual for the treatment of ADHD and SUD

Plans for the future

- Update of the guideline
- Moving towards a European guideline

Evolution in the last five years

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

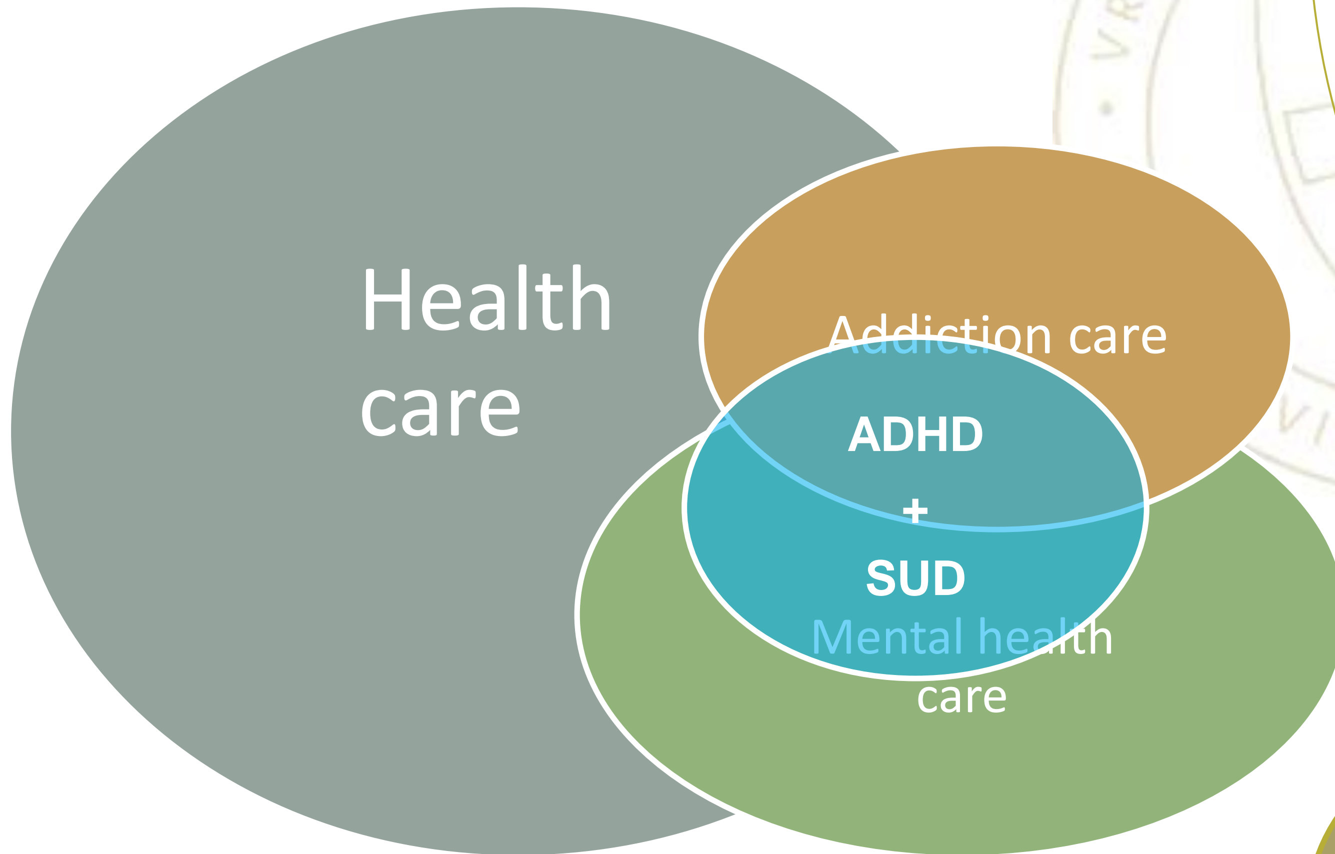
Earlier onset, faster evolution to problematic use, pronounced ADHD symptoms, with less chance for recovery Wilens,2004

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

WHO,2012; Wilens,2007; Kaye,2013

Evolution in the last five years

History and stigma



negation
exclusion
less care

a patient with DD need them all and even more

Evolution in the last five years

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

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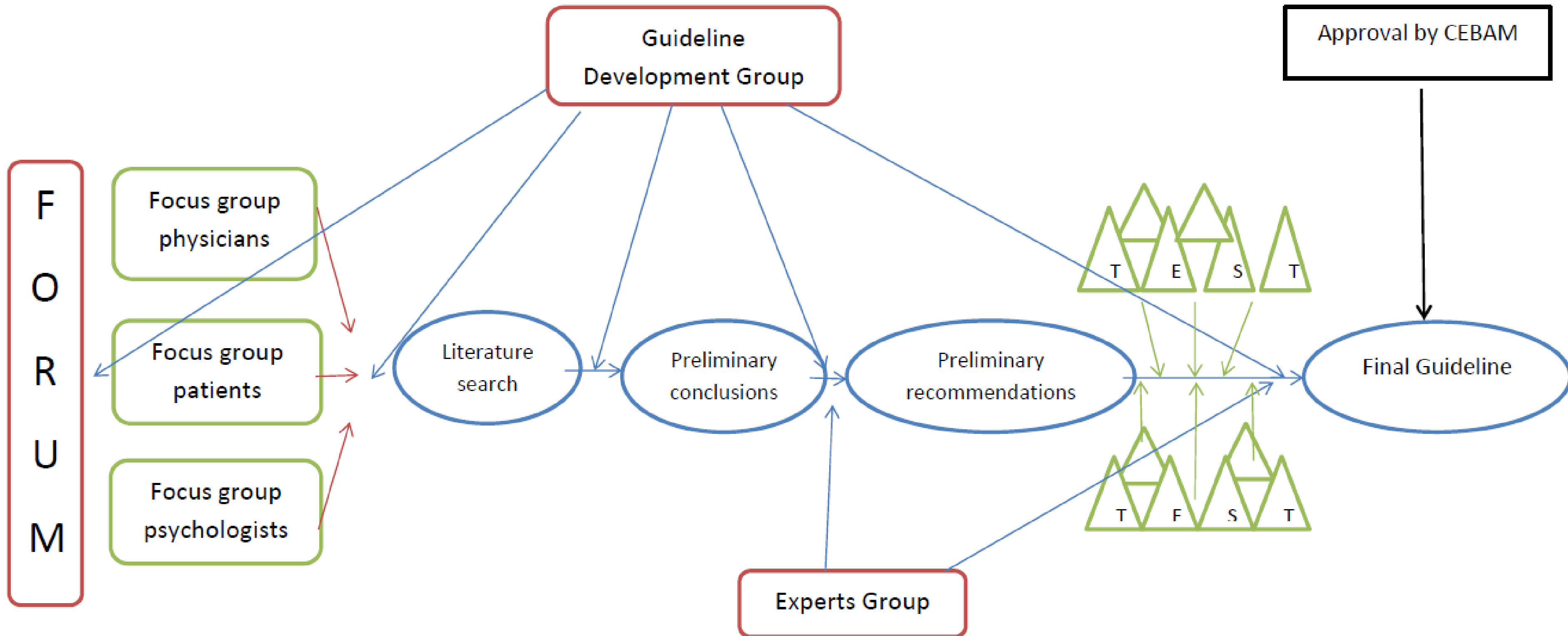
Evolution in the last five years

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)

Evolution in the last five years

Development process



Guidence committee of the Federal Public Service **HEALTH, FOOD CHAIN SAFETY AND ENVIRONMENT** of Belgium

Evolution in the last five years

http://fur.ly/a6h1

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

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Evolution in the last five years

Recommendations

- All SUD patients should be screened for ADHD as soon as their drug use has stabilized. Abstinence is not necessary [1]
- CAARS[2] and ASRS[3] are validated in this patient-group
- ADHD diagnosis should be part of a comprehensive psychiatric examination
- Validated diagnostic interviews are a good starting point CAADID [4], ADSA[5] and DIVA[6] 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] Van de Glind, 2013
[2] Conners' Adult ADHD Rating Scale, Cleland et al, 2006
[3] Adult ADHD Self-Report Scale http://www.hcp.med.harvard.edu/ncs/asrs.php
[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

Evolution in the last five years

Recommendations

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
- 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

Treat the patient, not the illness

Evolution in the last five years

Effectivity of a guideline

Development strategy

- Scientifically based
- Close to the practitioners

Dissemination strategy

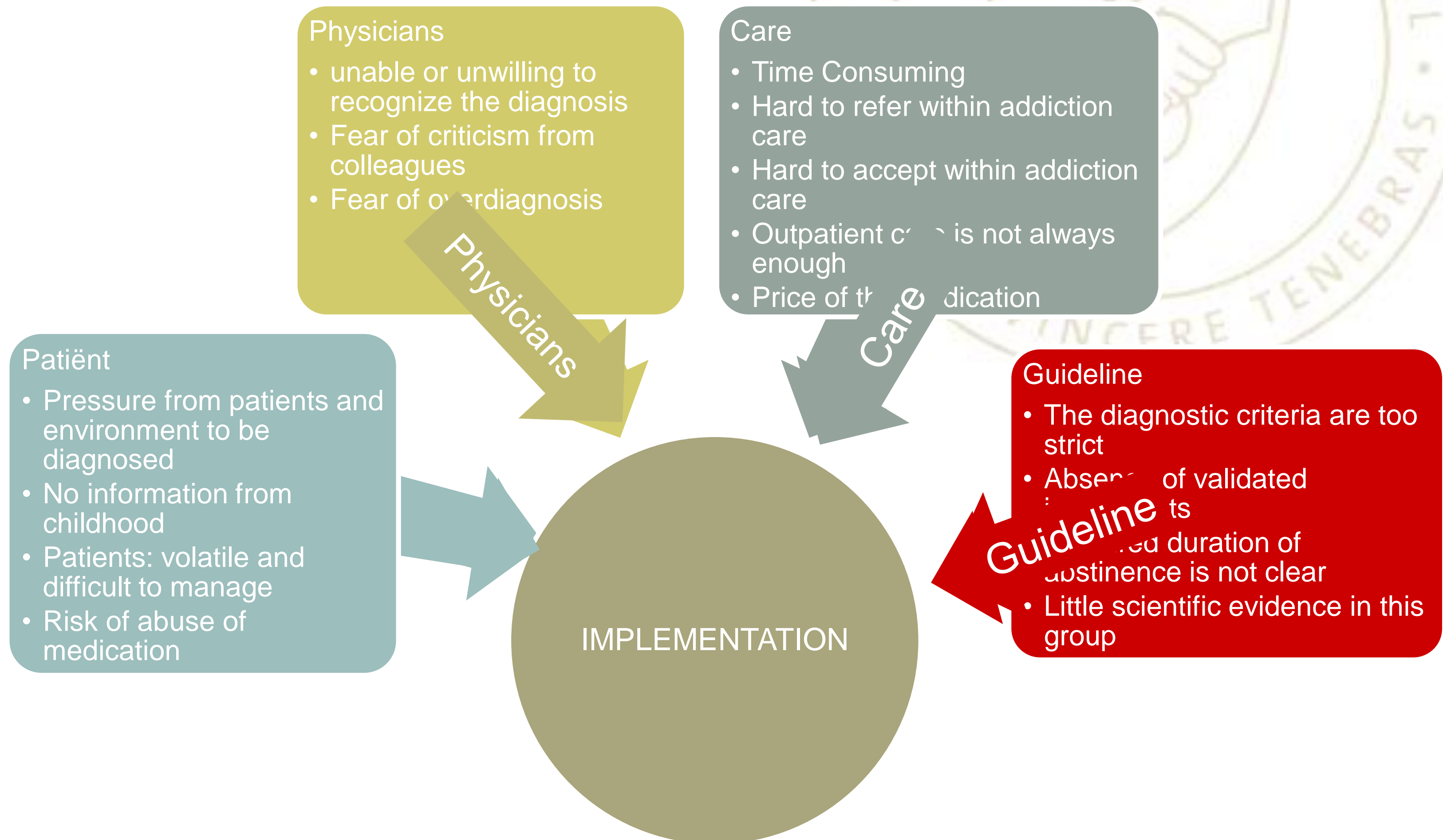
- Publications local and international
- Specific educational interventions
- Continuous education

Implementation strategy

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

Evolution in the last five years

Barriers for the implementation



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Current situation

Dissemination and 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
- A manual for the integrated treatment of ADHD and SUD is being developed

Current situation

A manual for the treatment of ADHD and SUD

Treatment objectives (result of the focusgroups)

- To reduce the ADHD symptoms
- To develop coping mechanisms to handle their symptoms (eg with regard to time management, organization and planning)
- To decrease the emotional and functional problems

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

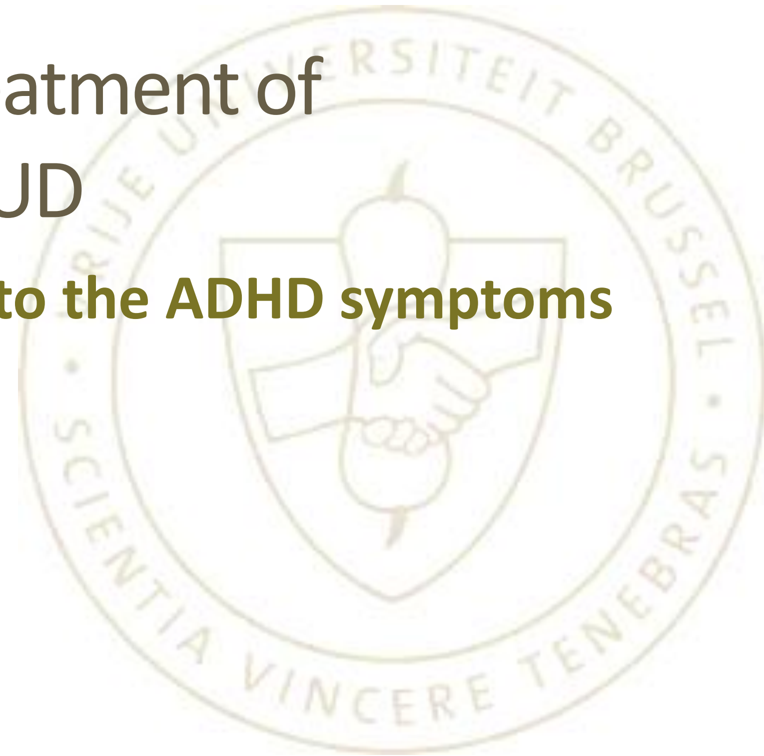
Current situation

A manual for the treatment of ADHD and SUD

1. **Adapting the addiction treatment to the ADHD symptoms**
2. **Structure of the treatment**
3. **Startup of the treatment**
4. **Skills training**
5. **Therapy based on multiple conceptual frameworks**

Current situation

A manual for the treatment of ADHD and SUD



1. **Adapting the addiction treatment to the ADHD symptoms**

- Attitude
  - Concrete and practical
  - Directive and interactive
  - More coaching than exploration
- Variety and repetition
  - Visual, auditory,
  - Verbal and animated
- Length of the session:
  - Adapting to attention span
  - Sessions shorten and provide breaks
- Providing structure:
  - Content = focused on clear goals and on specific themes
  - Concrete and specific questions instead of open questions

Current situation

A manual for the treatment of ADHD and SUD

2. Structure of the treatment

- Solid and fixed structure for each session:
  - Brief introduction and agenda of the session
  - Discussing homework
  - Introducing a new subject and practicing it
  - Imparting homework
  - Content of the session, summarize and close the session
- Individual treatment
  - Treatment can be fully customized to the patient
  - But you're missing the benefits of peer group (and disadvantages)
- Group Therapy
  - Small groups (max 8, rather 6)
  - Support of the peers
  - Maintenance of a fixed program in which various components are covered
  - Make clear rules about absence, lateness, not interrupting each other
  - Make emergency appointments

Current situation

A manual for the treatment of ADHD and SUD

3. Startup of the treatment

- Stabilizing the substance use
- Accepting the diagnosis (both SUD and ADHD)
  - Getting recognition can lead to relief
  - This may reduce the guilt
  - Sadness, anger and grief at the awareness that life could have been different
  - Confrontation with failure experiences
- Psychoeducation
  - ADHD and SUD are neurobiological disorders and there are links between the two
  - Recognition of ADHD can increase compliance and treatment adherence
- Involving family members and spouse
  - Informing and explaining the symptoms and the link between ADHD and SUD
  - More knowledge can help them to adopt a more appropriate way to deal

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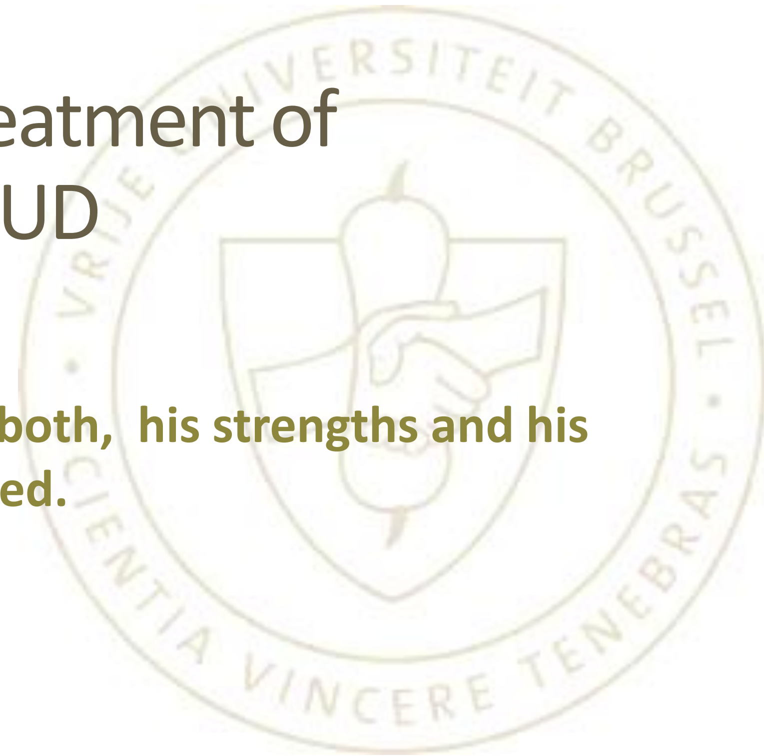
Current situation

A manual for the treatment of ADHD and SUD



4. Skills training

Make sure you have mapped with the patient both, his strengths and his weaknesses. Then choose what has been trained.

- Learning to plan and organize
- Enlarging time awareness
- Reducing distractibility
- Dealing with addictive substances
- Improving emotion regulation
- Managing cognitions
- Reducing impulsivity
- Improving social skills
- Relapse prevention

Current situation

A manual for the treatment of ADHD and SUD

5. Therapy based on multiple conceptual frameworks

There are indications for effect on both: ADHD and SUD

- Cognitive behavioral therapy and skills training
- Music Therapy
- Ergotherapy and art therapy
- Mindfulness
- Physical activity
- Computer programs:
  - biofeedback
  - retraining of the automatic processes (attentional bias)
  - training of the working memory

A complex problem requires a complex treatment

An update of the guideline

- Our literature was completed in April 2009
- There are new research data; there is more research now in this population
- ICASA is a good example
- Also in the field of biological treatment there are new approaches: Modafinil ? rTMS ?

Plans for the future

A European guideline ?

- We are prepared to update the data in the scientific literature
- We are looking for partners to assess the results critically
- The organization of care and the health insurance are different in each country
- Therefore the recommendations also should be different, adapted to each region and in according with local agreements and rules

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Who is interested ?