

# TREATMENT OF ADHD AND SUBSTANCE USE DISORDERS (SUD)

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## 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**







## 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 for coaching, guiding and training, more than for medication

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

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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

Consider adequate medical treatment of both ADHD and SUD.

Always consider a combination of psychotherapy and pharmacotherapy.

Integrate the ADHD and other psychiatric comorbidity treatment with SUD treatment as soon as possible.

Psychotherapy, preferentially targeting the combination of ADHD and SUD, should be considered.

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 some patients. The abuse potential is limited with long-acting agents.

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

# RECOMMENDATIONS

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

## (PHARMACOTHERAPY)

- **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



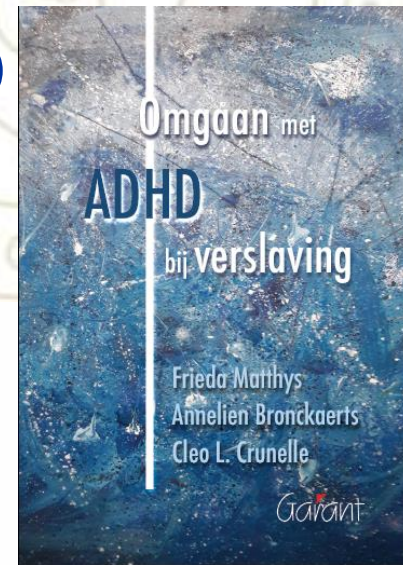


# Treatment: objectives

- ▶ Expectations of adults with ADHD
  - reducing the **ADHD** symptoms
  - improving **cop**ing mechanisms
  - reducing **emotional** problems
  - reducing **functional** problems
- ▶ Of adults with ADHD and SUD
  - improving **retention** in treatment
  - reducing **alcohol and drug** use

# A MANUAL FOR THE TREATMENT OF ADHD AND SUD

1. Adapting the addiction treatment to the ADHD symptoms
2. Accepting the diagnosis (both ADHD and SUD)
3. Multidisciplinary approach
4. Personalized treatment (tailored)
5. Skills training



# ADAPTING THE ADDICTION TREATMENT TO THE ADHD SYMPTOMS

Difficulties in everyday life can be a challenge during treatment

In a “group therapy setting” the adaptations that benefit the patients with ADHD, seem not to disadvantage the patients without ADHD

# ADAPTING THE ADDICTION TREATMENT TO THE ADHD SYMPTOMS

- 1) Duration of the sessions
- 2) Therapeutical attitude
- 3) Agreements starting the treatment
- 4) Providing a rigorous structure
- 5) Variation and repetition

## DURATION OF THE SESSIONS

- Duration of sessions must be adapted to the attention span of the participants
- Shortening the sessions
- Incorporating breaks
- Searching for strategies to sustain longer

# THERAPEUTICAL ATTITUDE

- The therapist is a coach
- Active and guiding (not restraint and non-directive)
- Focused on the practical and everyday problems
- Interactive searching together with the patient to concrete solutions
- Actively maintaining focus on the program
- A "to-the-point interview style "
- Non-judgmental attitude, gentle, understanding, empathetic and accepting

# AGREEMENTS STARTING THE TREATMENT

- Discuss difficulties that may occur due to ADHD symptoms
  - Not showing up
  - Being late, or drunk or stoned
  - Not made or forgotten the homework
- Rules to structure group sessions
  - Returning to the subject if someone strays from the subject
  - Everyone can express his idea and opinion
  - Do not interrupt each other

# 1) PROVIDING A RIGOROUS STRUCTURE

- Structure is very important during the treatment sessions!
- Clear agreements about the beginning and the end, about program, sequence and duration of the session
- The content is focused on clear objectives and specific topics
- A solid structure during all sessions provide grip and predictability



# 1) VARIATION AND REPETITION

- Combine auditory and visual information
- Encourage patients to take notes
- Present schedules, diagrams, drawings, movies,
- Ask participants to come at the front and to write or draw on the blackboard
- Focus on learning skills, not on the exploration of emotions or storytelling
- Repetition is the keyword

# ACCEPTING THE DIAGNOSIS

## Both: ADHD and SUD

- Consider the acceptance of the diagnosis is very important
- Getting the diagnosis ADHD can evoke positive emotions:
  - Finally found an explanation for complaints, symptoms and feelings which the client has been fighting for years
  - Often relieved by ridding themselves of feelings of guilt
  - Recognition of the burden
  - Reduction in responsibility for negative experiences and comments

# ACCEPTING THE DIAGNOSIS

## Both: ADHD and SUD

- But also negative emotions can occur:
  - A kind of grief reaction
  - "Why the diagnosis was not made earlier?"
  - The feeling of failure experiences that should not have been
  - Confrontation with reality, an atmosphere with more self-critical and reflect on themselves
  - Regret, anger, sadness

# ACCEPTING THE DIAGNOSIS

## Both: ADHD and SUD

- Psycho-education plays an important role in the acceptance of the diagnosis
  - Provide clear information about both disorders and the influence of the two on each other
  - Knowledge and understanding provide insight and increase therapy compliance
  - Can also strengthen the motivation to work on aspects that are difficult to learn
  - Is part at least of the first stage of the treatment

# 1. MULTIDISCIPLINARY APPROACH

Because of the complexity, chronicity and its impact on all areas of life for both ADHD and addiction

- Involving family members
- Individual coaching
- Peer support and group training
- Cognitive behavioral therapy, dialectical behavior therapy
- Mindfulness
- Music Therapy
- Occupational therapy
- Sports and exercise

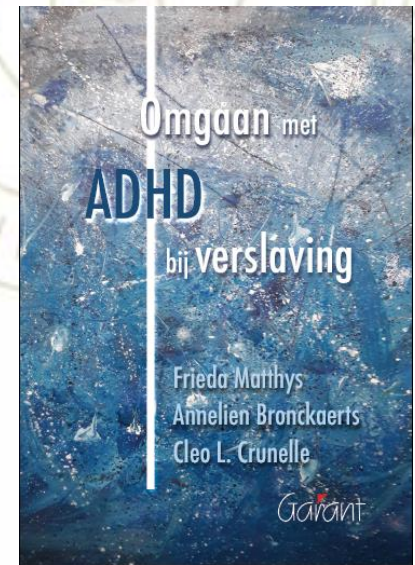
# 1. PERSONALIZED TREATMENT (TAILORED)

- Diagnostics, interviews and observations provide information on:
  - Complaints and symptoms
  - Strengths and weaknesses
  - Already learned skills and compensation mechanisms
  - Objectives and perspectives of the patient

Select treatment methods and techniques that best suited to the symptoms, capabilities and treatment demand of the patient.

# SKILLS TRAINING

- 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



# LEARN TO PLAN AND ORGANIZE

## In CBT

- Learn to use calendar and to-do list
- Tasks treated according to priority
- Organize daily life (organizing administration; a fixed place for phone, keys, etc.)
- Tackling procrastination

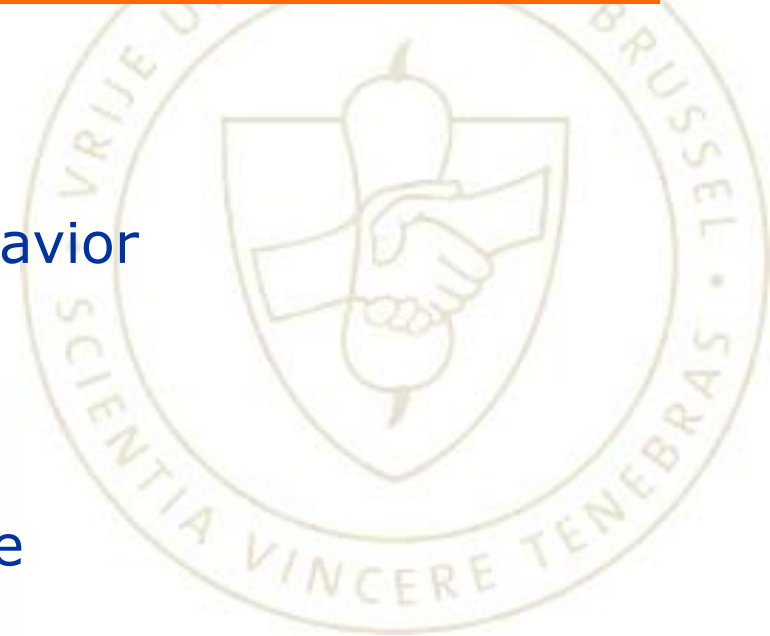
## In occupational therapy:

- Practice structured and methodical work
- Practice delayed gratification ....



# REDUCING IMPULSIVITY

- Chain analysis of impulsive behavior
- Physical activity
- Music therapy
- Working on frustration tolerance
- Learning to slow
- Dealing with silence
- Patients with ADHD and SUD are extremely impatient.



# REDUCING IMPULSIVITY (EXERCISE)

- Physical activity can positively impact
- If ADHD medication is taken, it is recommended to take it approximately one hour after training.
- Sports that require both concentration and physical exercise can positively influence cognitive processes:
  - At least half an hour, preferably daily
  - It is recommended to exercise in the morning
  - Sports can compensate hyperactivity or restlessness for a while
  - Excessive exercise, however, can overload the body
  - Professional guidance in the development of training

# REDUCING IMPULSIVITY (MUSIC THERAPY)

- Emotional release
- Learning to slow
- Working around frustration tolerance
- Structured methods
- Using the silence



# DEALING WITH CRAVING

- Psychoeducation
- Function analysis of behavior
- Identification of risk situations
- Avoid confrontation
- Find alternatives
- Reward or self-punishment



# DEALING WITH BOREDOM

- Adults with ADHD often have difficulty to deal with boredom and empty moments.
- In addition quitting drugs causes a great emptiness, because the patient suddenly has more time available.
- Looking for activities that were previously perceived as enjoyable
- Music therapy can be good to practice skills but may also be high risk



THANKS FOR  
YOUR ATTENTION

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2ND ANNUAL ADHD AND  
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