

# **ADHD treatment in the context of a co-occurring substance use disorder**

Amy Yule, M.D.

Vice Chair of Addiction Psychiatry, Boston Medical Center

Associate Professor, Boston University School of Medicine

# Disclosures

	Consultant	Grant Support
Bay Cove Human Services, Inc.	X	
Commonwealth of Massachusetts		X
Gavin Foundation	X	
National Institutes of Health		X
Satter Foundation		X

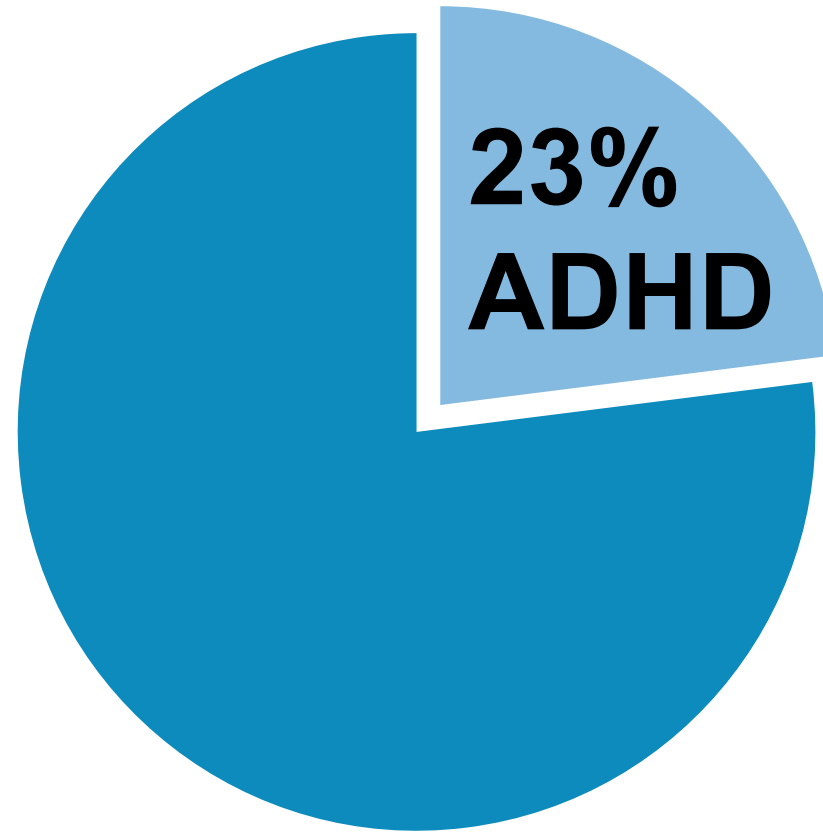
# Learning objective

- Discuss tools for screening for a substance use disorder (SUD) and the diagnostic criteria for a SUD
- Review the existing literature on treatments for ADHD when co-occurring with a SUD
- Describe strategies to decrease risk when using stimulants in high-risk ADHD groups such as individuals with a co-occurring SUD

Background

# ADHD is common among individuals with a SUD

**Meta analysis  
of studies with  
individuals  
with a SUD**

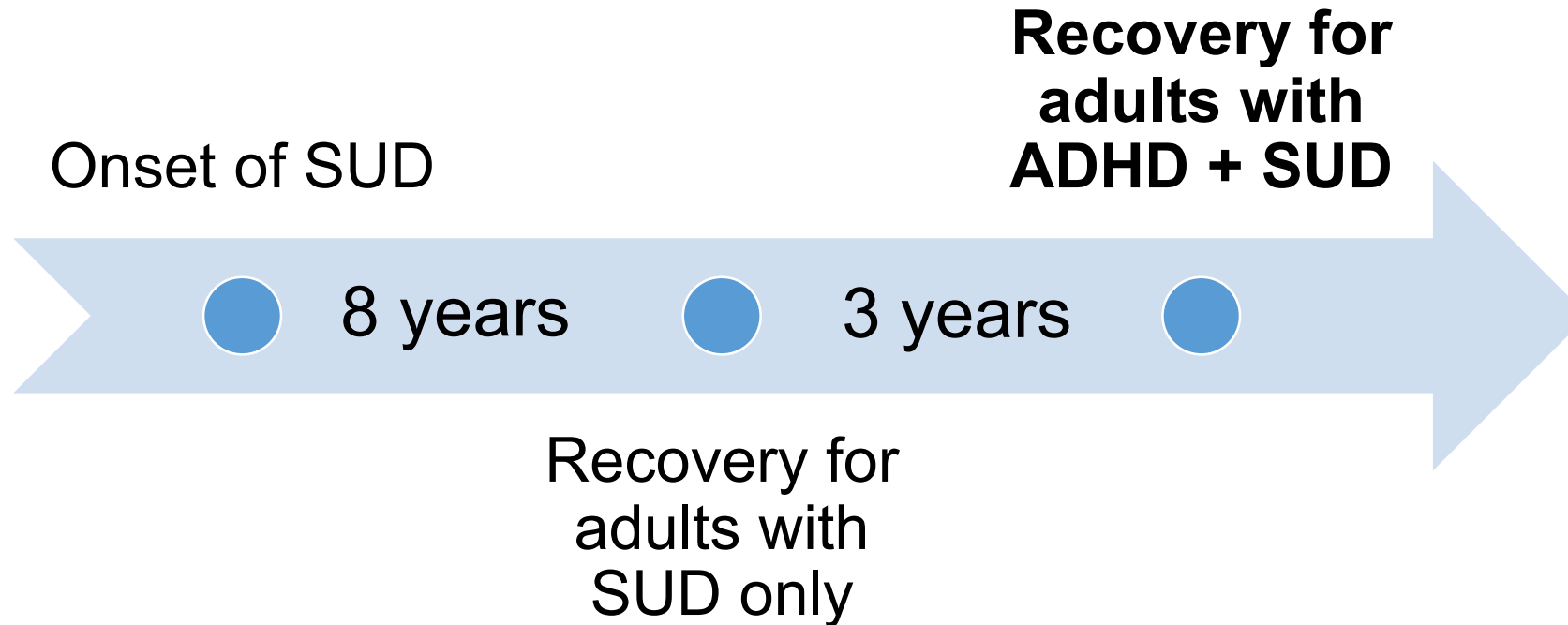


# Co-occurring ADHD and SUD is associated with a more complicated course in care

- Co-occurring ADHD/SUD associated with:
  - More severe SUD
  - Higher prevalence of other psychiatric co-morbidities
  - Less likely to achieve remission from SUD
  - Lower retention in substance use treatment

# Co-occurring ADHD and SUD is associated with a more complicated course in care

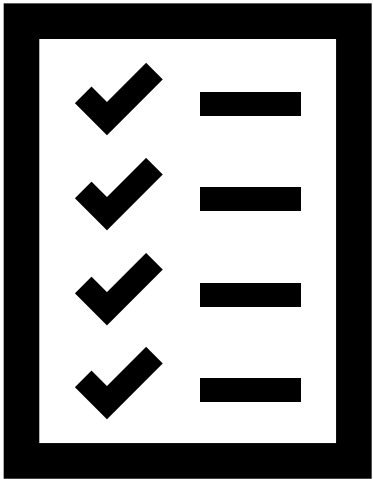
**It takes longer to reach recovery** for people with ADHD and SUD compared to those with SUD only



# Screening and Assessment

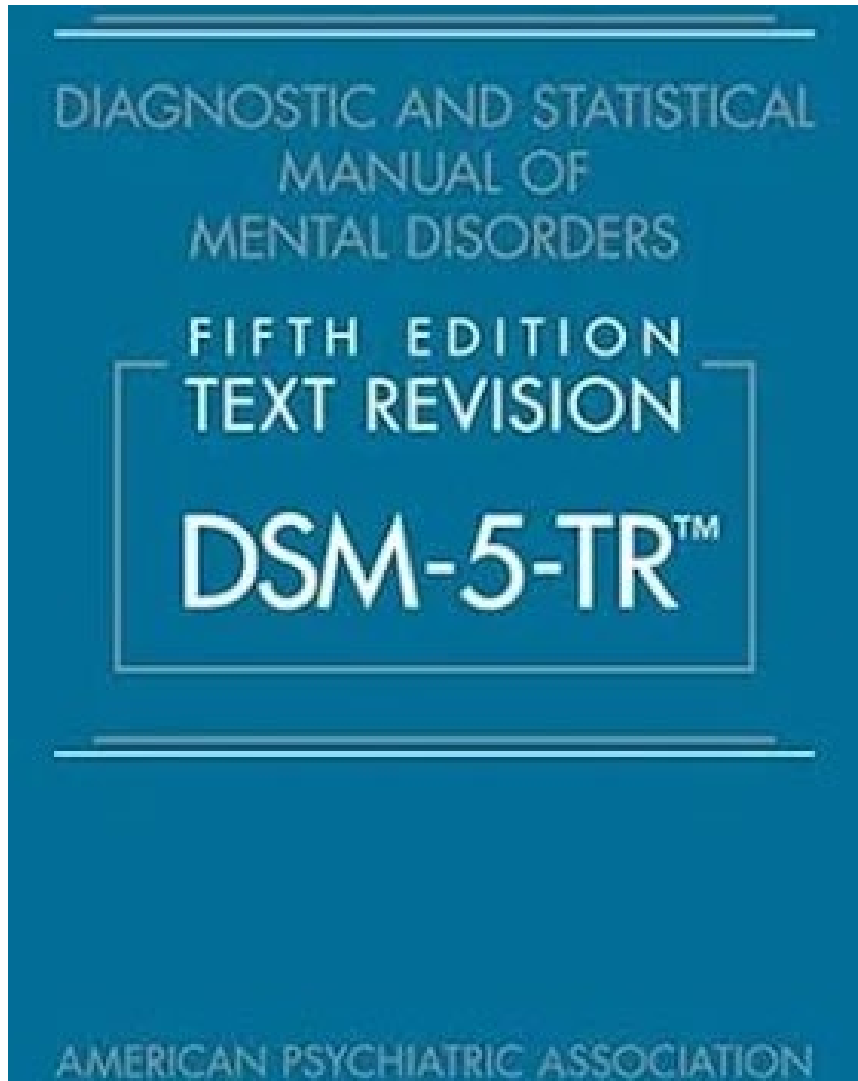


# Systematic screening for substance use is essential to identify individuals with a SUD



- Systematic screening is using a **validated questionnaire** designed to identify individuals at risk for a SUD who need further evaluation
  - Youth: Screening to Brief Intervention (S2BI), Brief Screener for Tobacco, Alcohol, and other Drugs (BSTAD)
  - Adults: Tobacco, alcohol, prescription drugs, and other substances (TAPS)

# Substance use ≠ Substance use disorder (SUD)



## Substance use disorder diagnosis

- Problematic pattern of substance use leading to *clinically significant impairment* over the past 12 months
- Total of 11 criteria
  - Impaired control
  - Social impairment
  - Risky use
  - Tolerance, withdrawal

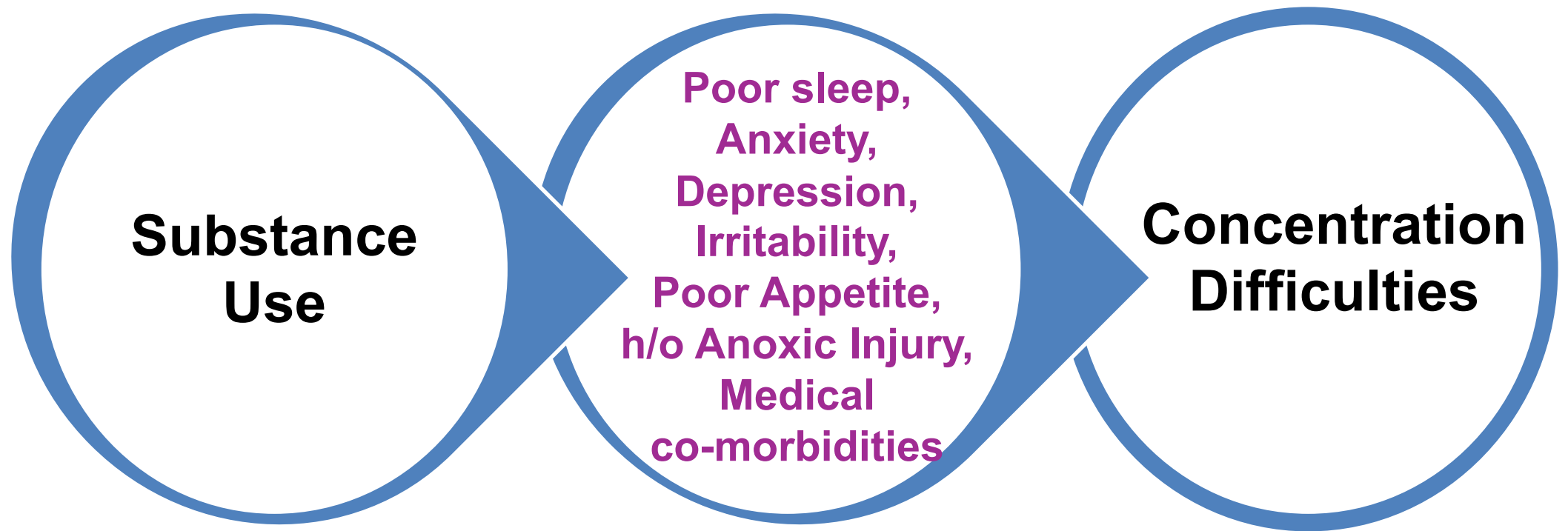
# The ASRS tool is still valid for use with individuals with a SUD

ASRS 6 Questions	Never	Rarely	Sometimes	Often	Very often
1.How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?					
2.How often do you have difficulty getting things in order when you have to do a task that requires organization?					
3.How often do you have problems remembering appointments or obligations?					
4.When you have a task that requires a lot of thought, how often do you avoid or delay getting started?					
5.How often do you fidget or squirm with your hands or your feet when you have to sit down for a long time?					
6.How often do you feel overly active and compelled to do things, like you were driven by a motor?					

ADHD Symptom Rating Scale (ASRS) can be used to screen for ADHD in adults presenting for SUD treatment

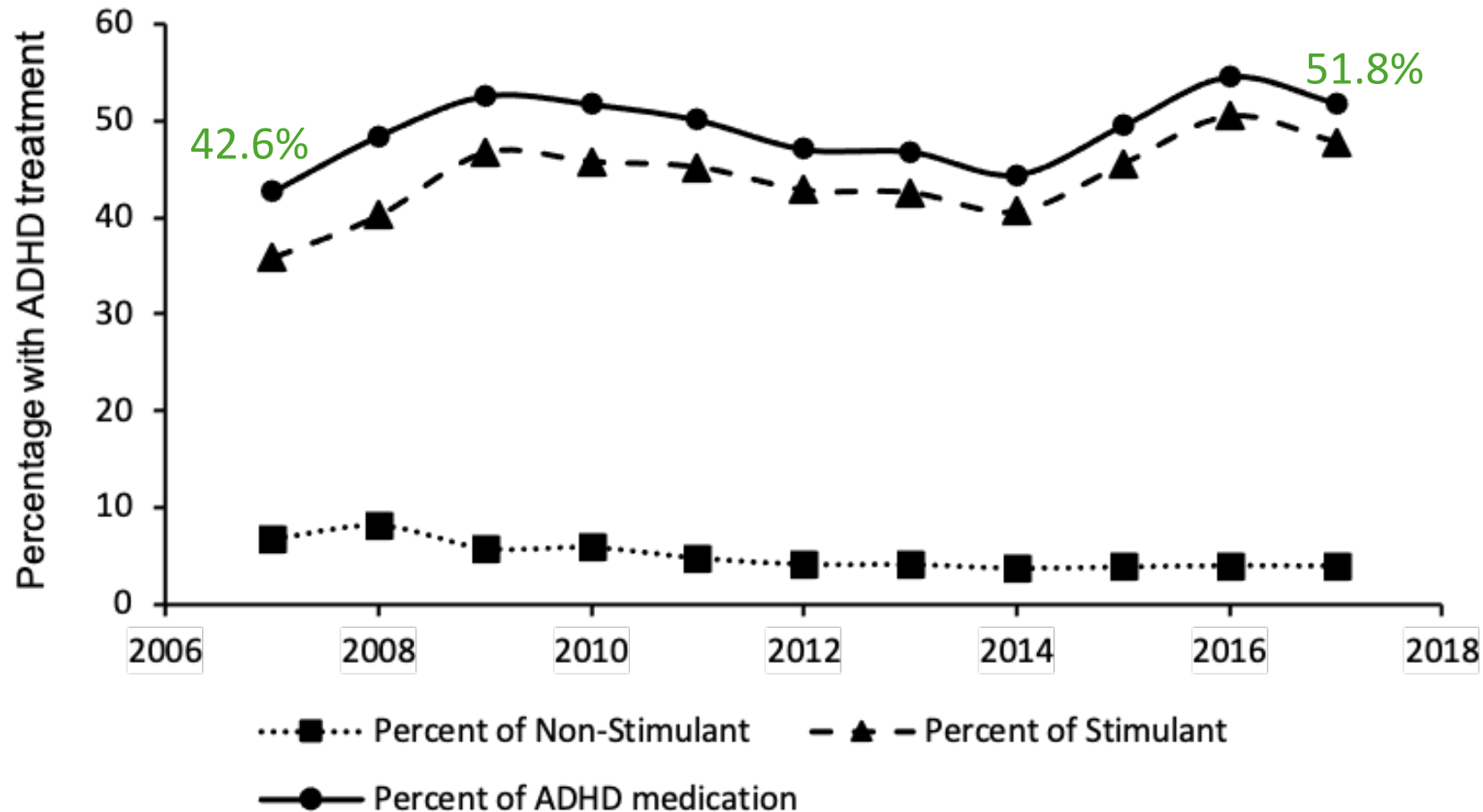
- 0.84 sensitive
- 0.66 specific

When assessing **impairment** from attentional problems it is important to assess for other factors related to substance use that can impact attention and focus



# ADHD treatment when co-occurring with a SUD

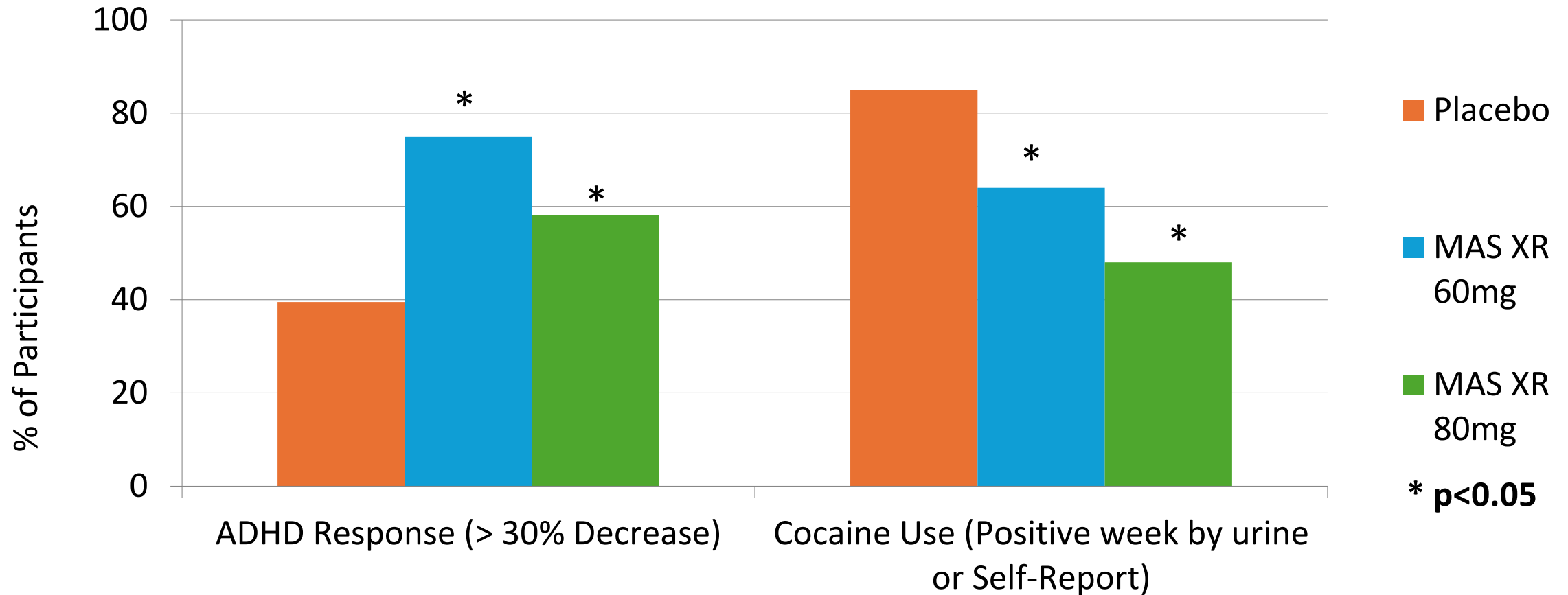
# Receipt of ADHD treatment among individuals with ADHD/opioid use disorder in the United States



# Pharmacologic Treatment of ADHD/SUD

- Meta-analysis of 17 randomized controlled trials of medication for SUD and ADHD
  - 13 involved stimulant medication, largely methylphenidate
  - Overall positive impact of medication on ADHD/SUD—decreased symptoms of ADHD and decreased substance use

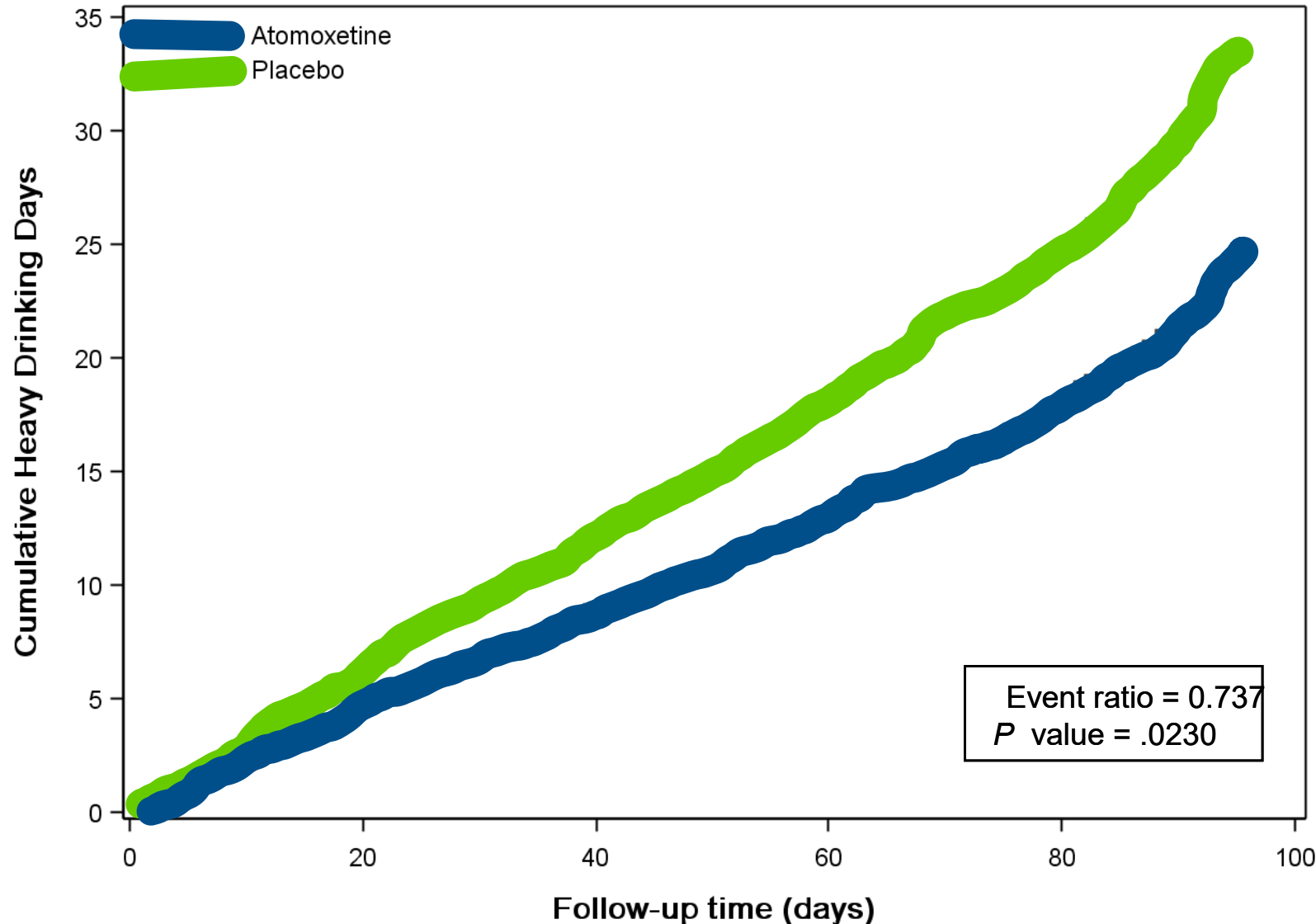
# Stimulant treatment of ADHD and cocaine use disorder—Efficacy



**Mixed amphetamine salts extended-release improved symptoms of ADHD and decreased cocaine use**

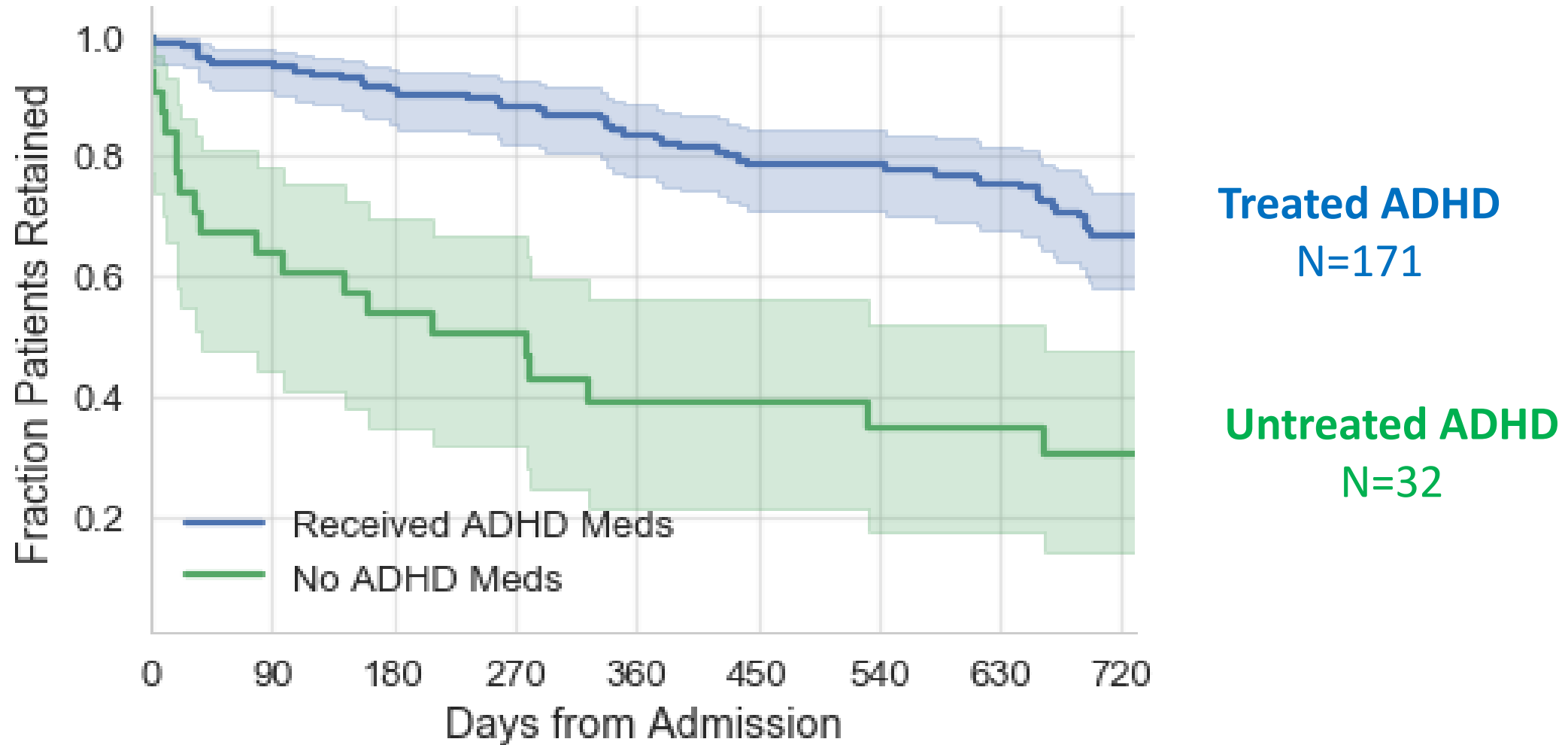


# Nonstimulant treatment of ADHD and alcohol use disorder—Efficacy



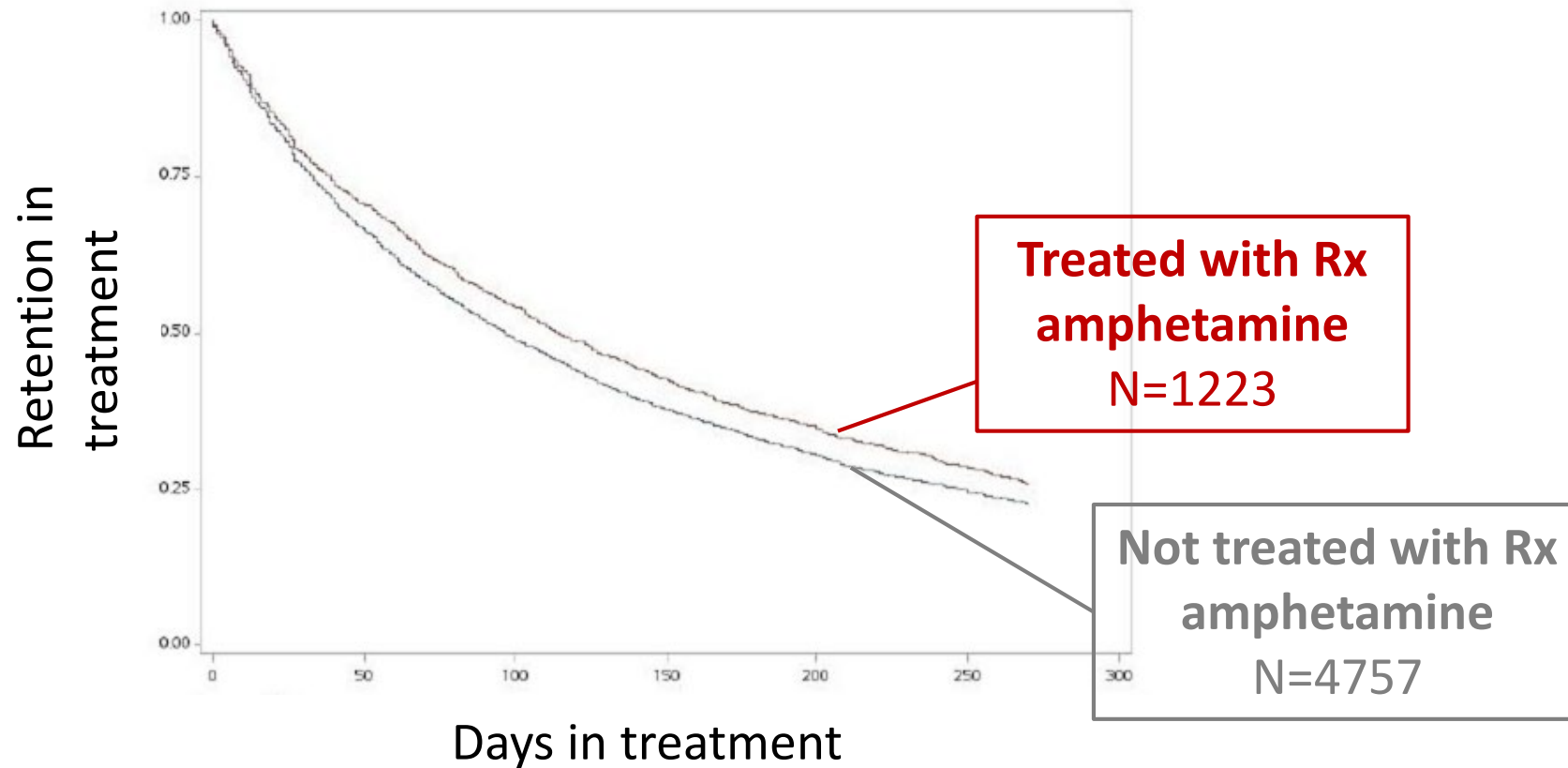
- Event ratio → compared to individuals treated with placebo, atomoxetine treated patients had a 26.3% greater reduction in the rate of heavy drinking
- **Atomoxetine improved heavy drinking in recently abstinent adults**

# Pharmacologic treatment of ADHD/SUD— Retention in SUD Treatment



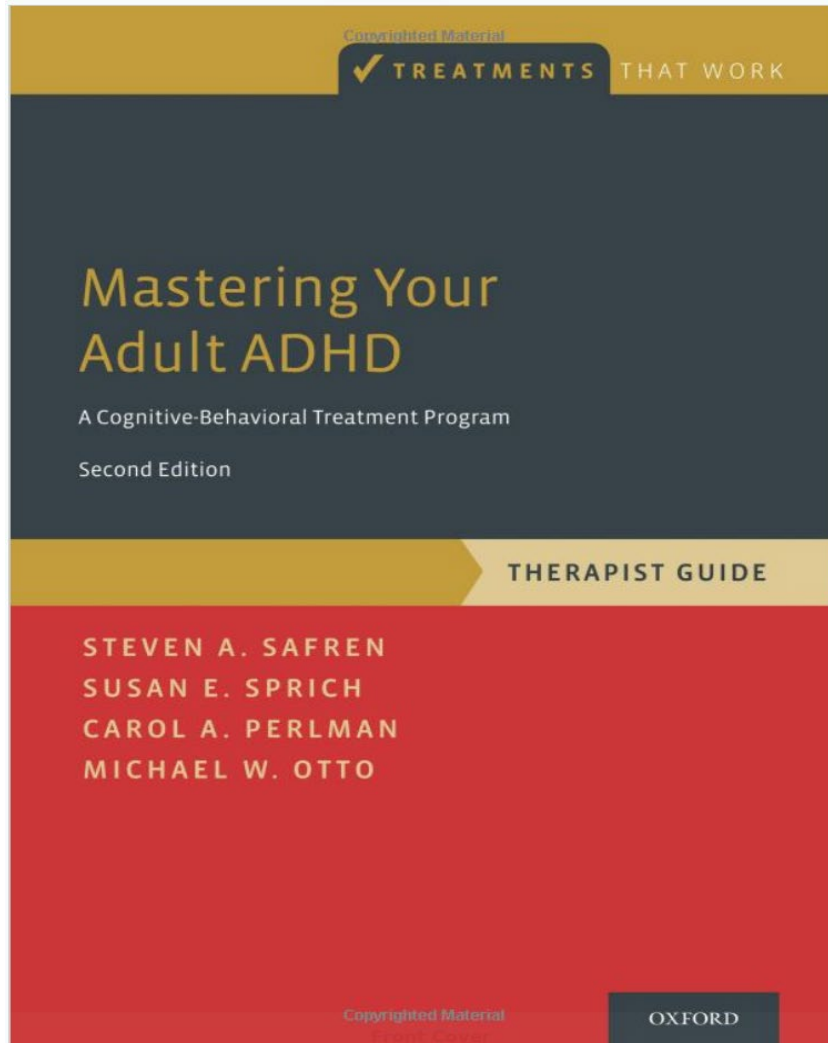
# Stimulant treatment of ADHD/SUD— Retention in SUD Treatment (Buprenorphine)

Retention in buprenorphine treatment among adults with OUD, **psychostimulant use disorder**, & ADHD



- Improved retention in buprenorphine treatment associated with ADHD treatment
- No increase in SUD related emergency room visits or drug-related poisonings associated with ADHD treatment

# Behavioral Interventions for ADHD and SUD



- Cognitive behavioral therapy for SUD and/or ADHD
  - Promising results for Integrated CBT for ADHD and SUD
- School accommodations for increased academic support
- Accommodations in substance use treatment if indicated

# Clinical Management of ADHD/SUD

1. Assess co-morbidity—1<sup>st</sup> priority is to make sure co-occurring disorders, **including SUD**, are stabilizing
  - a. If substance misuse or less severe SUD—treat ADHD and SUD concomitantly
  - b. More severe SUD—prioritize treatment of SUD
2. Discuss ADHD medication
3. Encourage CBT and integrate behavioral strategies into appointments
  - a. Give verbal and written information
  - b. Assess for knowledge retention
  - c. Discuss organizational strategies to support treatment engagement

# Clinical Management When Stimulant Medication is Used

1. Use long-acting stimulants or pro-drugs
2. Involve a support person if possible
3. Medication guidance:
  - Take medication as prescribed—daily
  - Role play what to say if approached to divert medication
  - Safe medication storage
4. Initial management: Frequent follow up, short prescriptions, check prescription monitoring program

# Summary

- ADHD and SUD commonly co-occur
- When ADHD/SUD co-occur:
  - Course of SUD treatment is more complicated
  - ADHD treatment, including medication, should be considered

*Questions?*