Working with people with ADHD + SUD + +

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www.ReflectHealth.com.au

JAMH ECHO 24 Nov 2022

ADHD is not deficit (lack of)
But dysregulation (poor control of)

Inattention
Dysregulation of attention

Hyperactivity
Dysregulation of movement

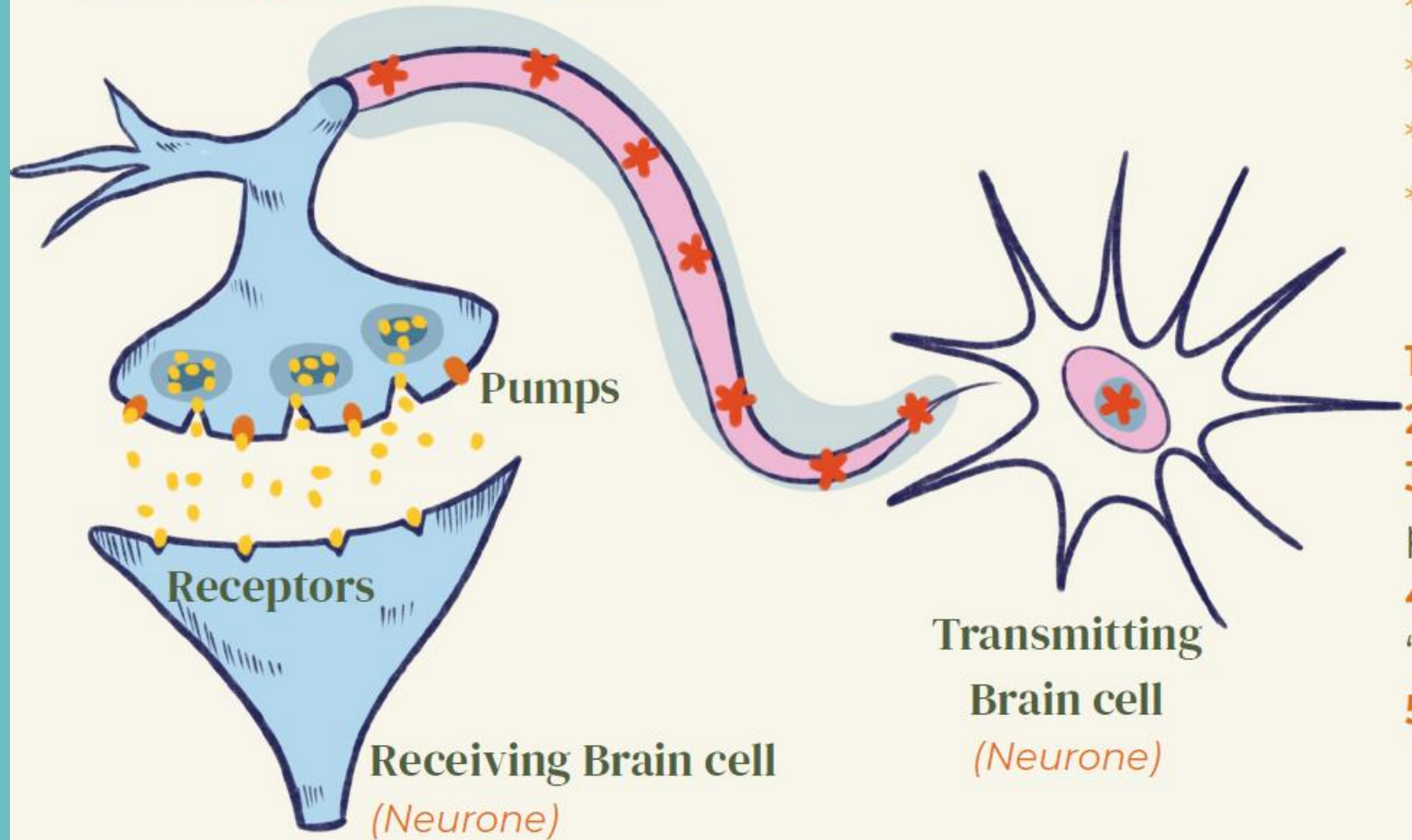
Impulsivity
Dysregulation of impulses

Emotional Dysregulation
Dysregulation of emotions

Synapse

Sending zones between brain cells

("syn" = together, "apse" = fasten)

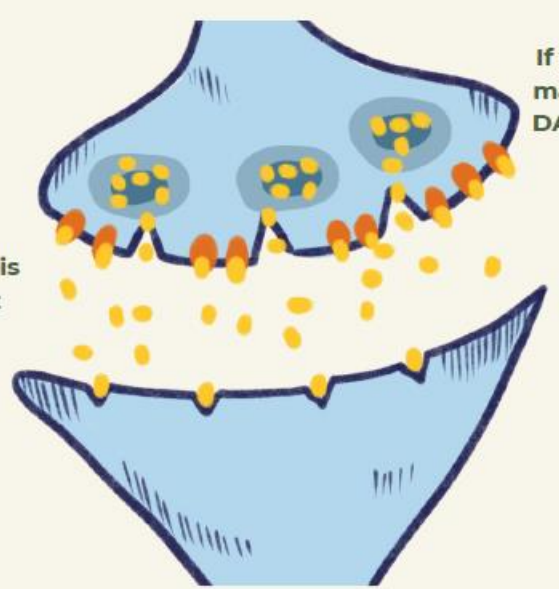


* Neurotransmitter
* Messenger chemicals
* Dopamine
* Noradrenaline

1. Stored in bags
2. Sent into synapse
3. Lock and twist into Receptor passes message
4. Recycled via Transport pumps "vacuum cleaners"
5. Stored for next message

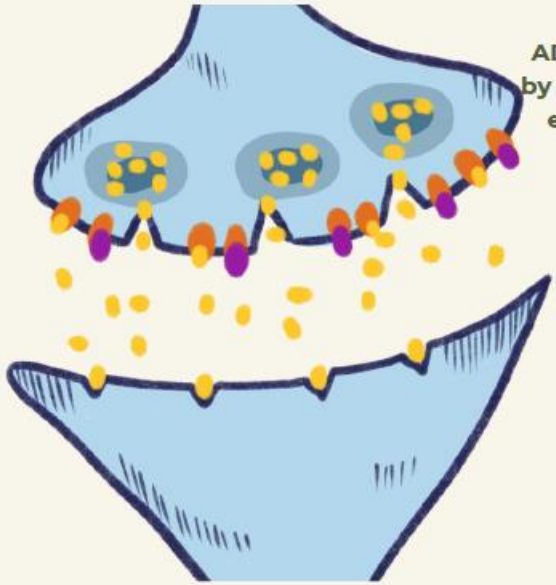
The benefits of

Medication *with the* ADHD brain



Too much dopamine is reabsorbed and not enough gets to the receptor sites

If you have the genetic marker associated with DAT you will have more reuptake pumps



ADHD medication works by blocking some of these extra reuptake pumps

Without Medication

Weak signals

Too many "Vacuum cleaners" gives intermittent weak signals.

Could try to produce more NT's by natural means – exercise, goals, thoughts and situations.

With Medication

Better signals

ADHD Medication plugs the excess vacuum cleaners – which in turn makes the ADHD brain feel normal.

Allowing more dopamine to get through to the receptor sites.

The difference between

Legal stimulants *and* Illegal stimulants

Legal stimulants

Ritalin, Dex, Lisdex

ADHD Medication plugs the excess vacuum cleaners – which in turn makes the ADHD brain feel normal.

These drugs don't damage receptors so they don't cause addiction.

With Medication

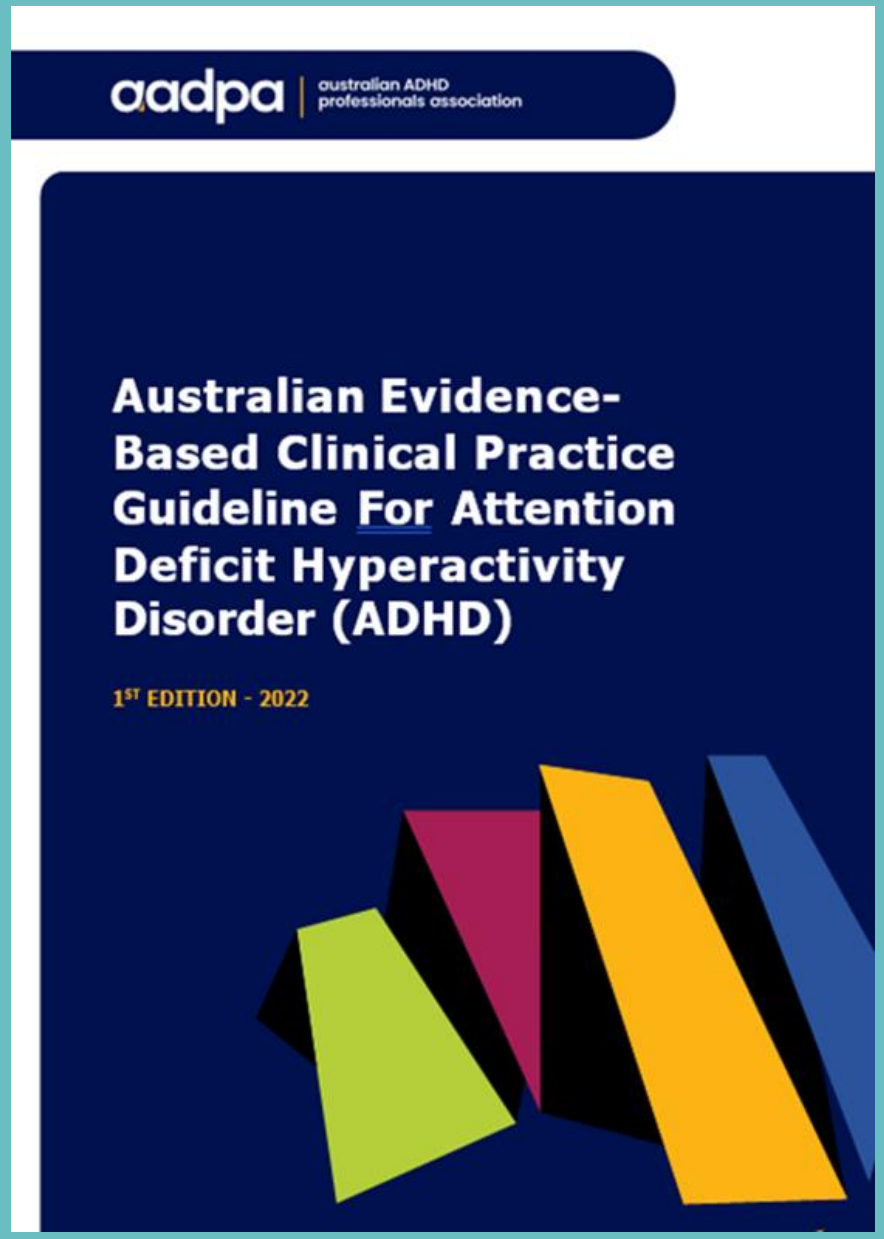
Cocaine, Methamphetamines

Plug Vacuum cleaners and have a nasty tail that causes hyperstimulation on the brain and damages receptors.

This causes addiction.

Note:

Both stimulants drugs tests are POSITIVE for amphetamines. Then a separate test is done for illegal amphetamines



6.3	People with substance use disorders

6.3.1 - Screen ADHD patients for SUD
6.3.2 - Screen SUD patients for ADHD
6.3.3 - Screen early in SUD treatment
6.3.4 - treat ADHD & SUD in parallel
6.3.5 - Usually stabilise SUD, but don't delay ADHD Rx
6.3.6 - Multimodal therapies
6.3.7 - Be mindful of misuse. Consider long-acting psychostimulants
6.3.8 - Consider non-stimulant if active SUD
6.3.9 - Titrate psychostimulants, maybe higher doses

6.3 People with substance use disorders

6.3.1 Those working in public and mental health settings should be aware of the high co-occurrence of substance use disorders in those with ADHD.
Clinicians treating ADHD in these settings should routinely screen for problematic substance use or substance use disorders using best- practice screening questionnaires for substance use disorders.
Formal diagnosis of substance use disorders in an individual with ADHD should follow recommended guidelines for substance use disorders and include a structured diagnostic interview

6.3.2 Those working in drug and alcohol settings should be aware of the high co-occurrence of ADHD and substance use disorders.
Clinicians treating substance use disorders in these settings should routinely screen for ADHD using appropriate screening questionnaires for ADHD.
Formal diagnosis of ADHD in an individual with substance use disorders should follow recommended guidelines (see 2. Diagnosis).

6.3.3 Screening and diagnostic assessment should take place when the person's substance use is sufficiently stabilised. Only in case of acute intoxication or severe withdrawal symptoms should these assessments be postponed.

6.3.4 Treatment for people with ADHD and substance use disorders should focus on both disorders concurrently, should consider their interrelationship, and should follow the guidelines for each separate disorder and the general guidelines about treatment of people with co- occurring disorders.

6.3 People with substance use disorders

6.3.5 In most cases of concurrent ADHD and substance use disorders, clinicians should start treatment aimed at abstaining from or reducing/ stabilising the use of substances first, since current substance use disorders may complicate diagnosis and treatment of ADHD. However, start of pharmacological or non-pharmacological treatment of ADHD should not unnecessarily be delayed.

6.3.6 Treatment of substance use disorders in patients with ADHD should follow a multimodal treatment approach comprising both pharmacological and cognitive behavioural based interventions.

6.3.7 Clinicians treating ADHD with substance use disorders should be aware of, and monitor for, the risk of misuse and diversion of psychostimulant medication. To minimise risk of diversion and misuse, use of long- acting, rather than short-acting, psychostimulants should be considered.

6.3.8 Before starting stimulant pharmacotherapy in people with concurrent ADHD and substance use disorders, it is important that the person is abstinent or has reduced/stabilised their substance use. If this is not the case, the clinician should consider non-stimulant pharmacotherapy (e.g. atomoxetine, guanfacine, or bupropion)

6.3.9 Pharmacological treatment of ADHD requires careful titration and monitoring of its effect and possible adverse effects. Higher doses of stimulants may be required in people with ADHD and concurrent substance use disorders than in those without substance use disorders to achieve a favourable effect on both the ADHD symptoms and reduction of substance use.

Clinical considerations for implementation of the recommendations p164

- Given the high co-occurrence of substance use disorders and ADHD, clinicians working in addiction settings require expertise and training in ADHD.
- Those in mental health settings or settings including people with high risk of ADHD, need to have experience in the identification of people with ADHD who have substance use disorders.
- Legitimate concerns exist regarding the diversion or misuse potential of stimulant medications in those with ADHD and substance use disorders.
- If urine screening for illicit substances is used, clinicians should be aware of the limits of such screening tests and the potential for false positives/negatives and interactions with other medications. They should contextualise the interpretation of results with detailed patient histories.
- Greater awareness that stimulant medications are rigorously controlled, safe medications and that long-acting formulations, in particular, are associated with no increased risk of future substance use disorders should help to reduce any fear or stigma around their use in alcohol and drug services, and will ensure those with ADHD receive access to vital treatment.
- Greater interaction between addiction specialists and ADHD-specialists is urgently needed.

ICASA - Guidelines 2018 (1)

International Consensus Statement on Screening, Diagnosis and Treatment of SUD Patients with Comorbid ADHD

Crunelle, C and ICASA Consensus Group *Eur Addict Res 2018;24:43–51*

- Screen all SUD patients for ADHD
- ASRS, Wender Utah Rating Scale and Conners' Adult ADHD Rating Scale have been sufficiently validated as screeners.
- Diagnosis by a physician or psychologist trained in ADHD/SUD - questionnaires, semi-structured interviews, collateral history from family and school reports, longitudinal observation by staff to reduce the risk of over- or under-diagnosis.
- Anticipate other psychiatric comorbidities

ICASA - Guidelines 2018 (2)

International Consensus Statement on Screening, Diagnosis and Treatment of SUD Patients with Comorbid ADHD

Crunelle, C and ICASA Consensus Group *Eur Addict Res 2018;24:43–51*

- Integrated multimodal therapies for ADHD and SUD
- Medication
  - Psychostimulants - long acting, +/- high doses, limited supply
    - Methylphenidate, Lisdexamfetamine
    - Atomoxetine - alcohol, delayed onset
  - Treat SUD - anticraving, ORT etc
  - Treat other comorbidities – eg antidepressants
- Psychotherapy
  - Integrated CBT

European Addiction Research

Research Article

Eur Addict Res 2020;26:223–232
DOI: 10.1159/000508385

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International Consensus Statement for the Screening, Diagnosis, and Treatment of Adolescents with Concurrent Attention-Deficit/Hyperactivity Disorder and Substance Use Disorder

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Summary of International Consensus Statement for the Screening, Diagnosis, and Treatment of Adolescents with Concurrent ADHD and Substance Use Disorder (2020)

- **Risk of developing SUD**

ADHD increases risk of SUD - Childhood ADHD is a serious risk factor for developing SUD in adolescence

ADHD + CD/ODD even greater risk for SUD - ADHD + conduct disorder (CD) or oppositional defiant disorder (ODD) pose greater risks for developing SUD in adolescence

Stimulant medication DOESN'T lead to SUD - There is strong evidence that stimulant treatment of childhood ADHD does not increase the risk of developing SUD in adolescence

Stimulant medication protects against SUD - Stimulant treatment of childhood ADHD reduces risk of developing SUD in adolescence

- **Screening and diagnosis of ADHD and SUD**

Heavy substance use predicts worse treatment outcomes for both ADHD and SUD.

Early detection and treatment improves outcomes

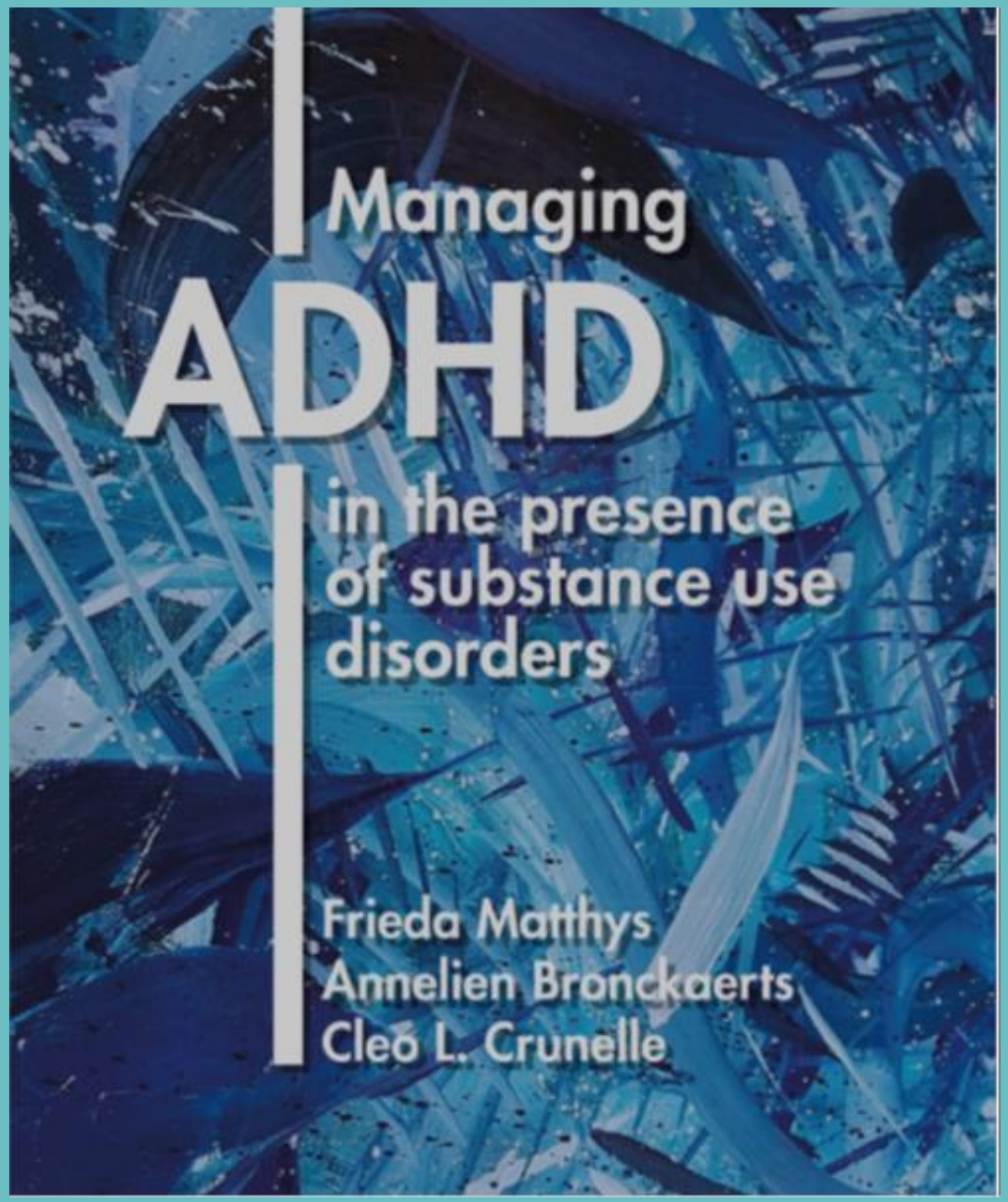
High co-morbidity of ADHD+SUD

Screen everyone - all primary care and mental health patients for SUD and all SUD patients for ADHD

Diagnosis by trained professional using standardized structured diagnostic instruments and diagnostic procedures for each separate disorder

Summary of International Consensus Statement for the Screening, Diagnosis, and Treatment of Adolescents with Concurrent ADHD & Substance Use Disorder (2020)

- **Treat both** ADHD and SUD in parallel.
- **Stabilise SUD first** but don't delay ADHD treatment unnecessarily
- **Clinical judgement in individual cases** is needed regarding which medication and whether to wait until abstinence or not.
- **Psychological treatment** should include psychoeducation and motivational interviewing to enhance treatment engagement and retention and CBT for either SUD or both conditions
- **Consider family-based treatment**
- **First-line pharmacotherapy of ADHD** in adolescents with concurrent ADHD and SUD consists of long-acting psychostimulants (e.g., methylphenidate, lisdexamfetamine, dexamphetamine, and mixed amphetamine salts). As second-line pharmacological treatments atomoxetine, guanfacine XR or bupropion can be considered
- **Carefully titrate medication,** monitoring effect and possible adverse effects.
- **Higher doses of psychostimulants** may be required in patients with ADHD+SUD
- **Minimise risk of psychostimulant medication misuse or diversion,** with careful clinical monitoring, therapeutic contract, long-acting instead of short-acting psychostimulants, limited dispensing
- **Monitor** growth, weight, BP. Cardiac assessment if indicated
- **Healthy lifestyle** - balanced diet, good nutrition, regular exercise, scheduled bed and wakening hours is recommenced
- **Complementary treatments** - Insufficient research in adolescent ADHD+SUD populations to recommend Neurofeedback, dietary interventions, meditation/mindfulness- based therapies , physical exercise interventions or herbal medicine as primary treatments



ICASA Textbook 2018

Table of Contents

- Guidelines ADHD/SUD
- Principles of treatment
- Modules
  - Psychoeducation
  - Planning/Organisation
  - Better Sense of Time
  - Reducing distractions
  - Managing SUD
  - Emotional Regulation
  - Negative Thoughts
  - Reducing Impulsivity
  - Social skills
  - Relapse Prevention
- Worksheets

New ADHD Diagnosis?
Like landing in a new City

- Overwhelming?
- Why so few Tour Guides?
- Why a psychiatrist not a GP?
- Why such a long wait?
- Why such a detailed assessment?
- Why no public clinics?
- Why not Coaches subsidised?

If diabetics waited 6 months to see an Endocrinologist to start insulin, there would be an outcry.

M.A.P = My ADHD Plan

If you had an ABOVEGROUND MAP
you could participate more.
And find your way back to the Hotel
if you lost your Tour Guide

A.B.O.V.E G.R.O.U.N.D

MAP = My ADHD PLAN

A = ADHD education
B = Be aware of my ADHD
O = Optimise medications
V = Various comorbidities
E = Executive function
G = Get a healthy lifestyle
R = Rollercoaster
O = Other people
U = Untangle messes
N = Numbers
D = *Delight in your Life*

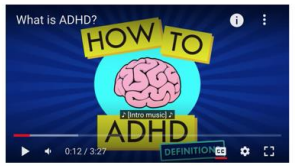
A

= ADHD Education

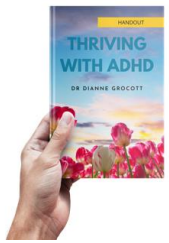
Patient and significant others know where to find ADHD information.

A.B.O.V.E G.R.O.U.N.D

Websites, YouTube, Support Groups



Reflect Health Resources Library
adhd@reflecthealth.com.au



YouTube

Dr Grocott's seminar

B

= Be aware of my ADHD

Patient and significant others understand the impact of their ADHD symptoms, positives, compensatory strategies, "dopamine menu"

A.B.O.V.E. G.R.O.U.N.D.

My compensatory behaviours

My "dopamine menu"

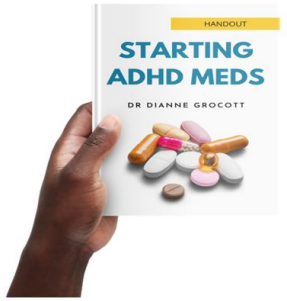
O

= Optimise medication.

- Titrate and stabilise medications for insomnia, mood instability, ADHD and other co-morbidities.
- 'Stimulant' meds don't stimulate ADHD brains but calm and focus them.

A.B.O.V.E. G.R.O.U.N.D.

- Start LOW, Go SLOW.
- TARGET = "Goldilocks" dose
- Often combine short + long acting.



V

= Various co-morbidities

Psychiatric, Addiction, Medical

- Some need to be stabilised before using ADHD meds
- Some are from untreated ADHD and may 'melt away'
- Some need to be treated in parallel

A.B.O.V.E. G.R.O.U.N.D.

Prioritise what to tackle first

E

= Executive function skills

Five questions for Getting Started

- Q#1 What am I avoiding?
- Q#2 What would it look like when it's done?
- Q#3 What's the First Step?
- Q#4 What help do I need with the First Step?
- Q#5 How can we make this Fun?

A.B.O.V.E. G.R.O.U.N.D.

G

= Get a healthy lifestyle

- Get to bed
- Get up
- Get exercise
- Get your vegies
- Get daily goals

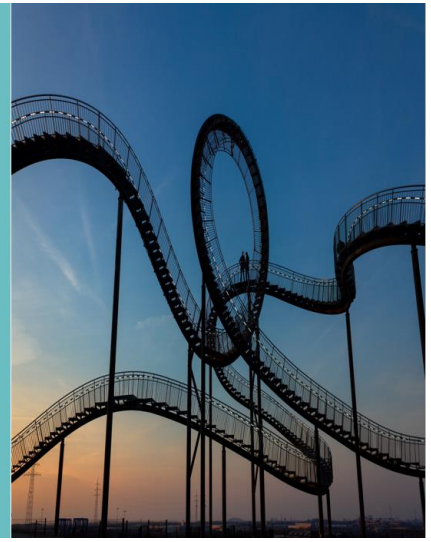
A.B.O.V.E G.R.O.U.N.D.

R

= Rollercoaster of emotions

- Emotional destabilisation of diagnosis
- Memories, regrets, traumas
- Say Hello; then keep, toss, repurpose
- Hear and see yourself as you were

A.B.O.V.E G.R.O.U.N.D.



O

= Other people

- Restore relationships
- Support groups
- Interpersonal therapies
- ADHD Coaching
- Relationship counselling

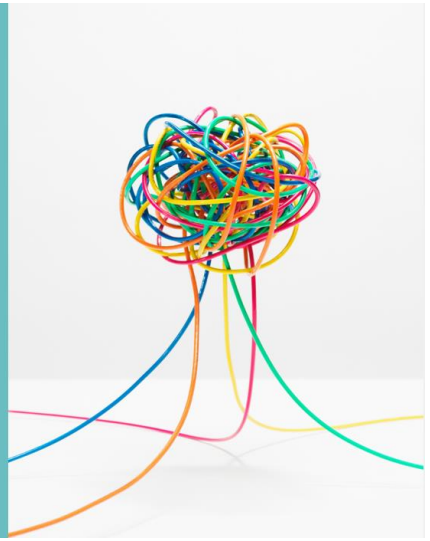
A.B.O.V.E G.R.O.U.N.D.

U

= Untangle messes

- Get organised – Declutter
- Academic /Occupational Advocacy
- Paperwork/Tax returns
- Traffic fines/Legal problems

A.B.O.V.E G.R.O.U.N.D.



N

= **Numbers** Rating Scales

- Identify goals of therapy
- Measure
- Celebrate your progress
- Research

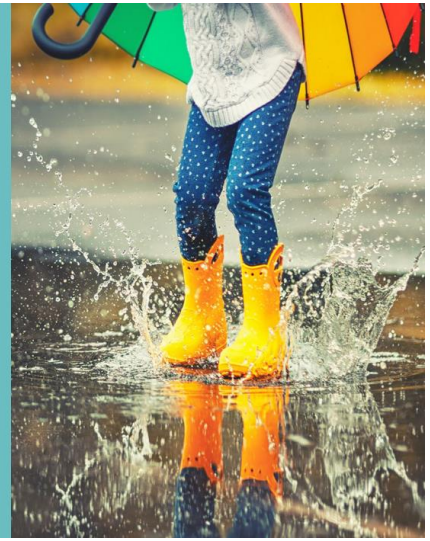
A.B.O.V.E G.R.O.U.N.D.

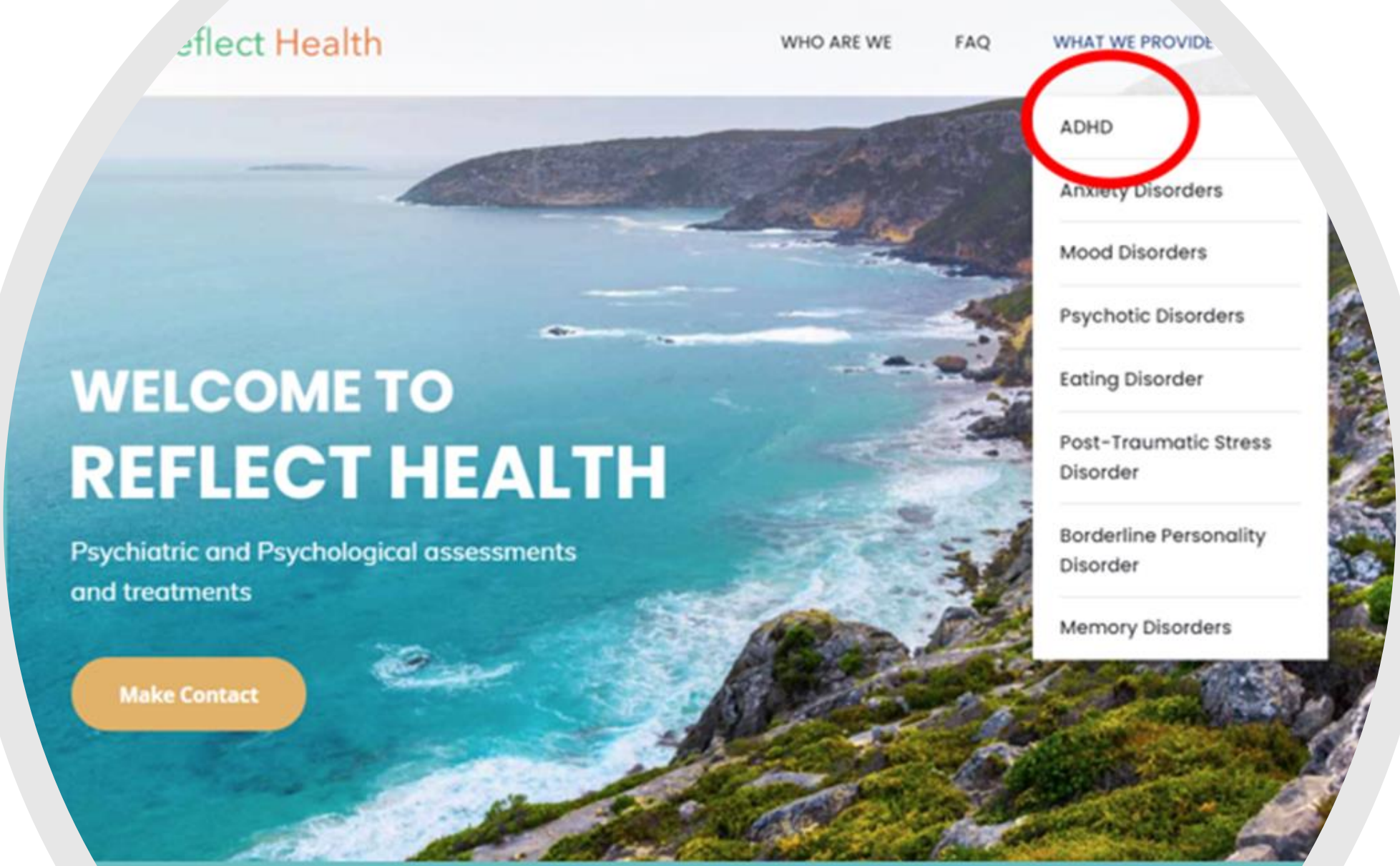
D

= Delight in being you

- What's your passion, purpose, legacy?
- Restore relationships
  - with yourself
  - with others
  - with your future

A.B.O.V.E G.R.O.U.N.D.





Reflect Health Public Resources Library

www.ReflectHealth.com.au

Attention Deficit Hyperactivity Disorder is a condition which begins in childhood and in many cases continues throughout the person's life span. It is frequently misunderstood and misdiagnosed leading to life long suffering. Symptoms of ADHD include inattention, hyperactivity and impulsivity. Dr. Antony has a special interest in ADHD and provides comprehensive assessment and treatment to adults.

Reflect Health Clinicians are wanting for helping as many Australians with ADHD as we can. We aim to achieve this by offering access to our best practice treatment of ADHD to anyone in need from Psychiatrists, GP's, Nurses and Psychologists

So, we are developing out-of-the-box solutions including

- different shared-care arrangements with GP's and nurses
- an internet-based ADHD Clinic Model of assessment and management that enables people with ADHD to organise their treatment plans
- our Online Resources Library – a collaboration between Clinicians & Consumers

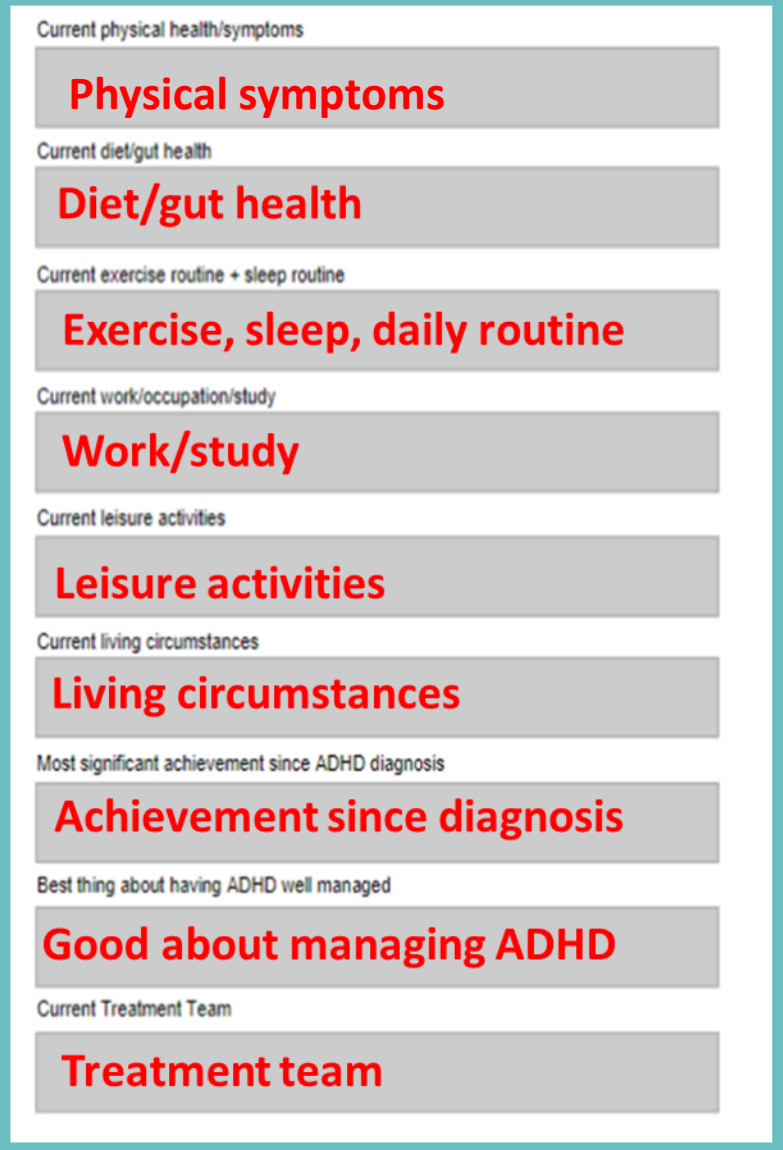
We [illegible] in the ADHD "busy brain" which loves bite-sized, visual, organised and clearly sign-marked information.

Resources Library

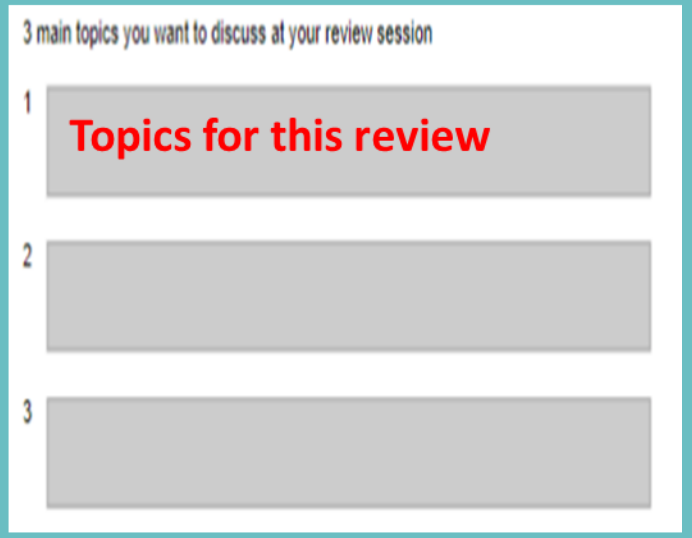
The library has been fashioned as different floors with each floor having a library of specific information. **Let's explore our library..**

- 1ST FLOOR - INTRO TO ADHD
- 2ND FLOOR - ASSESSMENT OF ADHD
- 3RD FLOOR - MANAGING YOUR ADHD
- 4TH FLOOR - STORIES OF ADHD
- 5TH FLOOR - ADVOCATING FOR ADHD
- 6TH FLOOR - REVIEW FORMS & WHAT'S NEW?

Review Form



- Complete before session
- Screenshare & edit in session
- Save and send to Treatment Team



GRID

		Choose where you are currently at					Comments	ACTION complete together in session
		Fine	Working	Help	Parked	N/A		
A	ADHD education	○	○	●	○	○		
B	Being aware of my symptoms and strategies	○	●	○	○	○		
O	Optimise meds	○	○	●	○	○		
	Various Psychiatric Comorbidities	○	○	●	○	○		
V	Various Addiction Comorbidities	○	○	●	○	○		
	Various Medical Comorbidities	○	○	●	○	○		
E	Executive function skills	○	○	○	●	○		
G	Get Healthy	○	●	○	○	○		
R	Rollercoaster	○	○	●	○	○		
O	Other people	○	○	○	○	●		
U	Untangle mess	○	○	○	●	○		

Numbers - ASRS for DSM5
Adult ADHD Self-Report Screening Scale

Compare Without and With Medication

Six Questions

1. Concentration
2. Staying seated
3. Unwinding
4. Finishing sentences
5. Procrastination
6. Depend on others

Scoring max =24/24
Cut off for ADHD 14/24

Never = 0
Rarely = 1
Sometimes = 2
Often =3
Very often =4

Numbers: ASRS6 question screen
Conc'n/seat/unwind/finish/procrast'n/disorg'n

ADHD Symptoms	Never	Rarely	Sometimes	Often	Very Often	Never	Rarely	Sometimes	Often	Very Often
1. How often do you have difficulty concentrating on what people are saying to you even when they are speaking to you directly?	○	○	●	○	○	○	●	○	○	○
2. How often do you leave your seat in meetings or other situations in which you are expected to remain seated?	○	●	○	○	○	●	○	○	○	○
3. How often do you have difficulty unwinding and relaxing when you have time to yourself?	○	○	○	●	○	○	●	○	○	○
4. When you're in a conversation, how often do you find yourself finishing the sentences of the people you are talking to before they can finish them themselves?	○	○	●	○	○	○	○	●	○	○
5. How often do you put things off until the last minute?	○	○	○	○	●	○	●	○	○	○
6. How often do you depend on others to keep your life in order and attend to details?	○	○	○	●	○	○	●	○	○	○
Total Score	Without Medication		15/24			With Medication		6/24		

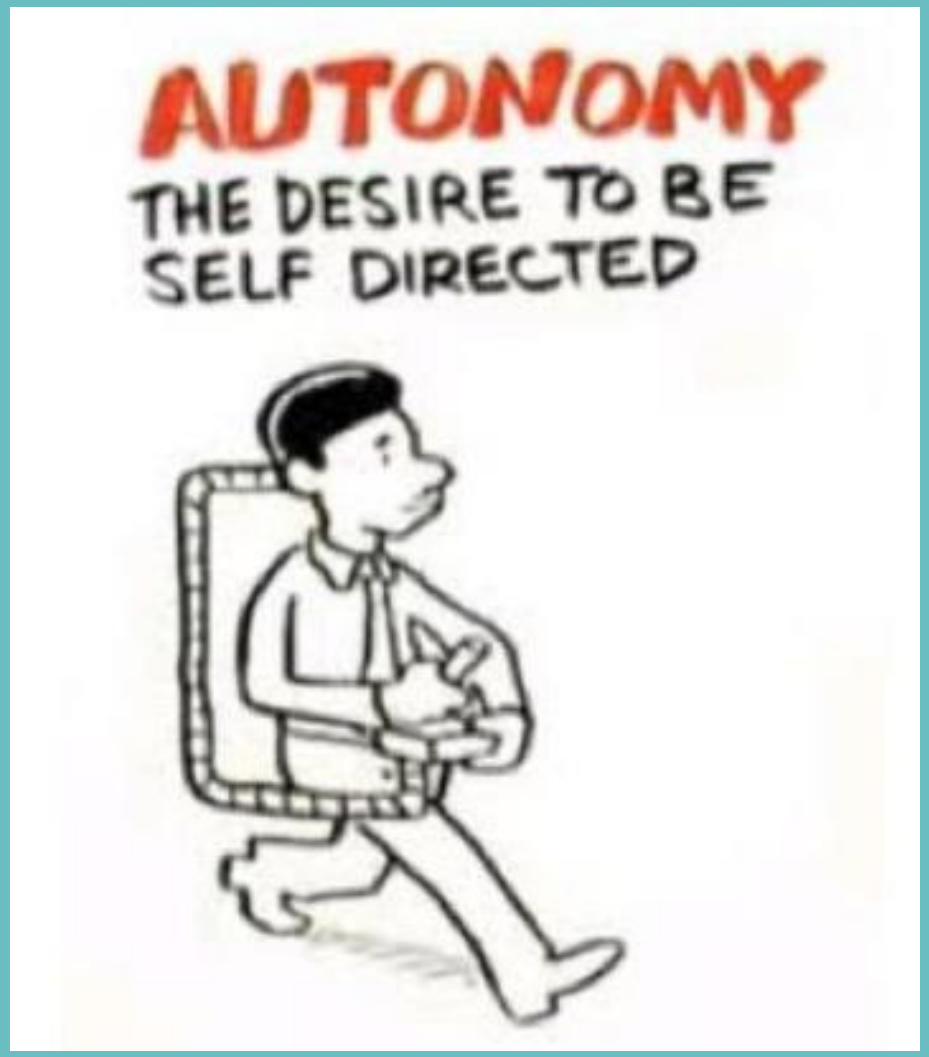
D: Delight in yourself and your future (*Write something here if you want to*)

Delighting in Self? Future?

Patient's to-do-list - *to be filled during the appointment*

Patient's To Do List

Now SAVE & Email to Treatment Team



THE REVIEW FORM ALLOWS YOU TO BE IN CHARGE

- ✓ You are ready for your Session
- ✓ You know what you want (scripts?)
- ✓ You know the agenda of the session
- ✓ You get a written Action Plan
- ✓ You don’t need a sticky note “To Do List”

Would this instrument be useful to inform treatment decisions?

Integrated Motivational Assessment Tool (IMAT-ADHD)*

Stage of Change regarding ADHD & SUD

Motivation regarding SUD Treatment

Motivation regarding ADHD Treatment

	Pre-contemplation	Contemplation	Preparation / Determination	Action	Maintenance
Pre-contemplation					
Contemplation					
Preparation / Determination					
Action					
Maintenance					

*Adapted from NSW Department of Health IMAT (2007). Mental health reference resource for drug and alcohol workers.

What if having an ADHD brain is actually an asset?

A growing number of innovators, entrepreneurs, CEO's, Olympic athletes, and award-winning artists have gone public about their diagnosis, saying that their ADHD, managed effectively, has played a vital role in their success.

The Disruptors hears from many of those game-changing people speaking candidly about their ADHD, and intimately takes viewers inside a number of families as they navigate the challenges, and the surprising triumphs, of living with ADHD.

https://www.imdb.com/title/tt14854294