

WELCOME

Addiction Medicine ECHO Training



The session will begin promptly at 12 pm.



Please mute the audio on your device.



Sessions take place Thursday on the 2nd and 4th week of the month.



Please connect your camera.

Need technical assistance? Call [907.729.2622](tel:907.729.2622) or text your phone number into the chat.



ALASKA NATIVE
MEDICAL CENTER



ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM



Foundation for
Opioid Response Efforts

Recording

We will record the **didactic portion** of every session. After the session, the didactic portion of this clinic will be available on the ANTHC Addiction Medicine ECHO page.

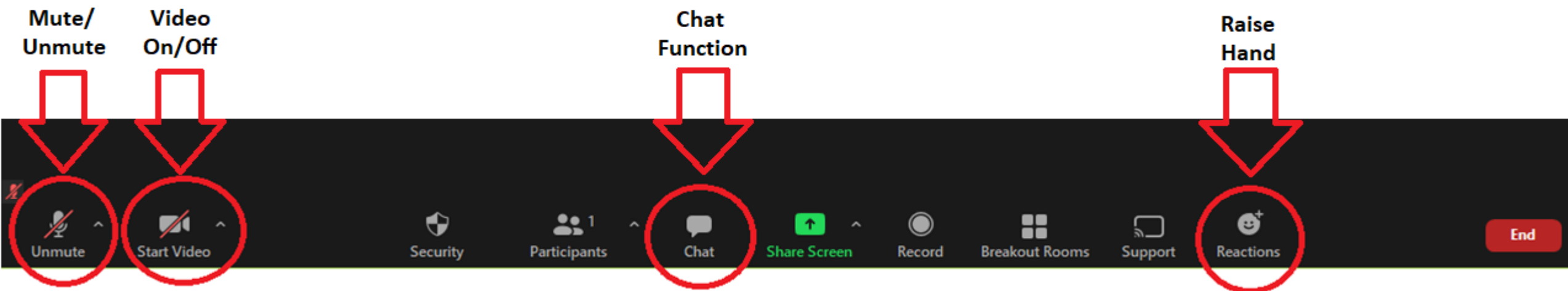
By participating in this clinic you are consenting to be recorded.

If you do not wish to be recorded, please email behavioralhealth@anthc.org at least one week prior to the ECHO Clinic you plan to attend.

Some Helpful Tips

- ▶ Please mute microphone when not speaking
- ▶ Use chat function
- ▶ Position webcam effectively
- ▶ Test both audio & video

Need technical assistance? Use the chat function or call 907.729.2622



ANTHC Clinical ECHO Series

Approved Provider Statements:



In support of improving patient care, Alaska Native Medical Center (ANMC) is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Contact Hours:

ANMC designates this activity for a maximum of 25 contact hours, including 12 total pharmacotherapeutics contact hours, commensurate with participation.

Financial Disclosures:

None of the presenters and planners for this educational activity have any relevant relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Approved for 1 CHAP CE

Conflict of Interest Disclosures:

None of the presenters and planners for this educational activity have any relevant relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Requirements for Successful Completion:

To receive CE credit be sure you are included in attendance record as directed by the facilitator/session moderator, and complete the course evaluation or post session survey via this link: <https://forms.gle/QhwCeGTf4zLNwpBX7>

For more information contact Jennifer Fielder at jfielder@anthc.org or (907) 729-1387

Logging into Zoom ~ ECHO Trainings

- ▶ Check email for registration confirmation
- ▶ Notice your unique link
- ▶ Join regular meetings using this unique link!

Hello Behavioral Health,

Thank you for registering for Addiction Medicine ECHO Training. You can find information about this meeting below.

Addiction Medicine ECHO Training

Date & Time

Jan 27, 2022 12:00 PM Alaska

Feb 10, 2022 12:00 PM Alaska

Feb 24, 2022 12:00 PM Alaska

Mar 10, 2022 12:00 PM Alaska

Logging into Zoom ~ ECHO Trainings

- ▶ Add zoom meetings to your calendar
- ▶ Contact behavioralhealth@anthc.org with questions.

WAYS TO JOIN ZOOM

1. Join from PC, Mac, iPad, or Android

Join Meeting

If the button above does not work, paste this into your browser:

<https://us06web.zoom.us/j/96281530072?pwd=MFdvdms1d1NlN3FHbXJKQVFteXMzZz09>

To keep this meeting secure, do not share this link publicly.

[Add to Calendar\(.ics\)](#) | [Add to Google Calendar](#) | [Add to Yahoo Calendar](#)

2. Join via audio

One tap mobile:

Or dial:

US: [+16699006833](tel:+16699006833)..96281530072# or [+12532158782](tel:+12532158782)..96281530072#

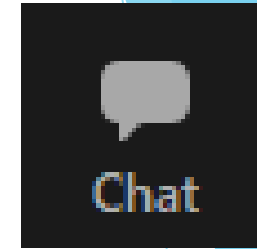
For higher quality, dial a number based on your current location.


US: +1 669 900 6833 or +1 253 215 8782 or +1 346 248 7799 or +1 929 2


Introductions


Addiction Medicine ECHO

- Please introduce yourself in the chat :
 - Name
 - Location
 - Profession/Credentials
 - *Note:* The chat will be saved as our attendance record for continuing education credits.

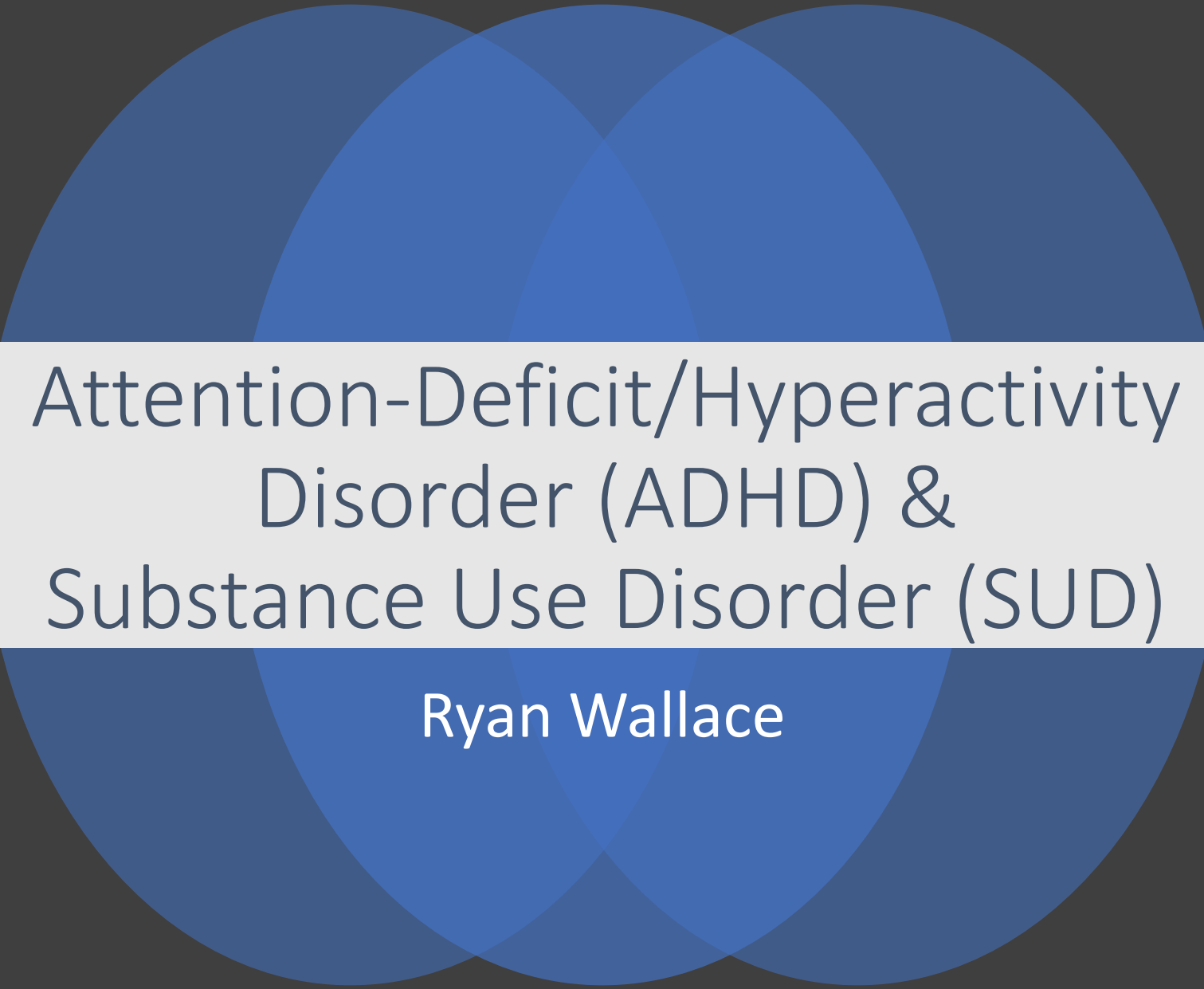


 Chat

To: Everyone 



Name, Location, Credentials: Jane Doe, MD, ANTHC|



Attention-Deficit/Hyperactivity Disorder (ADHD) & Substance Use Disorder (SUD)

Ryan Wallace

Conflict of Interest

- ▶ I have no conflicts of interest

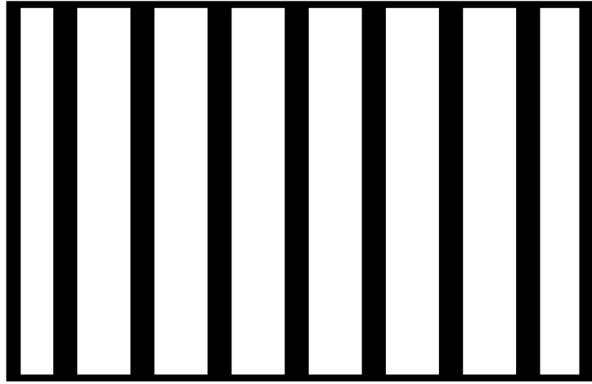
Objectives

- ▶ Review of the diagnosis of ADHD in adults
- ▶ Summarize approaches to diagnosis and treatment in individuals with SUD

Attention-Deficit/ Hyperactivity Disorder (ADHD)

- ▶ Prevalence is up to 10% children and 4-5% adults (APA 2013)
- ▶ 65% of adults with childhood ADHD
- ▶ Natural history (Faraone 2006)
 - ▶ 15% of children with ADHD meet criteria as adults
 - ▶ 65% of children with ADHD have symptoms as adults
 - ▶ In adulthood inattention > hyperactivity/impulsivity
- ▶ 80% heritability (Faraone 2005)
- ▶ Role of gender
 - ▶ In childhood Boys > Girls (2-3:1)
 - ▶ In adulthood Men=Women

Consequences of Adult ADHD



Murphy and Barkley, 1996
Mannuzza and Klein, 2009
Gjervan, 2011

DSM-V Criteria

- ▶ Persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development, as characterized:
 - 5 + symptoms of **inattention** for 6 months
 - AND/OR
 - 5+ symptoms of **hyperactivity** and **impulsivity** for 6 months
- ▶ Symptoms start before **12 y/o**
- ▶ Occur in **2+ settings**
- ▶ **Interfere with functioning**

Provider's Dilemma with Adult ADHD

Less training in ADHD treatment among adult providers

Lack of access to specialists

Concerns about pathologizing normal behaviors

Concerns about malingering/misuse

Liability of prescribing a controlled substance

Stigma

Comorbidity (including SUD!)

Comorbidities

- ▶ Up to 90% of patients with ADHD have comorbid psychiatric disorder (Nutt et al, 2007)
- ▶ Mean number of psychiatric comorbidities is 3 (Kooij, 2004)

- ▶ Depression (38%)
- ▶ Anxiety (53%)
- ▶ Sleep disorders
- ▶ Learning disorder (33%)
- ▶ Antisocial personality disorder (50%)
- ▶ Substance use disorders (25%)



ADHD and the risk for a SUD

- ▶ Onset of substance use is earlier in individuals with ADHD (especially those with hyperactivity symptoms). (Elkins, 2007)
- ▶ STRONG association (?confounder) of risk for SUD with conduct disorder. (Kessler, 1997)
- ▶ Approximately 20% of people seeking treatment for a SUD meet diagnostic criteria for ADHD (Oortmerssen, 2014)
- ▶ Odds ratio:
 - ▶ 2.8x for alcohol use disorder (AUD)
 - ▶ 7.9x for any substance use disorder (SUD)

Exploring the Link

Behavior

Environment

Biology



Treatment

- ▶ How do I approach the diagnosis and treatment of ADHD in adults?
- ▶ How do I approach treatment of ADHD in an adult with a SUD?
- ▶ How can I minimize the risk of diversion/misuse of prescribed stimulants?
- ▶ If I prescribe a stimulant to a minor, does that increase their risk of developing a SUD?



Treatment

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Approach to Workup (Adults)

Patients continuing treatment	Confirm the diagnosis Switch Short-acting → long-acting Screen for comorbidities
Patients with hx of childhood ADHD not on medication	Verify diagnosis and screen closely for current impairment Low threshold to restart medications Screen for comorbidities
Patients with no hx of tx or dx	Eval with focus on alternative causes of inattention Collateral (including PDMP, consider neuropsych) Watch for red flags (preference for short-acting, request for BZD, refusal collateral)

*hx=history; tx=treatment; dx=diagnosis; BZD=benzodiazepines; PDMP= prescription drug monitoring program

Inattention in Adults

- ▶ Neurocognitive d/o
- ▶ Personality d/o
- ▶ Substance use d/o
- ▶ Mood and anxiety d/o
- ▶ Intermittent explosive d/o
- ▶ Autism Spectrum d/o
- ▶ Intellectual disability
- ▶ Psychosis
- ▶ Medications induced
- ▶ Sleep disorders

*d/o = disorder





Approach to Diagnosis (Adults)

- ▶ CLINICAL DIAGNOSIS!
- ▶ Collect collateral information (including prior records)
- ▶ USE a clinical scale (secondary)
 - ▶ Conners
 - ▶ Adult ADHD self-report scale
- ▶ Neuropsychological tests
- ▶ Prescription Drug Monitoring Programs (PDMP)
- ▶ Urine drug screens (as applicable)

Treatment Options - Medications

Psychostimulants are effective in 70% of patients

Methylphenidate derivatives

Amphetamine derivatives



Non-stimulants

Atomoxetine (NE reuptake inhibitor)

Alpha-2 Agonists (guanfacine, clonidine)



Other

TCA (desipramine), bupropion, venlafaxine



Treatment

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Concurrent ADHD symptoms and substance use

Potential for Under-diagnosis

- Establishing diagnosis <12 y/o can be challenging
- Both ADHD and SUD can lead to under-attainment
- Often avoid asking about inattention in adults

Potential for Over-diagnosis

- Over-reliance on screening instruments
- Essential to meet functioning impairment criteria
- Essential to occur in 2+ settings
- Acute intoxication/withdrawal can → overlapping sx with ADHD
- Med Seeking?

Concurrent ADHD symptoms and substance use

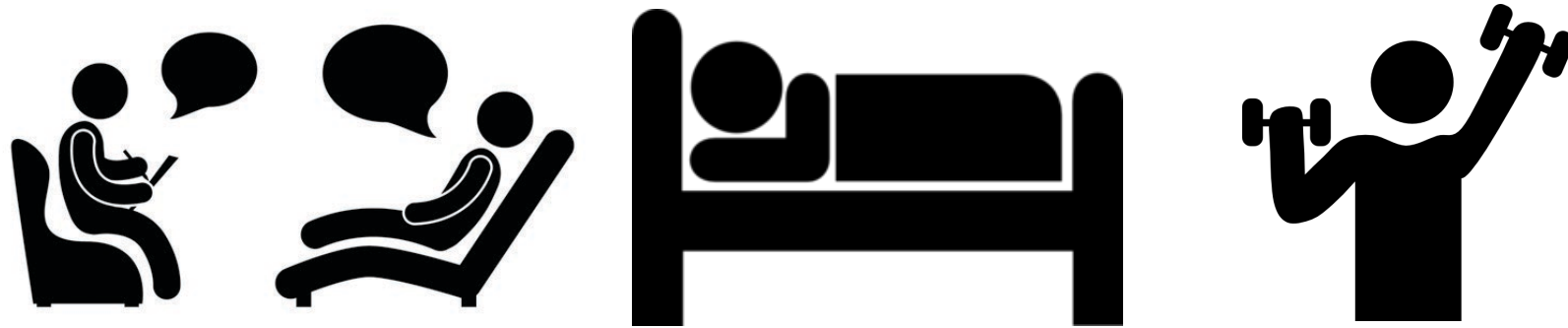
Risk Groups	Risk Mitigation Strategies
Low Risk	<ul style="list-style-type: none">- Brief office intervention- Advise on risk of using with other substances- Warn about diversion- Regular f/u- Monitor response (Scales)- Long-acting/Delayed release
Moderate Risk	<ul style="list-style-type: none">- As above- More frequent f/u- Urine drug screens
High Risk	<ul style="list-style-type: none">- Consider non-stimulants first- Long-acting second line PRN- Require counseling, groups- SUD before ADHD treatment (rehab?)

*f/u = follow up



Additional Treatment Considerations

Treatment options - Non-pharmacologic





Treatment

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Misuse and Diversion

- ▶ Frequency of misuse is 9% in college age students; 7% in non-students aged 19-28
- ▶ Reasons for use
 - Cognitive enhancement
 - Self-medicating
 - To get “high,” lose weight, etc. (<25%)
- ▶ Pattern of use
 - Adderall is most common
 - Short acting > long-acting
- ▶ Source
 - Friends and family (70%)
 - Falsify symptoms at doctors office (20%)
 - Street value \$5-15 per tab of Adderall (StreetRx)

Addressing misuse

- ▶ Establish expectations regarding treatment early
- ▶ Prescribe long-acting medications preferentially
- ▶ Normalize frank discussions about misuse
- ▶ Utilize drug-tests to confirm compliance/screen for substance use disorder





Treatment

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McCabe, 2016
Chang, 2014

TREATMENT

- ▶ How do I approach the diagnosis and treatment of ADHD in adults?
- ▶ How do I approach treatment of ADHD in an adult with a SUD?
- ▶ How can I minimize the risk of diversion/misuse of prescribed stimulants?
- ▶ IF I prescribe a stimulant to a minor, does that increase their risk of developing a SUD?
 - ▶ No, it's likely protective. The earlier the better.

Summary

- ▶ There are numerous etiologies for inattention in adults
- ▶ Comorbidities with ADHD are common
- ▶ Self-referral neither guarantees nor eliminates a diagnosis of ADHD
- ▶ In patients with ADHD and active substance use, treatment should not be withheld but postponed until substance use stabilizes
- ▶ Longer acting stimulants are preferable over shorter acting
- ▶ Non-stimulants should be considered in pts who can not tolerate or do not respond to stimulants and those with active SUD
- ▶ Symptoms and functional decline recur at cessation of pharmacologic treatment
- ▶ Psychoeducation is critical and therapy is an important adjunct treatment

Case Presentation

Project ECHO's goal is to protect patient privacy

- ▶ To help Project ECHO accomplish that goal, please only display or say information that doesn't identify a patient or that cannot be linked to a patient.
- ▶ **References:** For a complete list of protected information under HIPAA, please visit www.hipaa.com

Thank you for joining us today.
We appreciate your participation and hope
to see you at the **NEXT ECHO Session:**
February 10, 2022 from 12pm -1 PM

You will be receiving a follow up survey that we hope you will complete to help us improve. If you are requesting continuing education credits, you will be required to complete the survey to receive your CEs.

