

ADHD treatment in SUDs

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ADHD and SUD

*ADHD is a risk factor for substance misuse and SUD in adolescence and early adulthood.

*ADHD plays a role in the origin and the development of addictive behavior and the presence of SUDs.

*untreated ADHD negatively influences SUD treatment outcomes.

prevalence

*15%adolescents and young adults ADHD have SUD

*11%individuals SUD have ADHD

*23% SUD :Adult ADHD

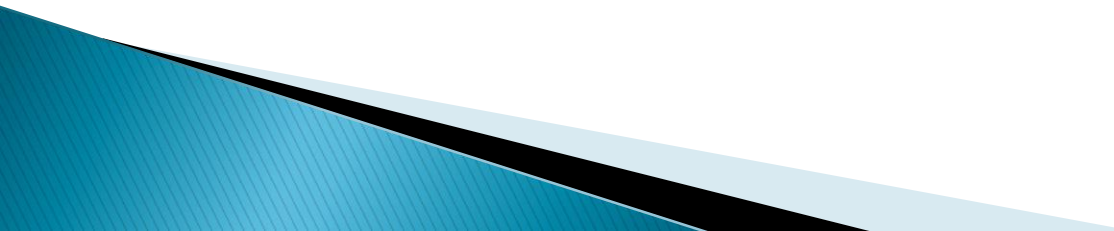
Relationship ADHD & SUD

Impulsivity

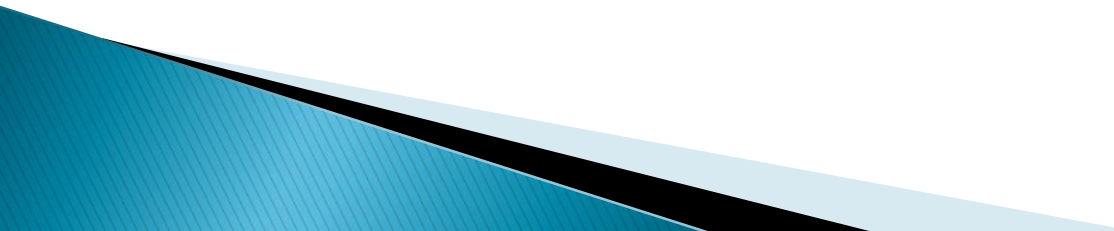
Poor judgment

Executive function deficits

Dopamine transmission deficit



ADHD –SUD:

- *More complex and chronic patterns of substance use
 - *More poly substance use
 - *Greater psychiatric comorbidity
 - *More difficulties remaining abstinent
 - *Lower effectiveness of standard dose pharmacotherapy ADHD
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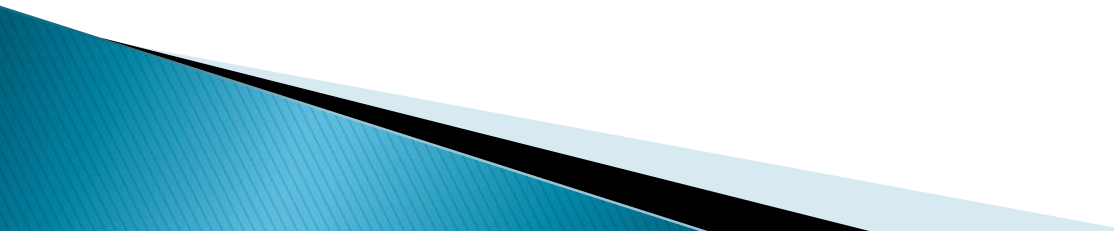
ADHD medication in patients with comorbid ADHD and SUD :

*improve ADHD symptomatology

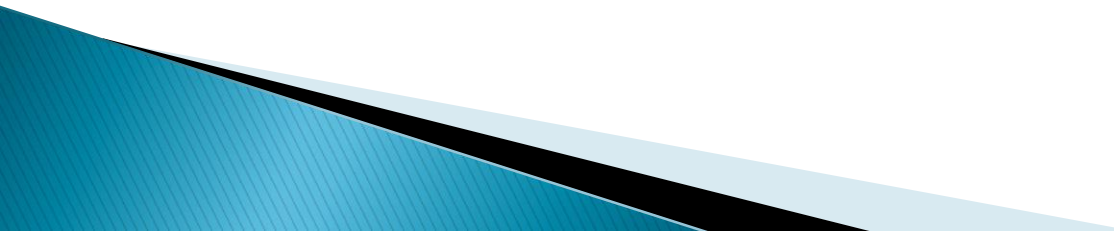
*positively influence addiction outcome



Effective treatment

- *stabilize ADHD symptoms
 - *Making patients more stable and more amenable to treatment.
 - *remain abstinent: by improving their cognitive control and by reducing their impulsivity and restlessness.
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explanations of diminished medication efficacy

- *Incorrect ADHD Diagnosis
 - *ADHD severity
 - *The Influence of Psychiatric Comorbidity
 - *The Type of Substance Use
 - *The Influence of Previous Drug Use
 - *The Influence of Persistent Drug Use
- 

stimulants

** methylphenidate

(immediate release and sustained release)

*immediate release :risk of abuse &adherence problem

*sustained release &long acting : improving adherence and for
minimizing the risk of diversion and abuse.

*MPH :30mg/three times daily

*MPH(OROS)72MG/d

*MPH SR:20–40mg twice in day

*MPH(OROS):180 mg/d

stimulants

Concerta

**Lisdexamfetamine(Vyvanse)

a pro drug, consisting of dexamphetamine and the amino acid lysine

70mg/d

stimulants

ADHD patients needing dosages higher than standard (stimulants) to achieve symptom remission.

Dysregulation of brain dopamine neurotransmission, due to adaptation from chronic psychoactive drug use.

stimulants

- *Close monitoring of dosage

- *Good working relationship with the patient

- *patients need to be selected carefully since stimulant

- *medications can produce cardiovascular and psychiatric adverse effects.

Atomoxetine

lack of abuse potential

in patients with greater risk of medication abuse.

alcohol use disorder

cannabis & marijuana-dependent participants

Well tolerated

Safe cardiovascular profile



Atomoxetine

Mild appetite decrease

GI symptoms

Rare side effects : hepatotoxicity , Increase in suicidal thought

once-twice daily dosage

0.5 mg/kg 2weeks to 1.2–1.4 mg/kg

100mg/day,6weeks



****Bupropion**
400mg/d
in opioid-addicted patients in methadone
maintenance therapy

****Pemoline**

****Guanfacine**

pshychotherapy

** CBT

- *help to decrease the functional impairments of ADHD

- *organizing

- *Planning

- *managing avoidance

- *decreasing dysfunctional thoughts and cognitions

** Motivational interview

** Family therapy