

European ADHD in substance use disorders prevalence study.

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- to document the presence of adult ADHD in different European populations of adult patients referred for addiction treatment- to obtain a reliable estimate of the prevalence of ADHD among adult patients with substance use disorders- to test an...

Ethical review	-
Status	Pending
Health condition type	Other condition
Study type	Observational non invasive

Summary

ID

NL-OMON33223

Source

ToetsingOnline

Brief title

EASP study

Condition

- Other condition
- Cognitive and attention disorders and disturbances

Synonym

ADHD, attention deficit disorder with hyperactivity

Health condition

verslaving

Research involving

Human

Sponsors and support

Primary sponsor: Arkin (Amsterdam)

Source(s) of monetary or material Support: door instelling zelf.

Intervention

Keyword: ADHD, comorbidity, substance use disorder

Outcome measures

Primary outcome

* study centres: descriptive characteristics regarding organisation size, referral processes, diagnostic and treatment procedure, allowing a comparison between the centres and their patient populations

* participants: demographic data and diagnostic data (SUD; ADHD; bipolar disorder; depression; borderline and antisocial disorder).

Secondary outcome

nvt

Study description

Background summary

ADHD (Attention Deficit/Hyperactivity Disorder) is increasingly recognised as an invalidating and highly prevalent disorder in children and in adults 1. Patients with ADHD experience inattention, restlessness and impulsivity throughout their life. Moreover, ADHD is a highly comorbid disorder. Other psychiatric disorders, such as personality disorders, mood and anxiety disorders, and substance use disorders are common among adults with ADHD. Among adult patients with substance use disorders (SUD), ADHD is a common diagnosis, with a prevalence between 15 and 30 % found in (mostly American) studies 2. European prevalence studies are scarce. However, clinical experience points to a similar prevalence among patients in European addiction treatment centres. ADHD in adults is a relatively new diagnosis; in a lot of European countries, psychiatric services and especially addiction treatment services lack the expertise necessary for screening, diagnosing and treating ADHD in addicted

patients 3. Due to symptom overlap, ADHD is not easily differentiated from other frequently occurring psychiatric disorders (such as bipolar disorder and borderline personality disorder) 4,5,6. A reliable screening procedure would be most helpful in the development of adequate treatment services 7.

There is mounting evidence that ADHD is an important (but up to now scarcely studied) risk factor in the development and persistence of addiction. ADHD is associated with an early onset of substance abuse, a more rapid transition into more severe types of substance abuse, and a more problematic course of the substance use disorders, including more difficulty in reaching remission 8.

The available studies (done mostly in the United States) point to an ADHD prevalence of 10-25% in SUD patients, depending on setting and type of addiction studied. Data on ADHD prevalence in European countries are scarce, a systematic European prevalence study has not yet been executed. Up to a few years ago, most of these patients would remain undiagnosed, due to lack of recognition of the disorder and lack of treatment expertise. Fortunately, a growing awareness among patients and health providers has helped to make this disorder more visible.

The relevance of adult ADHD in SUD patients remains unclear. Treatment of ADHD in childhood helps to prevent the development of addiction in adulthood 9.

However, controlled studies of the effect of ADHD treatment on the prognosis of addiction are still lacking. Clinical experience shows positive benefits of treatment mainly on the ADHD symptomatology (inattention, hyperactivity and impulsivity). There is only anecdotal evidence of a positive influence of ADHD treatment on the severity and course of the substance use disorders.

This study can be seen as a first step in tackling the problem of ADHD in addiction. Having a better knowledge of the size and scope of the ADHD in SUD patients will add to a better understanding of the relevance of ADHD in this patient group, and of the relation between these two chronic disorders. Only then, controlled studies of the efficacy of ADHD treatment interventions will be possible. The current study will, therefore, contribute to the development of

- (1) an adequate program of detection, diagnosis and treatment of ADHD in addicted patients and
- (2) effective prevention methods for SUD in ADHD children/adolescents/young adults.

This study aims to raise the awareness of this frequently occurring, quite treatable condition, and to confirm a high prevalence among patients with substance use disorders. These results should stimulate European addiction centres to develop treatment programs for these patients.

Study objective

- to document the presence of adult ADHD in different European populations of adult patients referred for addiction treatment
- to obtain a reliable estimate of the prevalence of ADHD among adult patients with substance use disorders
- to test an internationally used screening instrument for adult ADHD (ASRS) on

its accuracy (especially in differentiating from other psychiatric disorders) and usefulness in this specific patient population

- to validate the adult ADHD screening and diagnostic instruments for the participating countries
- to gather knowledge about the relationship between ADHD and the onset and course of SUD, by comparing ADHD patients with patients without ADHD for comorbidity, age of SUD onset and functional outcome
- to explore the feasibility of multi-site ADHD research in this patient population

Study design

a descriptive, prospective and cross-sectional study, consisting of two parts:

1. screening for ADHD in 500 newly referred patients, by means of the instruments listed below

2. further diagnostic assessment of 230 patients

(+ screening: - screening = 1:1)

The ADHD prevalence, obtained in these centres, will be used to fix the cut-off points for the screening instrument, and to determine the prevalence in the patients who did the screening part only.

Study burden and risks

Burden associated with participation: limited: filling in of screening questionnaire (15 minutes), and possibly participating in a full diagnostic assessment (120 minutes).

Benefits:

* participants: may receive an indication of a possible diagnosis of ADHD and possibly further diagnostic assessment for this disorder and other often occurring disorders within this population, with the possibility of proper treatment.

* participating centres: - increased experience in adult ADHD in addicted patients

- participation in a first European multi-centre study on this topic

- participation in a European Network of Scientist-Practitioners in this specific area (ICASA)

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age

Adults (18-64 years)

Elderly (65 years and older)

Inclusion criteria

adults who are referred for treatment of addiction

age 18-65

capable of informed consent

Exclusion criteria

-inability to fill in the screening questionnaire (e.g. due to limited literacy)

- inability to participate due to drug intoxication, serious psychiatric and/or somatic problems.

Efforts should be made to include these patients at a later stage in their treatment.

Study design

Design

Study type:

Observational non invasive

Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Open (masking not used)
Control:	Active
Primary purpose:	Diagnostic

Recruitment

NL	
Recruitment status:	Pending
Start date (anticipated):	01-06-2009
Enrollment:	500
Type:	Anticipated

Medical products/devices used

Registration:	No
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Ethics review

Not available

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
CCMO	NL28206.097.09