Adult ADHD Treatments

- Assess the relative severity of the substance use disorder (SUD), the symptoms of ADHD, and any other comorbid disorders.
- Stabilizing or addressing the SUD should be the first priority when treating an adult with SUD and ADHD.¹

Multimodal Approach to Treatment

- Treatment should include:
  - Pharmacotherapy
  - Non-pharmacological treatment
    - Psychoeducational
    - Psychological
    - Psychosocial
• The clinician should begin pharmacotherapy with medications that have little likelihood of diversion or low liability, such as bupropion and atomoxetine, and, if necessary, progress to the stimulants.

• Careful monitoring of patients during treatment is necessary to ensure compliance with the treatment plan.¹

Pharmacotherapy

- Stimulants
- Atomoxetine
- Antidepressants (bupropion, desipramine)
- Antihypertensive medications: clonidine and guanfacine (impulsivity and hyperactivity)
- Antinarcolepsy medication (modafinil)
- Stimulants are effective in about 70% of patients with ADHD; their use in some parts of Europe is still controversial in both children and adults.
Does stimulant medications increase the risk of substance abuse in adulthood?

- Stimulant therapy in childhood does not increase the risk for subsequent drug and alcohol abuse disorders later in life.
- Growing evidence has shown that stimulants, particularly long-acting formulations, can be given safely and are not routinely abused in substance-abusing populations.

Non-pharmacological Treatment

1. **Education** of patients and their families (psychoeducation)

2. **Psychological** interventions (cognitive-behavioural therapy, family therapy)

3. **Psychosocial** interventions
   - Supportive coaching
   - Marital/family counselling
   - Career counselling
   - Technology
   - School/workplace accommodations
   - Advocacy
Conclusions

• The age-dependent change in the presentation of ADHD symptoms
• People suffering from ADHD are often stereotyped as lazy, bad or aggressive, or considered to have a behavioral or special needs problem rather than a mental health disorder that requires treatment
• Identification of comorbid conditions: mood, anxiety, psychotic, organic and SUD (in addition to personality, tic and autistic spectrum disorders)
• Diagnosis should include a detailed account of the developmental history; external validation
• Multimodal treatment
Thank you!