



Integrated Opioid and Addiction Care Project ECHO

June 30, 2022



This project is supported by grant from the State of Minnesota Department of Human Services, Behavioral Health Division.











6/28/2022



Methamphetamine Use and ADHD: Overlapping Constructs for Your Consideration

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ZOOM SESSION ETIQUETTE:

- Sign on **early** 
- Join by **video** preferred 
-  If we haven't started, please **announce yourself** and your agency
- Mute** yourself  in lower left corner
- Type your **name/center** chat box for attendance 
- Raise your hand  to be recognized
- REMEMBER  **NO PHI**
- Avoid multi-tasking 
- Use chat  to ask for help or to ask a question
- When talking,  look at the camera

- This Project Echo session is funded by a grant from the Minnesota Department of Human Services
- Cameron Weaver and HH Project ECHO team members have no financial interests to disclose.

Objectives

Upon completion, participants should be able to:

1. Describe relevant framework for comorbidity of ADHD and Methamphetamine Use Disorder
2. Identify psychological constructs that are shared between methamphetamine use and ADHD
3. Describe targeted interventions that address overlapping constructs

ADHD Diagnostic Criteria

- Inattention

1. Fails to give close attention to detail
2. Difficulty sustaining attention
3. Does not seem to listen when spoken to directly
4. Does not follow through
5. Difficulty organizing
6. Avoids tasks that require sustained mental effort
7. Loses things
8. Easily distracted
9. Forgetful

- Hyperactivity/Impulsivity

1. Fidgeting
2. Leaves seat
3. Restlessness (runs/climbs about in children)
4. Unable to engage in quiet activities
5. “On the go”
6. Talks excessively
7. Blurts out answers/completes others’ sentences
8. Difficulty waiting his turn
9. Interrupts/intrudes on others

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Methamphetamine Use Disorder (MUD) Diagnostic Criteria

- Lack of Control
 1. Larger/longer
 2. Unsuccessful quit attempts
 3. Time spent obtaining/using/recovering
 4. Cravings/urges
- Use Despite Problems
 5. Failure to fulfill role obligations
 6. Social/interpersonal problems
 7. Activities given-up
 8. Use in physically dangerous situations
 9. Use despite known physical/psychological problems
- Physiological Dependence
 10. Tolerance
 11. Withdrawal

ADHD and Substance Use Disorders

Comorbidity

- Approximately 75% of adults with ADHD experience psychiatric comorbidities (Mihan, Shahrivar, Mahmoudi-Gharaei, Shakiba, & Hosseini, 2018)
- Higher rates of ADHD among patients with Methamphetamine Use Disorder (21%) and those without (6%; Obermeit et al., 2013)
- 15.2% of adults with ADHD meet criteria for SUD (Kessler et al., 2006)

ADHD as a Mechanism for MUD

- Connection appears to be face valid
 - Self-medication hypothesis
 - Neurodevelopmental time-line of ADHD and methamphetamine use

Connecting the Dots



Common Variables

Impulsivity

Poor response inhibition

Discounting reward

Common Variables

- Impulsivity
 - Behavior without adequate thought, the tendency to act with less forethoughts than do most individuals of equal ability and knowledge, or a predisposition toward rapid, unplanned reactions to internal or external stimuli without regard to negative consequences of these reactions (Vassileva & Conrod, 2019)
 - Facets of Impulsivity
 - UPPS+
 - Positive Urgency
 - Negative Urgency
 - Sensation Seeking
 - Lack of premeditation
 - Lack of perseverance
 - Impulsive Action
 - Impulsive Choice

Common Variables

- Response Inhibition
 - Ability to adaptively suppress behavior when environmental contingencies demand it (Groman, James, & Jentsch, 2009)
 - Deficits common among individuals with ADHD (Groman et al., 2009) and those with SUD (Jentsch & Pennington, 2014)

Common Variables

- Decision-making (Delayed Discounting)
 - Tendency to opt for a more immediate, albeit smaller, “close” reward over a delayed and larger reward in the future
 - Individuals with both ADHD and MUD have steeper discounting curves

Treatment Considerations

- Strategies for addressing impulsivity/response inhibition
 - CBT to improve tolerance of intense emotions (negative/positive urgency)
 - Attention and working memory training
 - Raising awareness (high risk situations/internal states)
 - Self-talk, orienting to goals
 - Mindfulness
- Strategies for modifying delayed discounting
 - Contingency management
 - Cognitive therapy to address working memory and future-thinking

Thank you!

Questions?

