ADHD in treatment seeking patients with a substance use disorder
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Citation for published version (APA):
Many children with ADHD grow up with serious consequences such as educational problems, other psychiatric disorders, social/relationship problems, occupational problems, motor vehicle accidents, suicidal behavior and suicide, and excessive substance use or SUD in later life. Prospective studies of children with ADHD, with a follow up into adulthood, show this increased risk for SUD. However there is debate on the role of comorbid CD and the development of Antisocial Personality Disorder (APD). Some of the researchers therefore conclude that ADHD is not an independent risk factor for the development of SUD and that comorbid CD during adolescence and APD in adulthood fully account for this risk. A growing consensus emerges that ADHD affects the course of SUD in such a way that the latter has a more chronic, complex and severe course in CD+ADHD subjects than in subjects with either CD or ADHD only (Flory & Lynam, 2003; Lee et al., 2011). A minority of studies conclude that ADHD is an independent risk factor. However, so far only one of the studies differentiated between the causal role of ADHD subtypes, i.e. the different role of inattention and hyperactive/impulsive symptoms. This study found that impulsive/hyperactive symptoms of ADHD were a strong independent risk factor for SUD development (Elkins et al., 2007). Finally, it should be noticed that the literature on screening for adult ADHD in treatment seeking SUD populations is scarce. This thesis tries to improve our knowledge on these issues.
Aims

The aims of this thesis are based on the conclusions drawn from chapter 1 and include:

1) the high but also variable prevalence of ADHD in treatment seeking SUD patients;
2) the unknown accuracy of short screeners for adult ADHD in this population; and
3) the largely unknown comorbidity patterns in treatment seeking SUD patients with and without ADHD.

Aims:

- To present prevalence rates for ADHD in treatment seeking SUD patients in various countries, and to explore the causes for variability in these prevalence rates;
  The prevalence of ADHD in treatment seeking SUD patients will be estimated for participating countries, for DSM-IV and DSM-5 criteria for adult ADHD, for the two genders, for different primary substances of abuse, and for different treatment settings;
  Thus presenting the size of the problem of the link between ADHD and SUD;
- To present validity parameters of the Adult ADHD Self-report Scale (ASRS) as a short screener for adult ADHD in this population;
- To present comorbidity patterns in treatment seeking SUD patients with and without ADHD.

Outline of this thesis

Part 2 explores some of the main problems of ADHD in treatment seeking SUD patients in the practice of addiction treatment centers in the Netherlands (chapter 3) and in the international literature (chapter 4).

Chapter 3 describes the development of a program for diagnosis and treatment of ADHD in treatment seeking SUD patients in the Netherlands. It shows the difficulties in both diagnoses and treatment procedures for this group. It also contains an early estimation of the prevalence of ADHD in treatment seeking SUD patients.
Chapter 4 is a meta-analysis documenting the prevalence of ADHD in SUD patients in the general population, and in adolescent and adult treatment seeking SUD patients.

Part 3 constitutes the core of this thesis and presents the main results of the International ADHD in Substance use disorders Prevalence (IASP) study. This study is a multi-site international and cross-sectional study, in which addiction treatment centers from the United States of America, Norway, Sweden, the Netherlands, Belgium, France, Spain, Switzerland, Hungary and Australia participated. In this study 3,575 treatment seeking SUD patients were included.

Chapter 5 gives an overview of the background and methods and provides the population characteristics of the IASP study.

Chapter 6 presents the validity indicators of a screening instrument for adult ADHD, the Adult ADHD Self-report Scale V 1.1 (ASRS), in the IASP population of treatment seeking SUD patients described in chapter 5.

Chapter 7 presents the results on the range of prevalence rates of ADHD in treatment seeking SUD patients in the IASP sample and explores the causes of variability in these ranges.

Chapter 8 describes patterns of comorbidity in the same sample of treatment seeking SUD patients with and without a comorbid diagnosis of adult ADHD.

In part 4, the results of the foregoing studies (chapters 3-8) are summarized, integrated and discussed and consequences for clinical practice and future research are presented.

Chapter 9 thus functions as the summary and general discussion of this thesis. Part 4 also contains the reference list for all chapters and a list of abbreviations.

Part 5 contains a summary in English and in Dutch, the acknowledgements, a list of funding resources and conflict of interest statements of authors and co-authors. And finally, my curriculum vitae and a list of publications are presented.