

Prevalence of Screening Positive for Attention-Deficit/Hyperactivity Disorder in Adults Seeking Methadone for Opioid Use Disorder

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INTRODUCTION

- The global prevalence of adult attention-deficit/hyperactivity disorder (ADHD) is less than 3% but increases to over 20% in patients with opioid use disorder (OUD).^{1,2}
- Comorbid psychiatric disorders have been shown to negatively impact OUD treatment outcomes, including increased risk for return to drug use and medication nonadherence.^{3,4}
- Prior studies have shown an association between ADHD and comparatively worse methadone treatment outcomes in patients with OUD, including retention in care.⁵⁻⁷ However, no specific guidelines exist for managing patients with both ADHD and OUD, indicating the need for further research on evidence-driven treatment strategies in this high-risk population.

This study aimed to characterize the prevalence of screening positive for ADHD among patients seeking methadone treatment for OUD at an opioid treatment program (OTP) to study the association between screening positivity and patient retention.

METHODS

- Individuals seeking methadone treatment at a Denver-based outpatient opioid treatment program completed a voluntary survey (which included demographic information and an ADHD screening instrument) that was implemented as part of a quality improvement project during intake.
- ADHD screening was done via the six-question ADHD Self-Report Scale for DSM-5 (ASRS-5), in which respondents are asked to indicate how often a symptom occurred in the prior six months.
- Primary outcomes of interest were the proportion of individuals screening positive for ADHD and duration retained in care (<2 months vs ≥2 months)

RESULTS

A total of 66 individuals completed the survey and were included during the study period. All patients completed the ASRS-5 during their intake appointment.

Regarding demographics:

- 50% of respondents identified as female
- Ages ranged from 18 to 64, with 37.9% of respondents between ages 25 to 34 and 42.4% between 35 to 44
- Of the 29 individuals reporting race, 86.2% were White
- Of the 30 individuals reporting ethnicity, 36.7% were Hispanic or Latinx

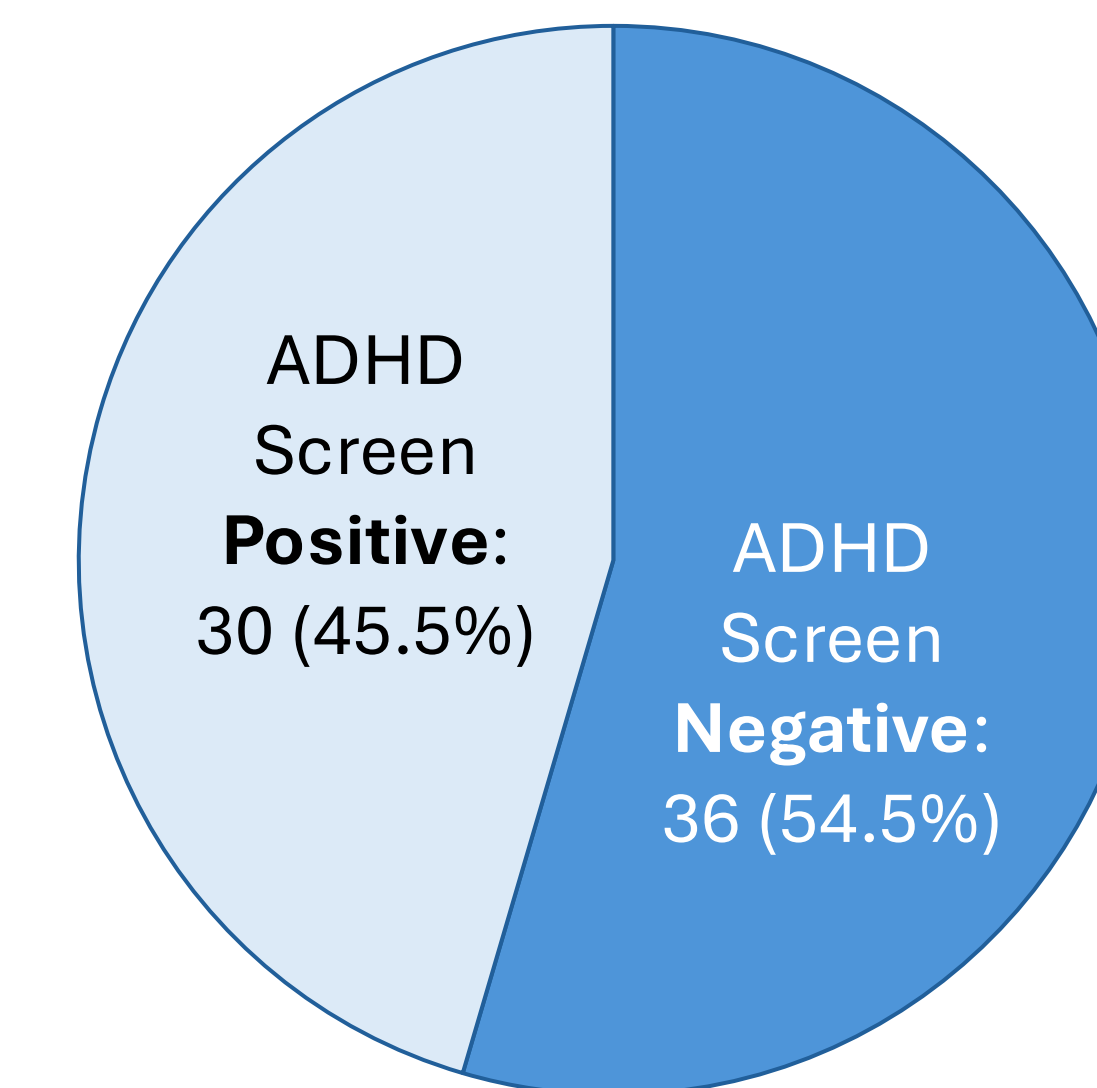


Figure 1. ADHD screening with ASRS-5. Using the ASRS-5 screening tool, 36 (54.5%) of individuals screened negative for ADHD and 30 (45.5%) screened positive

	ADHD Screen Negative, N (%)	ADHD Screen Positive, N (%)	p-value
No evidence of stimulant use	13 (36.1%)	11 (36.7%)	0.96
Evidence of stimulant use	23 (63.9%)	19 (63.3%)	

Table 1. Distribution of stimulant use at intake by ADHD status. Data represents UDS positivity for methamphetamine or cocaine to evaluate for stimulant use and ASRS-5 screening results for ADHD in individuals seeking methadone treatment for OUD at OTP intake appointments.

	ADHD Screen Negative, N (%)	ADHD Screen Positive, N (%)	p-value
Inactive by 2 months	15 (41.7%)	16 (53.3%)	0.34
Active for 2+ months	21 (58.3%)	14 (46.7%)	

Table 2. Distribution of retention in care by ADHD status.

- There were no statistically significant differences in UDS positivity for stimulants between the individuals who screened positive for ADHD compared to those who screened negative at 63.3% and 63.9%, respectively ($p > 0.05$; Table 1).
- A greater proportion of individuals who screened negative for ADHD remained in treatment for >2 months compared to those who screened positive for ADHD (58.3% and 46.7%, respectively), although these differences did not reach statistical significance ($p > 0.05$; Table 2).

CONCLUSIONS

- This study demonstrates a high proportion of patients with OUD seeking methadone treatment who report ADHD symptoms, as well as a global decline in care engagement after two months.
- Limitations: small sample size; patients who did not complete the survey were not followed; ASRS-5 is a screening tool and not diagnostic of ADHD; use of OTP retention as an imperfect proxy outcome.
- Future steps could evaluate the impact of initiating ADHD treatment for individuals with OUD and a confirmed diagnosis of ADHD on retention in care and other outcomes.

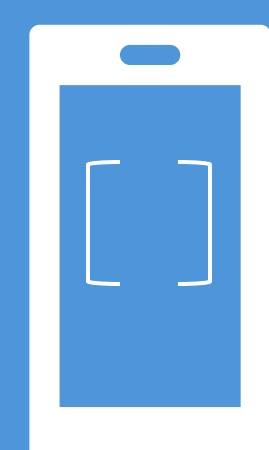
This study's results indicate individuals with OUD may have a higher prevalence of ADHD compared to the general population, underscoring the need for effective strategies to care for high-risk dual diagnosis patients.

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