Supporting patients with ADHD and comorbidities

PANELISTS

Dr. Devon Shewfelt • Dr. Joan Flood • Dr. Sidra Khan

WITH

Dr. Stephanie Zhou • Dr. Nikki Bozinoff

Ontario College of Family Physicians

Family & Community Medicine
UNIVERSITY OF TORONTO

Mental Health and Addictions

Please introduce yourself in the chat!

@OntarioCollege
#PractisingWell

Your Panelists: Disclosures

Dr. Devon Shewfelt

Relationships with financial sponsors (including honoraria):

- OCFP Practising Well CoP speaker
- Middlesex London Primary Care Network, Centre for Effective Practice, Schulich School of Medicine & Dentistry, Ontario Medical Association

Dr. Joan Flood

Relationships with financial sponsors (including honoraria):

- OCFP Practising Well CoP speaker
- Humber River Hospital, Elvium Life Sciences, Janssen-Ortho Inc, Otsuka, Takeda Membership on advisory boards or speakers' bureaus:
- Elvium Life Sciences, Kye Pharmaceuticals, Otsuka Canada, CADDRA the Canadian ADHD Resource Alliance

Dr. Sidra Khan

Relationships with financial sponsors (including honoraria):

- OCFP Practising Well CoP speaker
- University of Toronto

Disclosures

Dr. Nikki Bozinoff @NikkiBozinoff

Relationships with financial sponsors (including honoraria):

- Ontario College of Family Physicians – Practising Well Implementation Group Member, CoP Speaker
- CAMH
- Department of Family and Community Medicine (University of Toronto)
- National Institute on Drug Abuse
- Womenmind
- CIHR
- Academic Health Sciences Alternate Payment Plan

Dr. Stephanie Zhou @stephanieyzhou

Relationships with financial sponsors (including honoraria):

- Ontario College of Family Physicians – Practising Well Scientific Planning Committee
- Canadian Medical Association – Honoraria for practice management lectures
- Department of Family and Community Medicine (University of Toronto)
- Toronto Public Health – Board of Directors member

Disclosure of Financial Support

This program has received funding from the Ontario Ministry of Health and in-kind support from the Ontario College of Family Physicians and the Department of Family and Community Medicine, University of Toronto.

Potential for conflict(s) of interest:
N/A

Mitigating Potential Bias

- The Scientific Planning Committee (SPC) has control over the choice of topics and speakers.
- Content has been developed according to the standards and expectations of the Mainpro+ certification program.
- The program content was reviewed by the SPC.

Practising Well CoP – Self Learning Program

The Practising Well CoP is certified for self learning credits!

Earn **1-credit-per-hour** for reviewing the recording and resources from **past CoP sessions**. The self learning program is certified for up to 63 Mainpro+ credits.

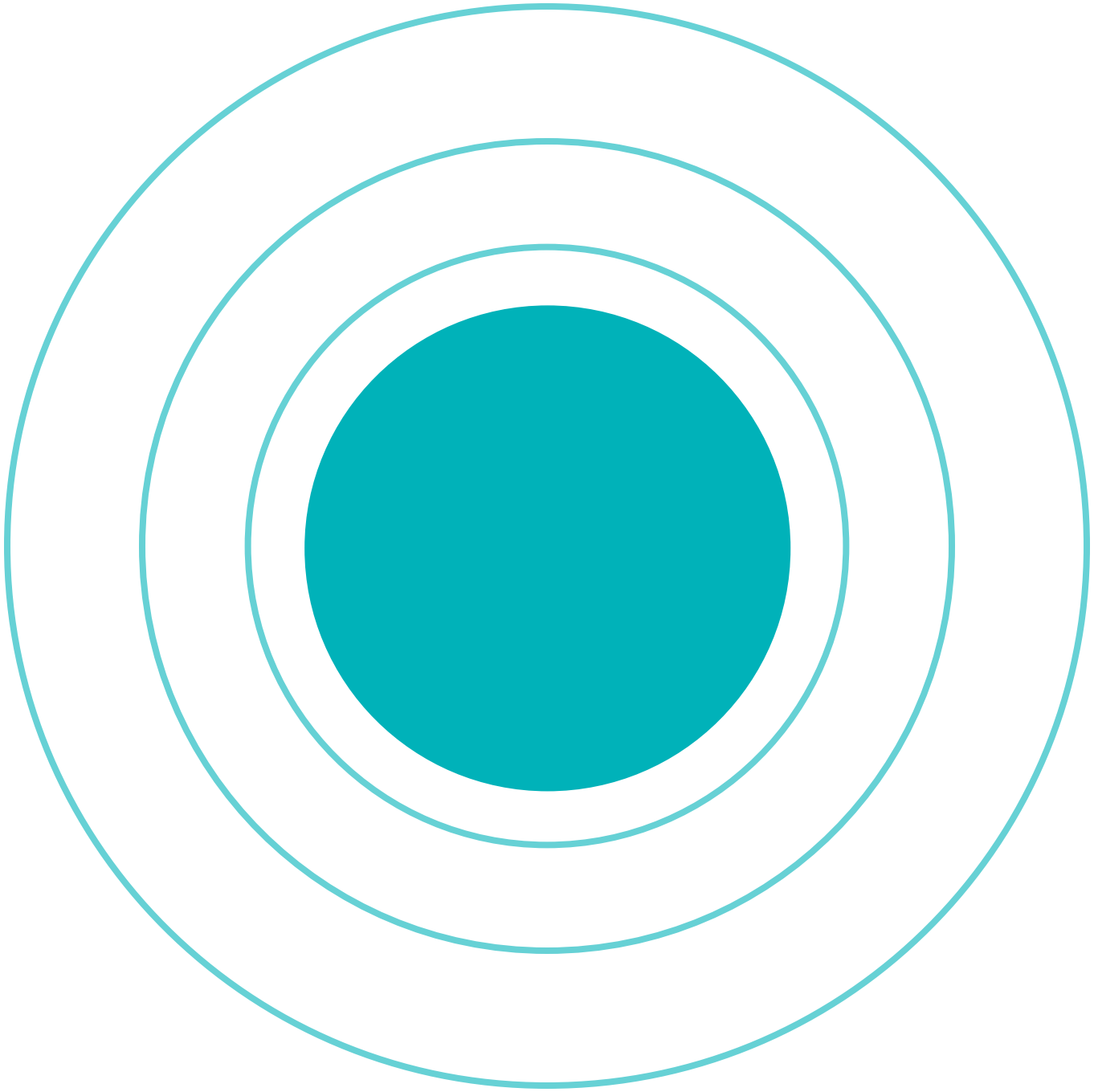
Learn More and Participate

Land Acknowledgement

We acknowledge that the lands on which we are hosting this meeting include the traditional territories of many nations.

The OCFP and DFCM recognizes that the many injustices experienced by the Indigenous Peoples of what we now call Canada continue to affect their health and well-being. The OCFP and DFCM respects that Indigenous people have rich cultural and traditional practices that have been known to improve health outcomes.

I invite all of us to reflect on the territories you are calling in from as we commit ourselves to gaining knowledge; forging a new, culturally safe relationship; and contributing to reconciliation.



Supporting patients with ADHD and comorbidities

Your Panelists

Dr. Devon Shewfelt

Dr. Joan Flood

Dr. Sidra Khan

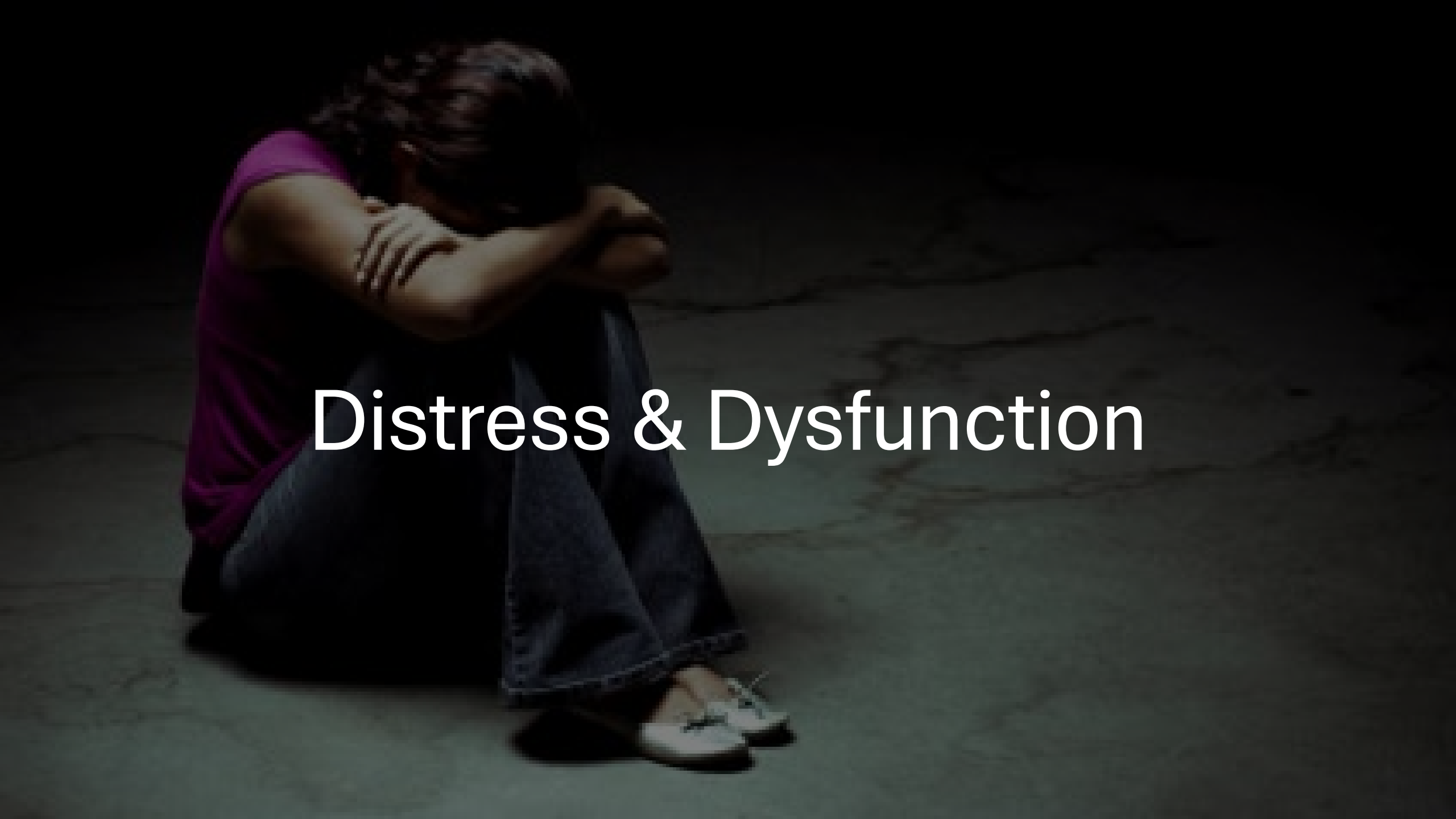
ADHD & Comorbidities

Devon Shewfelt MD CCFP
Family Physician, London, Ontario
Clinical Lead – ADHD in Adults – Centre for Effective Practice

ADHD is Lifelong

- Neurocognitive Disorder – present from birth
  - Hyperactivity – Inattention – Impulsivity – Emotional Dysregulation
- 4-6% Lifetime Prevalence of ADHD
- Attribution Errors Abound!
- Adults with Undiagnosed ADHD
  - Lifetime of attribution error
  - ~80% Comorbid psychiatric disorders
    - Complicates recognition, diagnosis & management
  - >80% of Children w/ ADHD continue to have symptoms in Adulthood

13:5


Distress & Dysfunction

Let Your Tools Be Your Guide

Adult ADHD Self-Report Scale (ASRS-v1.

		Today

tions below, rating yourself on each of the criteria shown using the
of the page. As you answer each question, place an X in the box that
have felt and conducted yourself over the past 6 months. Please give
t to your healthcare professional to discuss during today's

ave trouble wrapping up the final details of a project,
parts have been done?

ave difficulty getting things in order when you have to do
organization?

ave problems remembering appointments or obligations?

sk that requires a lot of thought, how often do you avoid
ted?

dget or squirm with your hands or feet when you have
ng time?

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

For office coding: 0 + ____ + ____ + ____ =Total Score: ____

problems made it for you to do your

GAD-7

Over the last 2 weeks, how often have you been bothered by the following problems? (Use "✓" to indicate your answer)	Not at all	Several days	Mor ha
1. Feeling nervous, anxious or on edge	0	1	
2. Not being able to stop or control worrying	0	1	
3. Worrying too much about different things	0	1	
4. Trouble relaxing	0	1	
5. Being so restless that it is hard to sit still	0	1	
6. Becoming easily annoyed or irritable	0	1	
7. Feeling afraid as if something awful might happen	0	1	

(For office coding: Total Score T____ = ____ + _

ADHD Medication Hesitancy

- Fear of Stimulants (Misuse, Diversion) > Fear of Not Treating ADHD
- Untreated ADHD in Adults
  - 4-5x risk of developing Substance Use Disorder
    - Impulsivity + Emotional Dysregulation + Substances as Coping Mechanism
- Diversion Risk
  - Highest amongst teens, young adults
  - Primarily w/ Short Acting preparations
- Treating ADHD reduces Substance-Related Events* (Quinn et al. 2017)
  - N = 2.9 million
  - 35% reduction in Males, 31% reduction in Females

CEP ACADEMIC DETAILING

Take your CME to the next level… try academic detailing

Family physicians and primary care nurse practitioners in Ontario are invited to sign up for free, accredited, 1-on-1 discussions with a trained clinical pharmacist to support practice change. Get the latest unbiased evidence-based information, tailored for you.

Academic detailing available on:

- ADHD in adults
- Pharmacotherapy for obesity management
- COPD
- Anxiety and depression
- Heart failure

Sign up now at **cep.health/academic-detailing**

The Centre for Effective Practice (CEP) is a not-for-profit organization funded by the Ontario Ministry of Health to provide this free service to family physicians and primary care nurse practitioners.
For more information, visit cep.health/academic-detailing

CEP Centre for Effective Practice

Supporting patients with ADHD and comorbidities

Your Panelists

Dr. Devon Shewfelt

Dr. Joan Flood

Dr. Sidra Khan

ADHD AND COMORBID DISORDERS

DR JOAN FLOOD

- DEPARTMENT OF FAMILY AND COMMUNITY MEDICINE, UNIVERSITY OF TORONTO
- THE POSSIBILITIES CLINIC, TORONTO
- CADDRA – ADVISORY COUNCIL

ADHD THROUGH THE LIFESPAN

- ADHD is a chronic condition across the lifespan – It is a myth that one outgrows it
- >80% ADHD in childhood continue to have significant impairment in adult years[1]
- 85% of adults experience co-morbid conditions along with ADHD
- Although boys are recognized earlier in childhood, the adult incidence is equivalent

1. Sibley et al, 2022.

ADHD & COMORBID DISORDERS

- Comorbid disorders tend to be the rule not the exception in ADHD
- Often comorbid disorders are identified but really the underlying condition is ADHD – something to recognize when an anxious or depressed patient is not getting better

ADHD IS COMORBID WITH:

- Anxiety
- Bipolar Disorder
- Depression
- Substance Use Disorder
- Oppositional Defiant Disorder
- Conduct Disorder
- Autism
- Obsessive Compulsive Disorder
- Tourette's Syndrome/Tics
- Personality Disorders
- Epilepsy
- PTSD
- Postpartum depression
- Schizophrenia
- Eating Disorders
- Learning Disabilities

ADHD AND COMORBID ANXIETY

- Risk for anxiety disorders higher in ADHD than in general population – rates approaching **50%**
- **More severe** anxiety symptoms, **earlier age of onset** of anxiety and more frequent **additional comorbid psychiatric diagnoses** and substance use

Pearl: the presence of anxiety may inhibit impulsivity and more overt signs of ADHD especially in the Inattentive presentation

TREATING ADHD & ANXIETY

- Often, anxiety is secondary to the challenges of ADHD
- Anxiety ***rarely*** is increased by stimulant medications, but in most, treatment with stimulants will markedly improve anxiety ***– so don't let anxiety be a barrier to ADHD treatment***
- ***To distinguish, find out what they're anxious about – if it is related to ADHD, the anxiety is usually around the theme of not keeping up, letting others down, not meeting expectations***

ADHD AND COMORBID MOOD DISORDERS

- Mood disorders and ADHD frequently co-occur.
- Patients with Major Depressive Disorder (MDD) have a 2-fold increased prevalence of ADHD
- Patients with Bipolar Disorder have a 3-fold increased prevalence of ADHD, tending more commonly to have Bipolar I (includes mania cycling with depression) than Bipolar II (depression and hypomania)
- Individuals with ADHD tend to have a much earlier onset of Bipolar Disorder (<18) and a more complicated course of illness
- Mood disorders may exist along aside ADHD, or may be due to the impairments of ADHD which contribute to low self-esteem and mood

Pearls:

- ***We often miss Bipolar Disorder! So, keep it in mind when you see a patient with depression or ADHD***
- ***If you have a patient with treatment resistant depression, ask about ADHD***

DIFFERENTIATING QUESTIONS IN DEPRESSION VS ADHD

Why are they depressed?

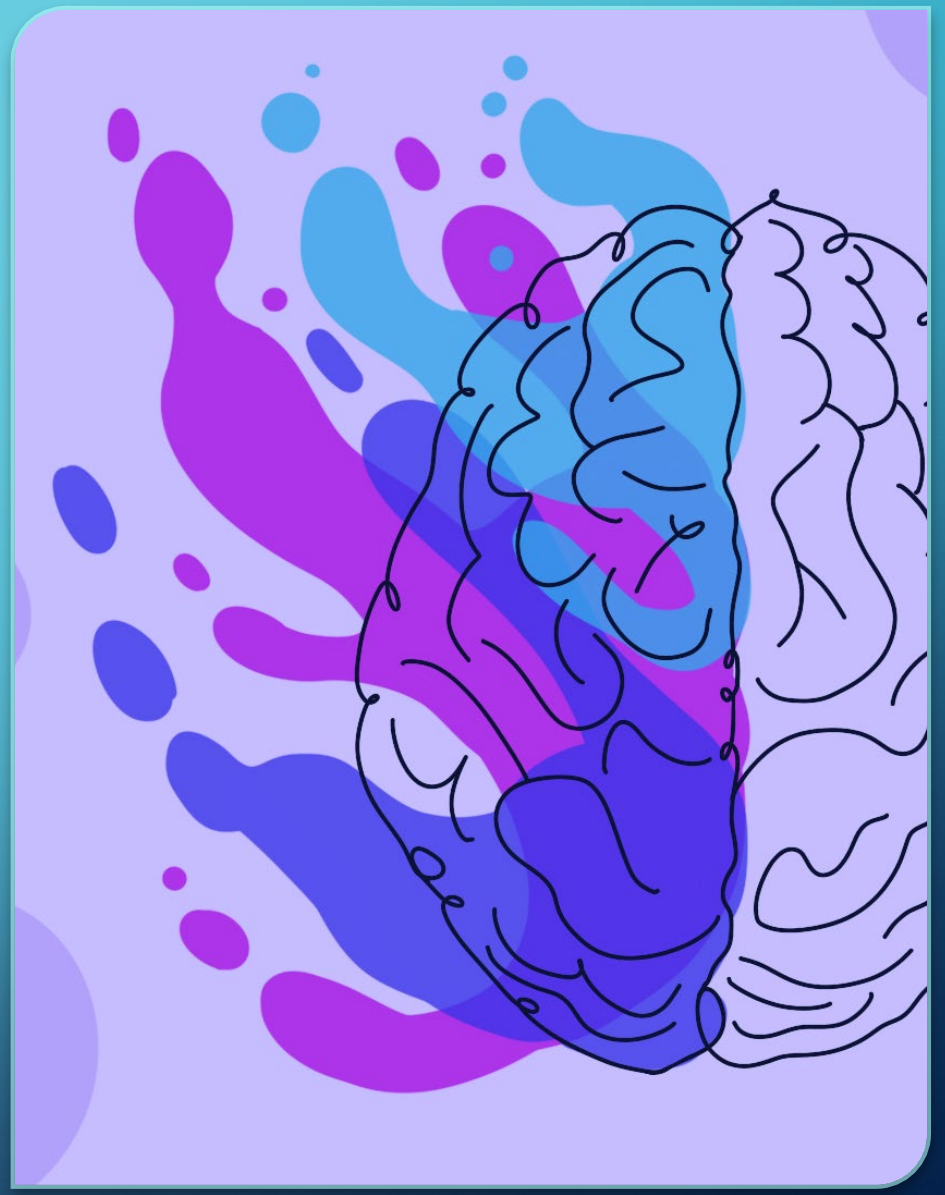
How long have they been depressed and how long have they had executive dysfunction?

TREATING ADHD & MOOD DISORDERS

- One must ***always*** treat Bipolar Disorder first – there is a risk of provoking mania if the mood lability is not addressed first
- If dealing with depression (as in anxiety), determine if the depression is secondary to ADHD – in which case start by treating ADHD
- Always address the most impairing disorder first – if depressed and suicidal, that always takes precedence
- As clinicians, most of us are more familiar with treating mood and anxiety disorders – don't delay treatment for ADHD by trying an SSRI/SNRI to 'see if it works'

ADHD AND SUBSTANCE USE DISORDER

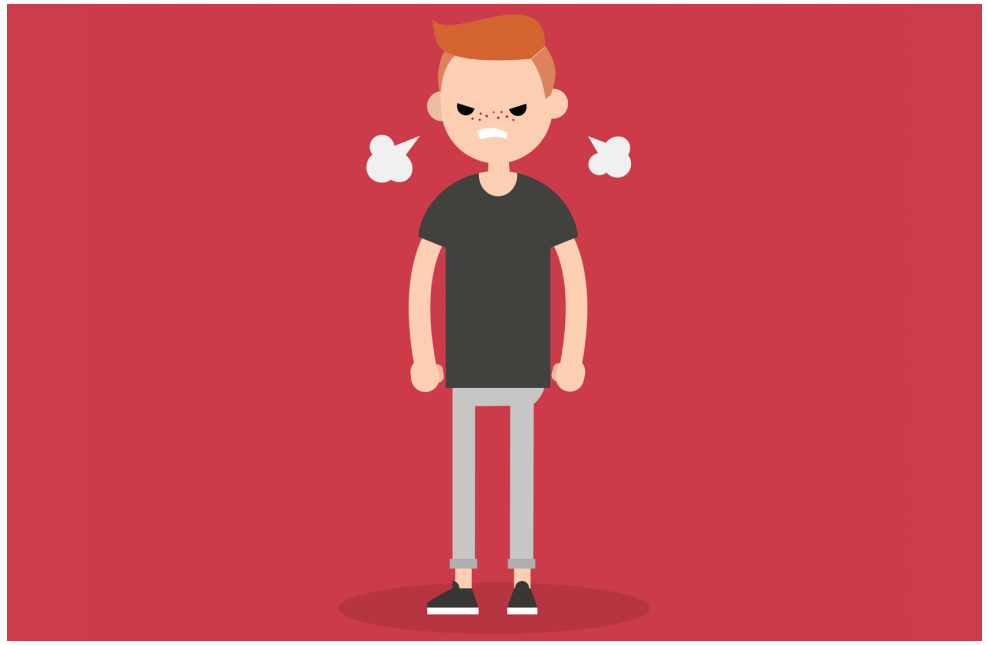
- Substance Use Disorder is at least twice as common in individuals with ADHD as in the general population
- **We know that early treatment of ADHD – preferably before puberty – markedly decreases the risk of SUD**
- Individuals with ADHD begin substance use at earlier ages and have a lower likelihood of achieving abstinence
- Cannabis, alcohol, nicotine and cocaine are among the most abused agents



TREATING ADHD & SUBSTANCE USE DISORDER

- **It is easier to prevent SUD than treat it** - *so take the opportunity to encourage parents to address ADHD in their children early*
- Long-acting stimulants are always the first-line treatment for ADHD but if you lack trust in your patient, consider treatment with atomoxetine or bupropion – ***Never*** use short-acting medications which have a risk of diversion
- Participation in addiction support programs and CBT are strongly recommended

Pearls:
1. Ask substance users about ADHD
2. It is very difficult to treat SUD if you don't concurrently address ADHD
3. ADHD medications do not increase the risk of SUD - they decrease it.



ADHD AND BEHAVIOURAL DISORDERS

- Oppositional Defiant Disorder – patterns of anger, irritability, defiant & vindictive behaviours usually aimed at teachers and parents
- Conduct Disorder – more severe behaviour involving aggression toward people or animals, destruction of property, theft, rule violations, lack of remorse or empathy

Pearls:

- ***ODD/CD in association with ADHD are worrisome and lead to serious life consequences if not addressed***

TREATING ADHD & BEHAVIOURAL DISORDERS

- Oppositional Defiant Disorder in children and teens bring families into **crisis**
- These children are at risk of academic failure, alienation from peers, early substance use and greater delinquency
- Treatment with stimulants can markedly improve this behaviour
- Adjunctive treatment with alpha-agonists (clonidine, guanfacine) or atypical antipsychotics (risperidone, aripiprazole) are often needed in addition to stimulants
- Family therapy and individual therapy are helpful and strongly encouraged

SUMMARY – GENERAL PRINCIPALS OF TREATING ADHD & COMORBID DISORDERS

- Start low and increase meds gradually – every two weeks is a good interval to start
- Maximize the dose of medications to cover the patients needs - **#1 error in treatment is too low a dose, #2 error is taking days off (weekends, non-workdays)**
- Keep in mind that most generic copies are not equivalent to brand name meds – use co-pay cards – www.innovicares.ca
- Don’t use second line medications because you think it’s ‘safer’ unless you have reason to believe the patient cannot be trusted with stimulants

BARRIERS TO CHANGE

Start treating – choose a patient that you know is impaired and work with them – get comfortable with increasing doses and understand the first line meds.

Join CADDRA – great resources, accredited teaching programs, ask the expert, excellent conferences… www.caddra.ca

Educate your patients and help them make wise decisions. www.caddac.ca, www.additudemagazine.com, How to ADHD (YouTube)

The gratitude you receive from patients and the pleasure in watching them better their lives are so worth it!

Supporting patients with ADHD and comorbidities

Your Panelists

Dr. Devon Shewfelt

Dr. Joan Flood

Dr. Sidra Khan

ADHD and Addictions

Dr. Sidra Khan MD, FRCPC

Prevalence

- Younger patients (adolescents or children) seeking substance use treatment were more likely to meet criteria for ADHD than their older counter parts
- 1 in 4 patients treated for addictions at an outpatient facility met criteria for ADHD
  - This appears to be an accurate statistic for Canadian and International estimates
- 43% of residential treatment patients for substance use met criteria for ADHD in one study (McAweeney et al., 2010)
- 23.1% of young adults seeking addictions treatment met criteria for ADHD in an international systematic review (Van Emmerik-van Oortmerssen et al., 2012)

ADHD and Addictions

- More likely to develop addictions earlier (think before age 12-15)
- More “severe” expression of addiction or pattern of use
- More likely to have polysubstance use disorder
- More likely to have addictions that are UNLINKED to psychiatric conditions
- More likely to have behavioural addictions such as problem gambling, technology overuse, pornography addiction, or excessive gaming.

Developmental Relationship Between ADHD & Substance Abuse

Adolescent

- ADHD treatment may protect against cigarette and SUD
- Exposure to parental SUD increases SUD in ADHD

Gestational

- Family-genetic factors link ADHD and SUD risk
- Alcohol and nicotine <u>in utero</u> exposure increase ADHD risk

Child

- Comorbid ADHD linked to early-onset cigarette smoking and SUD

Adult

- ADHD linked to more cigarette smoking and SUD
- ADHD linked to more severe and chronic SUD
- ADHD linked to less remission from cigarette smoking and SUD
- ADHD treatment does not increase SUD

Developmental Cycle in ADHD and Addictions

- Early treatment and diagnosis of ADHD reduces the severity and chances of developing addictions
  - This includes substance and non-substance addictions.
- Majority of patients with ADHD begin treatment in late adolescents or early adulthood (average age 18.2 years) but earlier interventions may help to improve patient's life trajectory and reduce psychiatric co-morbidities
- There is some evidence that stimulant medication intervention bridge help to create longer neuronal connections and help patients develop better ability to appreciate delayed rewards
    - Therefore, reducing risk of seeking immediate rewards via grambling, substance use, or technology overuse.

ADHD Diagnosis and Treatment in Addictions

- A new ADHD diagnosis is more difficult to confirm in adults with addictions but they may be set to benefit the MOST from a concurrent treatment approach
  - Seeking sub-specialist opinion from practitioners like addictions psychiatrist may be beneficial
- Don’t be shy to treat ADHD in patients with addiction
- Evidence for prescribed stimulant abuse was not found even when used as treatment for only stimulant use disorder.
  - Occurrence for stimulant misuse is even lower in individuals with ADHD and addictions.
  - Addictions can decrease significantly with initiation of a prescribed stimulant medication

Are there any exceptions???

- Yes, severe and recurrent cannabis use is a special consideration.
  - Cannabis mimics ADHD symptoms
  - Nearly impossible to diagnose ADHD in patient using daily or high potency (high THC) cannabis.
- Memory loss, poor concentration, reactivity, amotivation, increased anxiety, and much more are present in both
- Aim for 2 months of sobriety from Cannabis Use PRIOR to confirming diagnosis of ADHD with full assessment. Complete UDS to confirm no cannabis found to help validate your clinical diagnosis.

ADHD and Addictions Approach to Treatment

- Bio-Psycho-Social Model and concurrent treatment recommended
- Vyvanse is often 1st trail agent with patients who have substance use disorder due to lower abuse potential and longer time of action
- Can consider the following to create structure and stability
  - Weekly or Daily Dispensing of stimulants
  - Observed dosing
  - Closer follow up
  - Good rapport building including basing treatment in patient's values
  - Single prescriber contract verbally with patient and patient's pharmacy
  - Weekly or bi-weekly Urine Drug Screening (Broad-spectrum preferred to confirm stimulant medication is being taken)

Resources

Tools

Links to resources shared today will be sent to participants following the session.

Tools and Resources

Resource	Link
Centre for Effective Practice: Academic Detailing Service	https://cep.health/academic-detailing/
Centre for ADHD Awareness, Canada	https://caddac.ca/
Canadian ADHD Resource Alliance	https://www.caddra.ca/
Problem Gambling and Technology Overuse treatment services at CAMH	https://www.camh.ca/en/patients-and-families/programs-and-services/problem-gambling--technology-use-treatment
ADHD Beyond Boundaries Health Services	https://beyondboundarieshealth.org/
Concurrent Outpatient Addictions Support Services at CAMH	https://www.camh.ca/en/patients-and-families/programs-and-services/compass

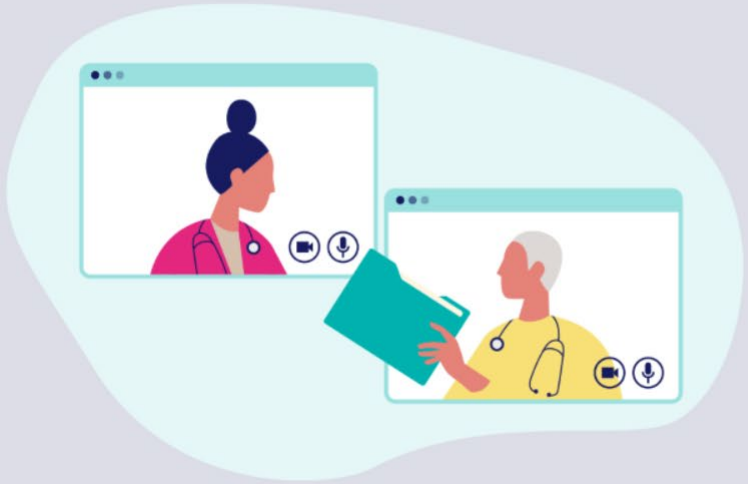
Resources

Education

Links to resources shared today will be sent to participants following the session.

Peer Connect

Enabling you to connect, share and learn from your fellow family physicians.



Mentorship Program - Connect with a Peer Guide!

Join the Peer Connect Mentorship Program for support as you **explore clinical complexity and increase your confidence** caring for patients with mental health challenges, substance use, and chronic pain. A focus can be on your well-being as you engage in this challenging work.

New Peer Guide, Dr. Kyle Lee has worked in multiple settings including at The Possibilities Clinic treating patients with ADHD and other mental health disorders.

Connect with Dr. Kyle Lee

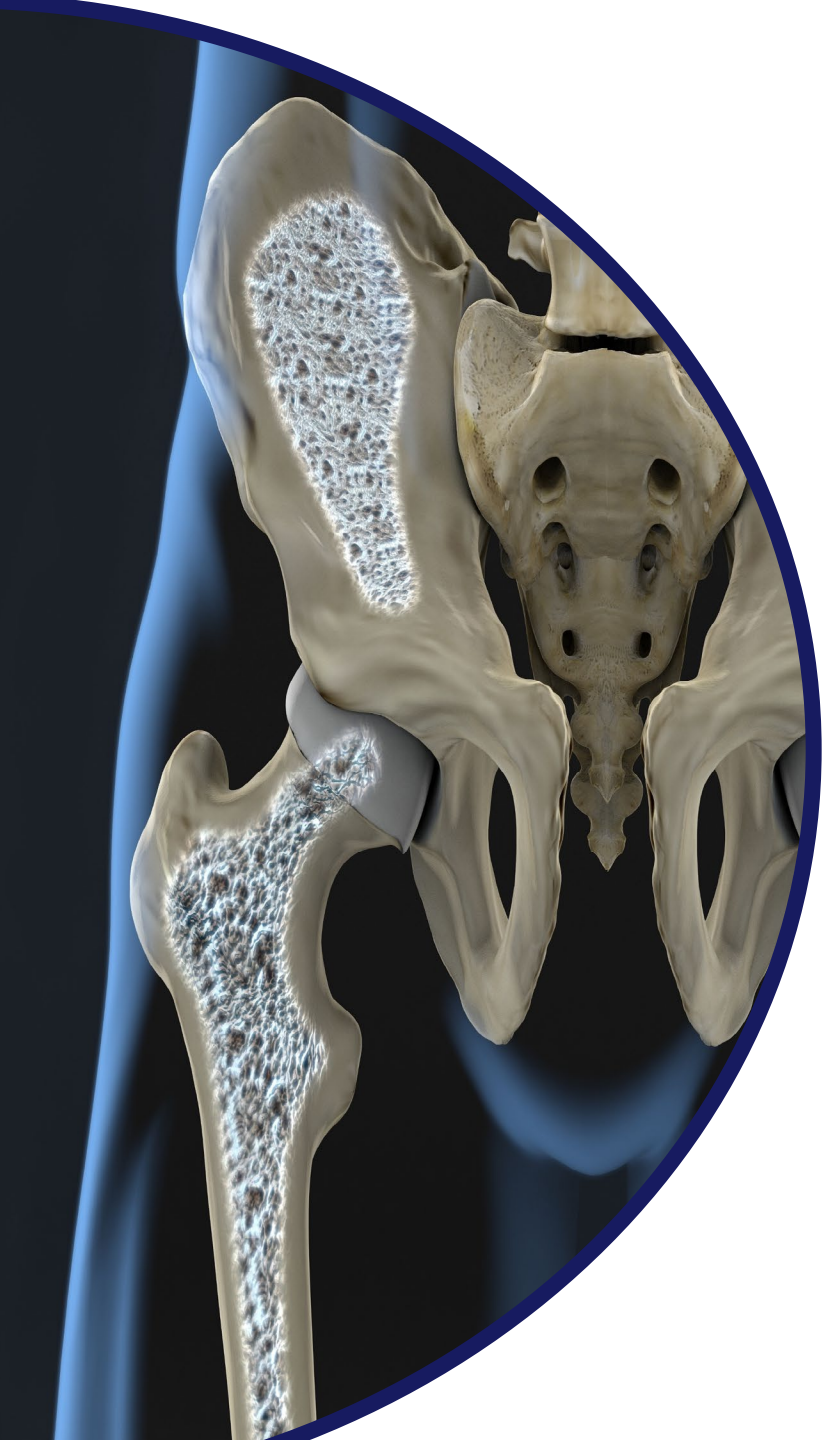
Health Equity CoP

Income Benefit Programs for People Living on Low Income and in Poverty – Primary Care Providers' Role

The OCFP, in partnership with the DFCM has developed a new series of community of practice sessions, focused on enhancing care for marginalized or underserved populations; supporting family physicians in addressing the unique needs of their patients.

Next Session:
Thursday, June 19th at 12:00pm

Registration Link:
https://ontariofamilyphysicians.ca/event/income-benefit-programs/



Ontario College of Family Physicians

ONTARIO Osteoporosis Strategy

Osteoporosis and Fracture Prevention Workshop

What you'll gain:

- A **practical toolkit** with resources and video content to support you in your practice.
- **Expert insights** from facilitators sharing the latest updates from the 2023 clinical practice guideline.
- A **collaborative learning experience** designed specifically for family physicians.

June 6th, 2025 | 1 p.m. – 4 p.m.

$195 + HST

Three-credit-per-hour Mainpro+ certified program

Registration now open

Scan to learn more

Resources

Supports

Resources

Supports

OMA Physician Health Program
https://php.oma.org

Centre for Addiction and Mental Health Health Care Provider (HCP) Resource Site
http://www.camh.ca/covid19hcw

CMA Wellness Hub
https://www.cma.ca/physician-wellness-hub

- PARO 24/7 Helpline for Residents, Family Members, Medical Students
- 1-866-HELP-DOC

- https://www.ontario.ca/#support-health-care-worker
  - Self-led / With peers / Talk to a clinician
- Ontario Shores Centre for Mental Health Sciences, Whitby
- St. Joseph's Healthcare, Hamilton
- The Royal Ottawa Mental Health Centre, Ottawa
- Waypoint Centre for Mental Health Care, Penetanguishene
- Centre for Addictions and Mental Health (CAMH), Toronto

- ECHO Coping with COVID
  - for health providers (educational credits)
  - Fridays 2-3pm EST

https://camh.echoontario.ca/echo-coping-with-covid/

Support for you and those you care about.

Upcoming Community of Practice

Navigating the Complexities of Opioid Prescribing for Chronic Pain

with Drs. Mel Kahan, Suzanne Turner, Andrea Furlan

June 25, 2025
8:00am – 9:00am

Register Now

practisingwell@ocfp.on.ca

This one-credit-per-hour Group Learning program has been certified by the College of Family Physicians of Canada and the Ontario Chapter for up to 1 Mainpro+ credit. The Practising Well Community of Practice includes a series of planned live, interactive sessions. Each session is worth 1 Mainpro+ credits, for up to a total of 12 credits.