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2023

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### Recommended Citation

Casale, Sadie M., "Prescription Stimulants: Preventing Misuse Among Adults with ADHD" (2023). *Family Medicine Clerkship Student Projects*. 887.

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# Prescription Stimulants: Preventing Misuse Among Patients with ADHD

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February 2023

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# Problem Identification

- AHEC focus area: new and emerging health issues
- Problem:
  - More people are being diagnosed with and treated for ADHD, 16% increase in stimulant prescriptions post-pandemic, largely related to “boutique” prescribers (Cerebral, Done. ADHD). (1,2)
    - Recent whistleblower accusation of overprescription and data falsification/breeches at Cerebral.
  - Data suggesting benefit of stimulant use consists of many lower quality studies, there is not good evidence suggesting superior treatment over non-stimulant medications.
  - Those with ADHD are disproportionately affected by substance use disorders. Approximately 25% of patients with SUD meet DSM-V criteria for ADHD(3)

# Public Health Costs

Adult ADHD is real and poses major costs to society including (4):

- Total societal excess cost attributable = \$122.8 billion
- Excess cost of unemployment = \$66.8 billion
- Loss of productivity = \$28.8 billion
- Healthcare services = \$14.3 billion

However, substance use disorders similarly pose massive costs to public health, estimated to exceed \$193 billion(5). Thus, balancing the need for treating ADHD while minimizing risks of substance use disorders is of particular interest.

# Community Perspectives

- “I prescribe stimulants all the time[...] I think they were all started by other providers. [...] I don’t have an objective way to measure efficacy. I have had difficulty tapering or stopping stimulants [...] sometimes it feels like the patient is trying to convince me they need them. I wonder how many patients would meet the criteria for addiction and how much stimulants are helping versus hurting the community”. – Community health provider A
- “Treating inattentiveness and ADHD in adults requires scrutiny, but not dismissiveness. [...] I see patients regularly, 6 months at least if they’re stable. [...] The community comes together to identify the most important health issues; SUD is among them. [...] keeping firmly in mind what the community is asking for should guide our interventions” – Evan Barnathan MD MPH (community MAT provider)

# Intervention –

*In addition to drug contracts and drug screening already required:*

1. Disburse stimulant drug information sheet to patients after decision to fill/refill prescription:
  - National Institute on Drug Abuse “Prescription Stimulant Drug Facts”
2. Introduce provider reference tools for easy access within the clinic:
  - Substance Abuse and Mental Health Services Administration (SAMHSA) information sheet on “Prescription Stimulant Misuse and Prevention Among Youth and Young Adults”.
  - AAFP National Research Network’s “ADHD Risk Reduction Checklist”.

# Anticipated Response

## 1. Patients

- More clear understanding of what stimulant drugs are and what they are used for,
- Help dispel myth that “stimulant drugs make you smarter”,
- Improve awareness of risks in misusing prescription stimulant drugs,
- Learn how to seek treatment in case of overdose.

## 2. Providers

- Increase confidence that stimulants are indicated in treatment, rather than feeling pressure from patient,
- Improve education around alternative treatments for ADHD,
- Increase access to support networks and community resources for ADHD treatment.

# Proposed Evaluation of Efficacy

## 1. Patients

- Tracking of number of patients who found the drug information sheet useful via after visit survey (often already sent to patients after visits),
- EMR tracking of rate of drug contracts broken,
- Assessment of annual ER visits related to prescription stimulant overdose.

## 2. Providers

- Tracking frequency of use of prevention and checklist tools,
- Survey to assess perceived utility of tools and how they are impactful to clinical care.



# Recommendations for the Future

- Data demonstrating superior treatment of ADHD using prescription stimulants versus non-stimulant drugs is heavily lacking, and what does exist is fraught with bias from drug companies. In fact, several studies and a Cochrane Review had to be retracted due to conflicts of interest (5). This is a clearly under-researched topic.
- Long term safety data on stimulant use is also lacking. Many studies ceased after ~ 1 month of use, but many patients are using these drugs for years. Documentation on the long-term safety profile of stimulants is another area lacking in the literature.

# References

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Consent form