

Association between age of first methamphetamine use and childhood attention deficit hyperactivity disorder (ADHD) symptomatology – an exploratory study in a clinical trial cohort.

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Introduction: ADHD is recognised as impacting on the development of substance use disorders. The LIMA study enrolled 155 participants with methamphetamine dependence and high levels of methamphetamine use, a mean of 24 days of use of the previous 28.

Methods: A secondary analysis was undertaken of LIMA participants with complete data for age of first use and the Wender-Utah Rating Scale (WURS), a validated measure of ADHD symptoms in childhood. A cut-off score of ≥ 36 on the WURS was used to identify those with high likelihood of childhood ADHD (WURS+) and age of first use of that group compared using linear regression to the rest of the sample (WURS-). A linear regression of the log transformed WURS score against age of first use was also performed.

Results: 154 participants with complete baseline data were analysed. Mean age of first use was 21.8 years, (standard deviation [SD] 7.8) in the WURS+ group (n=80, 52%) compared to 24.2 years (SD 9.8) in the WURS- group (n=74, 48%). Linear regression provided weak evidence of 2.4 years earlier use for the WURS+ group (95% CI -5.2 to 0.3; p = 0.085), and a significant inverse relationship between age of first use and WURS so that every 1 point increase in logWURS the age of first use decreased by 1.9 years (95% CI -3.6 to -0.2; p = 0.027).

Discussions and Conclusions: This exploratory analysis suggests an association between childhood ADHD symptomatology and earlier first use of methamphetamine in people with methamphetamine dependence and high levels of methamphetamine use.

Implications for Practice or Policy: Findings underscore the importance of the identification and treatment of co-existing ADHD in people who use methamphetamine. Ensuring treatment beyond 18 years to at least 25 years of age may better protect young adults with ADHD from the development methamphetamine dependence.

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