- Nonmedical use was also associated with other substance use/SUD in this cohort, and in those with eating disorders, where weight loss was the motivation for nonmedical stimulant use.[47]

36. The effectiveness of using treatment agreements in reducing risk of stimulant misuse in the adult ADHD population has not been well studied—managing breaches of these commitments can also be difficult. However, a method of educating and communicating the seriousness of stimulant misuse to adult patients is essential to ADHD care (Box 6).[20,47]

Box 6. Adult ADHD: Stimulant Misuse and Diversion

Who is at risk?
- Young adults and university/college students, people with SUD, and those who request stimulants specifically for cognitive enhancement or appetite suppression and weight loss [Expert Opinion].[6,12,47]

Psychostimulant therapy agreement
- For those at risk consider stimulant use treatment agreement* [Expert Opinion].[5,20]

Urine drug screen
- Consider using prior to and after initiating stimulant treatment in patients with known or suspected SUD [Expert Opinion].[20]

Medication selection
- Choose long-acting stimulants or non-psychostimulants (which are not typically diverted or misused) [Expert Opinion].[12,21]
- Use controlled prescribing practices prior to refilling, such as short dosing intervals and requirements for follow-up visits.
- Educate patients about the potential risks when combining ADHD medication with other drugs/substances (Patient Handout).
- Advise students to not disclose to other students that they are on ADHD medication to avoid being pressured to divert [Expert Opinion].

Follow-up
- Renew the stimulant use agreement every 2–3 years; complete random urine screens at least once yearly [Expert Opinion].[5]

***Note:** Sample stimulant use treatment agreement can be found at www.rxfiles.ca/rxfiles/uploads/documents/ADHD-stimulants-TreatmentAGREEMENT.pdf.

Medication Discontinuation

37. Historically, ADHD treatment was routinely discontinued during adolescence, as it was unclear whether adults still had significant symptoms or benefited from treatment.[20] Since ADHD is understood to be a neurodevelopmental condition that may be lifelong, if an adult patient continues to have symptoms and impairments, they may benefit from remaining on medication [Expert Opinion]. However, as identified, there is limited evidence regarding the long-term efficacy and safety of pharmacologic interventions in adult patients with ADHD (Info point 24).

38. A 2020 meta-analysis of withdrawal trials (5 RCTs, n=894 children/adolescents age 6–17; 4 RCTs, n=570 adults age 18–65) compared the effect of continuing (3–52 weeks) and discontinuing ADHD medications (2–36 weeks, any type) on quality of life, and relapse for patients following symptomatic remission.[48]
    a) Overall, compared with continuing medications, discontinuation worsened quality of life. In the subgroup analysis, discontinuation was associated with a small but significant decrease in quality of life in children/adolescents, whereas there was no significant difference for decrease in quality of life for adults.
    b) The outcome of secondary relapse of symptoms showed a statistically significant relative risk (RR) of 2.85 in all patients (95% CI, 1.78–4.56; number needed to harm = 4); RR = 3.87 for adults (95% CI, 2.26–6.62).

39. Review prescribed ADHD medication with adults biannually/annually and discuss whether to continue with the medication.[27] If medication is discontinued, regularly assess quality of life to support decisions regarding whether treatment should be resumed.[48] It may also be helpful to obtain collateral information from a family member when a patient stops or lowers their medication dosage [Expert Opinion].
    a) If tapering is warranted for lisdexamfetamine or methylphenidate, consider the approach to tapering based on the patient's medical history and needs.[21]