



PEER-REVIEW REPORT

Name of journal: *World Journal of Psychiatry*

Manuscript NO: 81739

Title: Identification and treatment of individuals with attention-deficit/hyperactivity disorder and substance use disorder: an expert consensus statement

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

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Position: Peer Reviewer

Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: Norway

Author's Country/Territory: United Kingdom

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



Peer-reviewer statements	Peer-Review: [<input checked="" type="checkbox"/>] Anonymous [<input type="checkbox"/>] Onymous
	Conflicts-of-Interest: [<input checked="" type="checkbox"/>] Yes [<input type="checkbox"/>] No

SPECIFIC COMMENTS TO AUTHORS

Young et al.: “Identification and treatment of individuals with attention-deficit/hyperactivity disorder and substance use disorder: an expert consensus statement» This report is an ambitious attempt at understanding the complex interaction between ADHD and substance use disorder. It is based on a one-day meeting between experts from England and Iceland + a user representative in February 2022. The aim of the report is to provide guidelines (termed “guidance and recommendations”) to support practitioners to meet the needs of those with comorbid ADHD and illicit SU/SUD. General comments The report is a combination of review article and summary of 1 focus group discussion. Statements point in different, often opposing, directions and therefore do not seem to reflect consensus (see below). To be able to arrive at a consensus statement and guidelines valid outside of England and Iceland, the authors should probably include experts from other countries, or they should specify that their views are valid only for those two countries. Also, the representativity of the authors is not clear. This reader is not familiar with all the abbreviations used in the presentation of the authors, but most of the authors seem to be psychologists, and it is not stated what background (clinical or academic) the various participants have. This would influence the credibility of the statements. The text gives the impression of being at a preliminary stage with respect to organization, clarity, and emphasis. Although eager to learn from colleagues, this reader unfortunately soon became frustrated with the disorganized text. The report has been reviewed only halfway. The authors will have to revise the text thoroughly; this is not the task of a reviewer. Abstract The authors should distinguish between SU and SUD. From the title, this reader



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infers that SUD is the topic of the guidelines, not SU. The authors should summarize guidelines in the abstract. Now, the abstract only emphasizes that “it is essential to focus on a lifespan approach and increase inter-organisational working, which is expected to improve outcomes for this complex group.” (The latter part of the sentence is rather speculative.) Introduction L. 152 mentions physical comorbidities only in passing, but these should probably be detailed as they may be an important part of the ADHD-SUD picture. For instance, physical comorbidities (such as cerebral palsy) may severely affect work options/income and social integration. The authors could be more explicit about the patient population they describe. From Table 2 one has to assume that they are disheveled, fatigued, red-eyed etc., but this is not clearly stated anywhere. L. 165: “Hence individuals with comorbid ADHD and SUD present with a complex presentation, which may complicate identification and treatment...” Change to “Hence, the presentation of individuals with comorbid ADHD and SUD is complex; this may complicate identification and treatment...” or equivalent. Methods L. 264: Change the sentence to avoid implying that the consensus reflects the research published by the authors, e.g.: “The consensus is based on published research, but it also reflects the views of the authors based on their practical experience”. State who the medical writer was and who the lead author is. Results The first subheading (l. 271) announces that the following section will be on illicit substances and reasons for their use in ADHD. These topics should be handled in separate sections. Additionally, instead of focusing on the substances themselves, this section begins with a distinction between illicit use of prescribed and non-prescribed substances (including energy drinks), which this reader found confusing and not wholly fluent (energy drinks as SU?). The two first sentences (l. 273-278) could be removed or reused in a separate section further down. This also goes for the discussion of nicotine (+ Fig. 1), which is not an illicit drug, prescribed by an MD or not, and it applies to vaping, which could be a health issue, but is not relevant to



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SUD. L. 283: The sentence “Stimulant use such as cocaine, amphetamines and metamphetamine (Ice) has also been reported;” is awkward, and so is the continuation: “among adults with ADHD a recent meta-analysis of studies from several countries found the prevalence of cocaine use to be around 26% and cocaine use disorder 10%.” How “cultural factors” (L. 288) translates into “high rates of sedative use among young people with ADHD (...) in France and Iceland”, whereas “in Turkey (...) the most frequently used substance” is amphetamine/ methamphetamine remains obscure. Geographical differences in substance use could be a separate section. Beginning on l. 294, an argumentative streak appears: self medication is unlikely to explain SUD in ADHD. Beginning on l. 306, the association between ADHD per se and SUD is severely doubted: conduct/oppositional defiant disorder explains the association. And, beginning on l. 318, “one theory explaining the link between ADHD and SU/SUD that gained a lot of interest” is presented, namely “sensitisation through the use of stimulant medication (77)”. The authors fail to mention that this is a study done by themselves. These various points are discussed in a manner that render them obsolete, e.g. (l. 324): “There is little evidence from human studies to support the sensitisation hypothesis; most studies either demonstrate a protective effect or no effect of early stimulant use on later SU among those with ADH.” Why then forward a “sensitization hypothesis” or “theory”? L. 298: Is ref 65 (Hall & Queener) relevant for ADHD? Compare the statement on l. 294 (self medication is unlikely to explain SUD) to l. 428: “Substances may have a countering effect for individuals with ADHD which should be taken into consideration...” And compare the statement on l 318 (sensitization theory) to l. 524: “Historically there have been concerns regarding prescribed stimulant medications’ abuse potential, addictive nature, or that they may worsen a pre-existing SUD. These concerns are unfounded.” See also l. 554ff. L. 440: Rewrite difficult sentence: “Considering the elevated prevalence of ADHD and SUD comorbidity, when the



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individual already has a primary diagnosis of ADHD, they should be carefully monitored for SU." L. 416 "diagnosis" is missing: "may be lower in females) which may result in missed or misdiagnosis." Please scrutinize and revise the rest of the manuscript.



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Reviewer's code: 05203626

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Academic degree: MD

Professional title: Academic Research, Associate Professor, Reader (Associate Professor)

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
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Peer-reviewer statements	Peer-Review: [<input checked="" type="checkbox"/>] Anonymous [<input type="checkbox"/>] Onymous
	Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No

SPECIFIC COMMENTS TO AUTHORS

Dear Editor, I read the article titled 'Identification and treatment of individuals with attention-deficit/hyperactivity disorder and substance use disorder: an expert consensus statement'. This article can contribute partially to the literature. But it should be improved in respect of the following instructions: 1-Introduction section: Some sentences are too long in the text. It makes the article difficult to understand. The text should be revised and checked for the grammar. The contribution of the article to the literature should be written clearly and concisely. Once these changes have been made, the manuscript can be published in your journal. Sincerely yours'