

BACKGROUND

Craving:

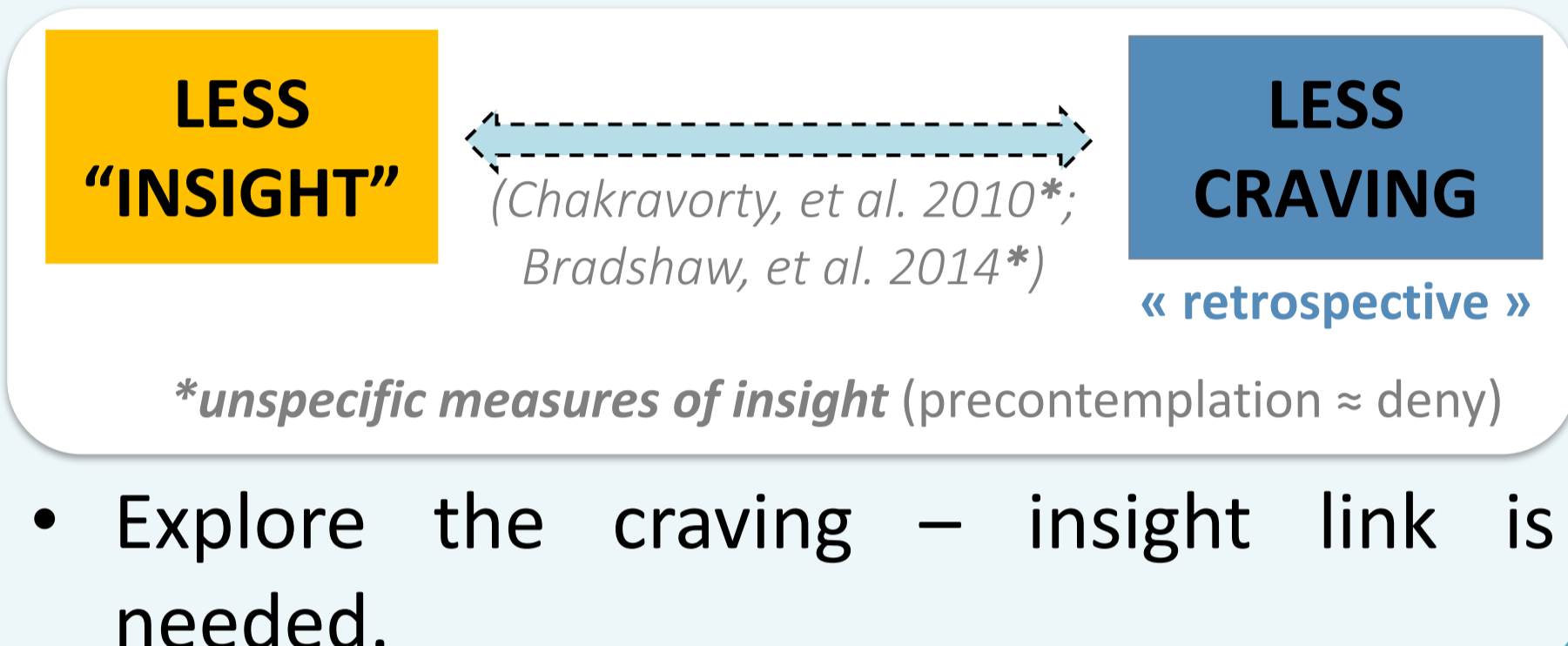
- An irrepressible unwanted experience of wanting (Auriacombe, et al. 2018)
- A subjective conscious experience report by the subject (Tiffany, et al. 2012)

Clinical insight of addiction:

- Clinical insight: recognition of having an addiction, symptoms and consequences, consent to medical care (Jaafari and Markova, 2011; Thirioux, et al. 2020)

Low clinical insight of addiction:

- Barrier to treatment, underestimation of severity (Maremmanni, et al. 2012, Dackis, et al. 2001, Goldstein, et al. 2009)
- Less performances on memory and executive functions (Rinn, et al. 2002)



METHOD

Population: ADDICTAQUI cohort data: patients seeking addiction treatment in outpatient clinic, Bordeaux, France.

Screening procedure:

Clinical insight sub-dimension:
 “insight of treatment need”

INSIGHT	Treatment demand: slight 0-2 (ASI)	Treatment demand: extreme 4 (ASI)
Severe addiction (MINI DSM-5)	Low (n=155)	Good (n=506)

CRAVING

Number of day on the past month (0-30): **Frequency**

- 0 = “never”
- 1-29 = “sometimes”
- 30 = “everyday”

Likert scale (0-10):

- | | |
|------------------------|--------------------------|
| Mean intensity | Maximal intensity |
| • 0 = “none” | • 0 = “none” |
| • 1-7 = “moderate” | • 1-9 = “moderate” |
| • > 8 = “considerable” | • 10 = “extreme” |

Instruments (treatment initiation):

- Mini International Neuropsychiatric Interview (MINI) (Sheehan, et al. 1998)
- Addiction Severity Index (mASI) (Denis, et al. 2016)

Analyses:



HYPOTHESIS

Subjects with a low clinical insight of addiction could report less retrospective craving than those with a good clinical insight

OBJECTIVE

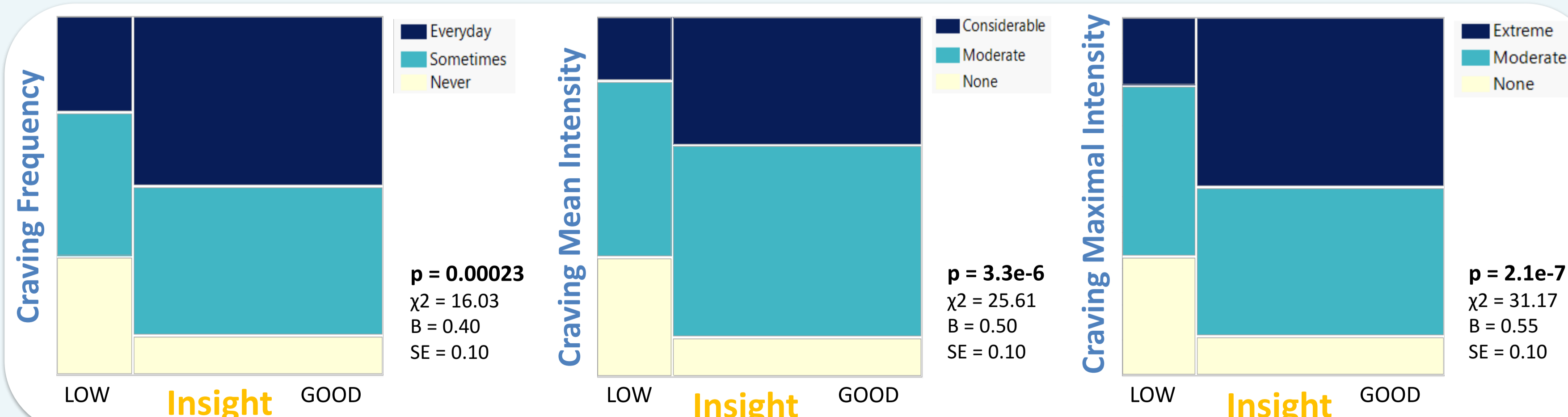
Examine the link between clinical insight of addiction and retrospective craving in the ADDICTAQUI cohort

RESULTS

Participants: N=661, mean age = 38.7 (SD=11.6) years, mean school education level = 12.3 (SD=2.8) years, 65.4% men, 75,9% current polyaddiction, main current DSM-5 Use Disorder: Alcohol: 39.3%, Cannabis: 19.6%, Tobacco: 14.5%, Others: < 8%

- Low and Good insight groups were different on age, self-report use (days/30) and regular use (years), main addiction (all p<0.003)

Figure: Low insight of “treatment need” is linked to Less craving reported retrospectively



*Corrected on age, gender, study level, addiction severity (number of DSM-5 criteria), current anxiety or mood trouble, main use disorder (substance or behavior), use (days/30) and regular use (years)

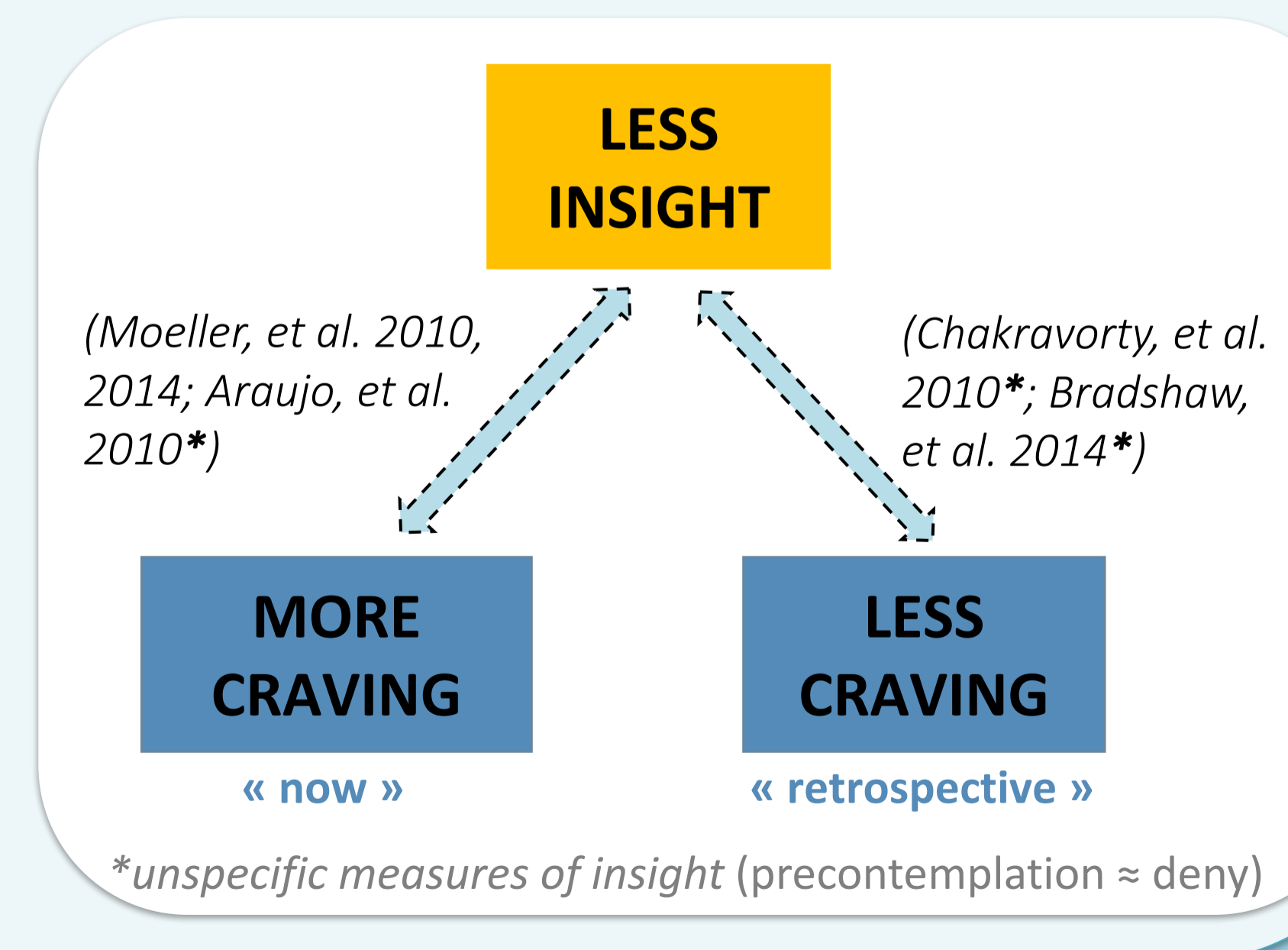
DISCUSSION

Conclusion: Low insight of “treatment need” ↔ Less craving reported retrospectively

Limits: subject seeking treatment, severe addictions

Perspectives:

- Report less retrospective craving = feel less craving ?
- Less performances on memory and executive functions (Rinn, et al. 2002)
- Use Ecological Momentary Assessment (EMA) method to capture real-time craving dynamic



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