

Clinical insight fluctuations and prospective association with craving in addiction: an EMA study

L. Lambert^{1,2,3}, L. Donnadieu^{1,2,3}, N. Jaafari^{4,5}, M. Auriacombe^{1,2,3}, F. Serre^{1,2,3}

¹ University of Bordeaux, SANPSY, USR 3413, F-33000 Bordeaux, France

² CNRS, SANPSY, USR 3413, FR-33000 Bordeaux, France

³ Pôle Interétablissement d'Addictologie, CH Ch. Perrens and CHU de Bordeaux, F-33076 Bordeaux, France

⁴ Unité de Recherche Clinique Pierre-Deniker, Centre Hospitalier Henri Laborit, F-86000 Poitiers, France

⁵ Université de Poitiers, F-86000 Poitiers, France

INTRODUCTION

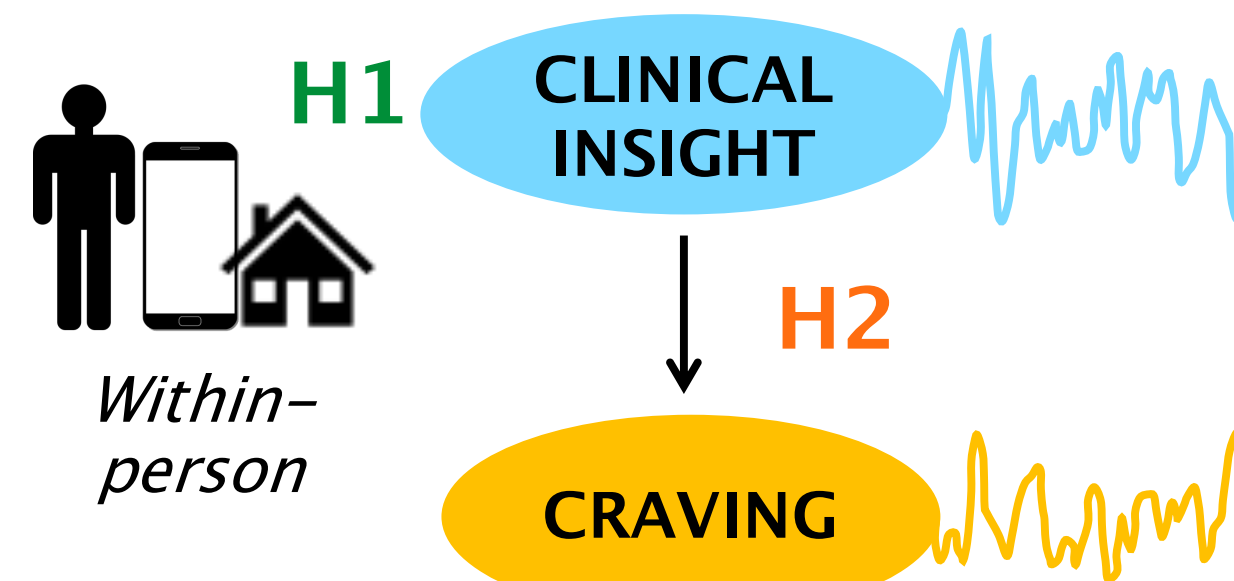
- **Clinical insight:** recognition of having an addiction, symptoms and consequences, and consent to medical care (Thirioux, et al. 2020).
- **Lack of clinical insight:** widely observed (Raftery, et al. 2020) + predictor for relapse (e.g. Kim, et al. 2007).
- **Craving:** intense unwanted desire to use, major risk factor to relapse (Auriacombe, et al. 2018) presents within-person fluctuations assessed in real-time using Ecological Momentary Assessment (EMA) (Serre et al., 2015).
- Clinical Insight – Craving association has been only assessed at between-person level (e.g. Moeller, et al. 2014; Bradshaw, et al. 2014).
- Clinical insight varies at **within-person level** in Obsessive-Compulsive Disorder (OCD) (Landman, 2019) and others mental disorders
- No study examine clinical insight variability in addiction

Objective:

To examine (1) the within-person variability of clinical insight and (2) its influence on prospective craving intensity reports in an EMA study among subjects initiating outpatient addiction treatment.

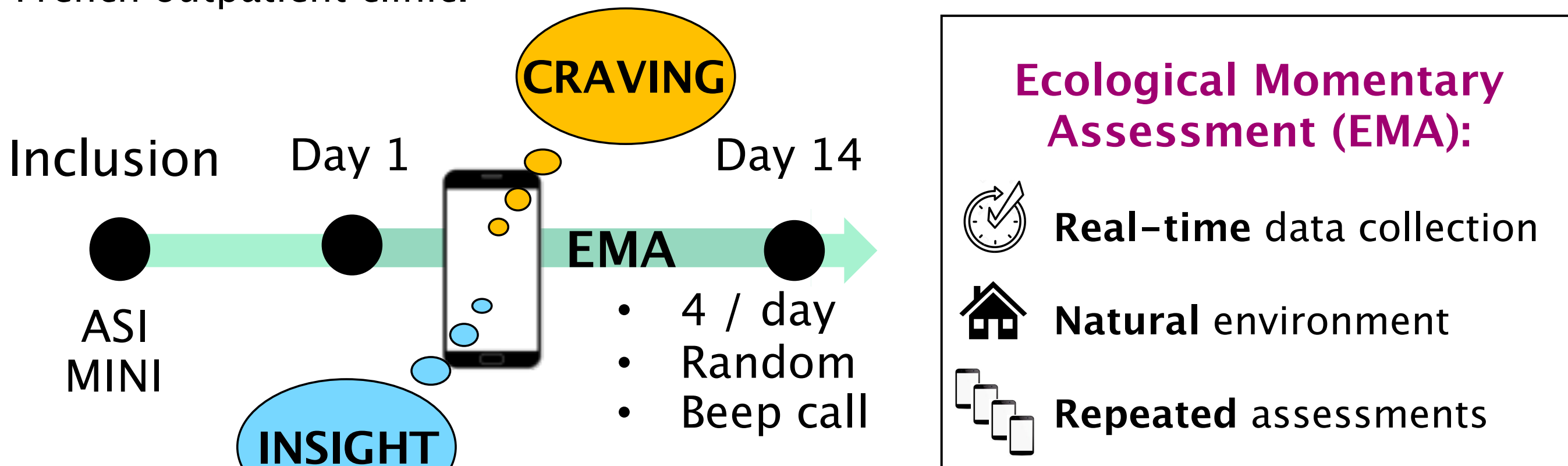
Hypotheses:

- H1:** Clinical insight presents within-person fluctuations
H2: Clinical insight fluctuations influence prospective craving intensity



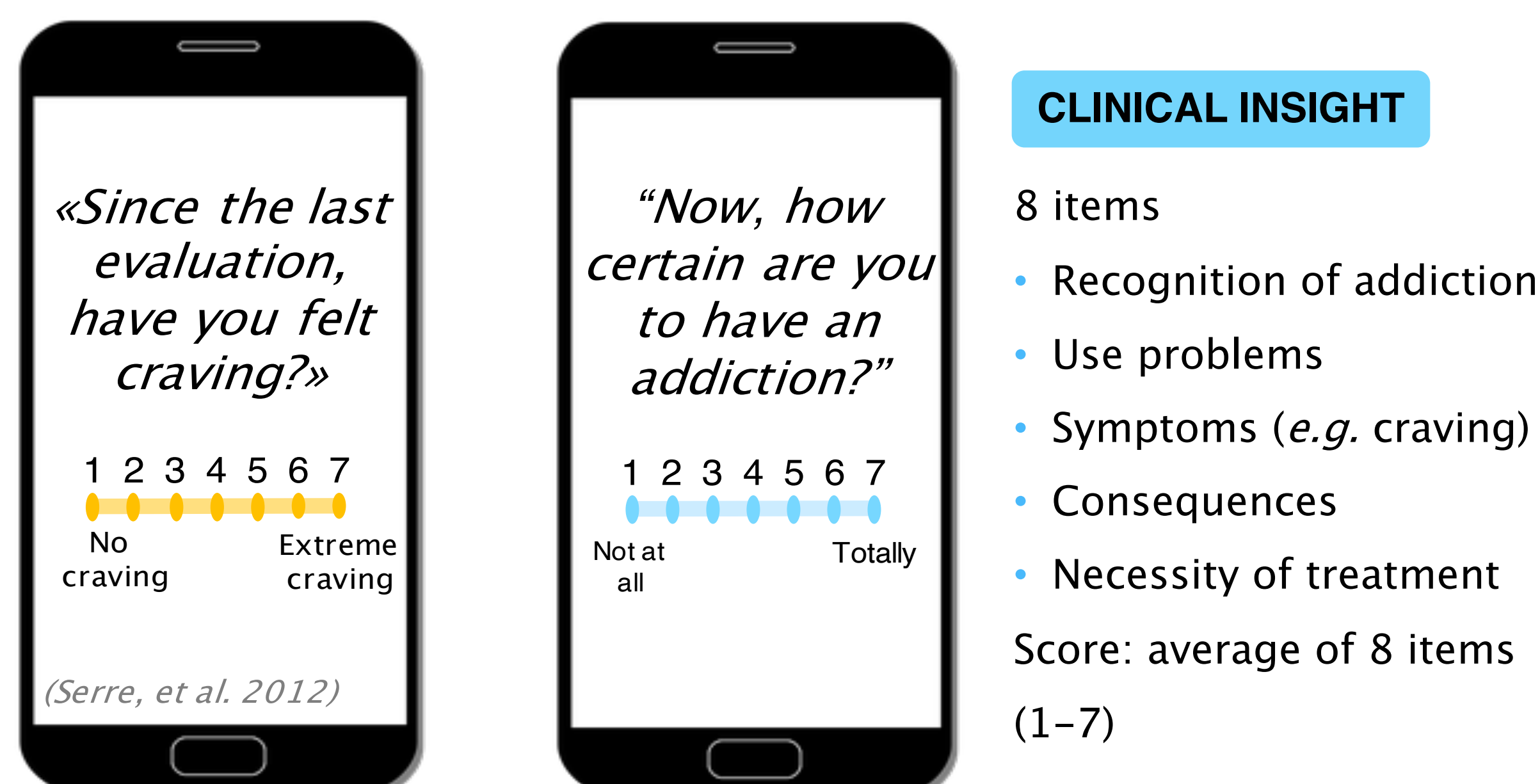
METHOS

Population: CUSEMA cohort, subjects initiating addiction treatment in a French outpatient clinic.



ASI: Addiction Severity Index (Denis, et al. 2016);

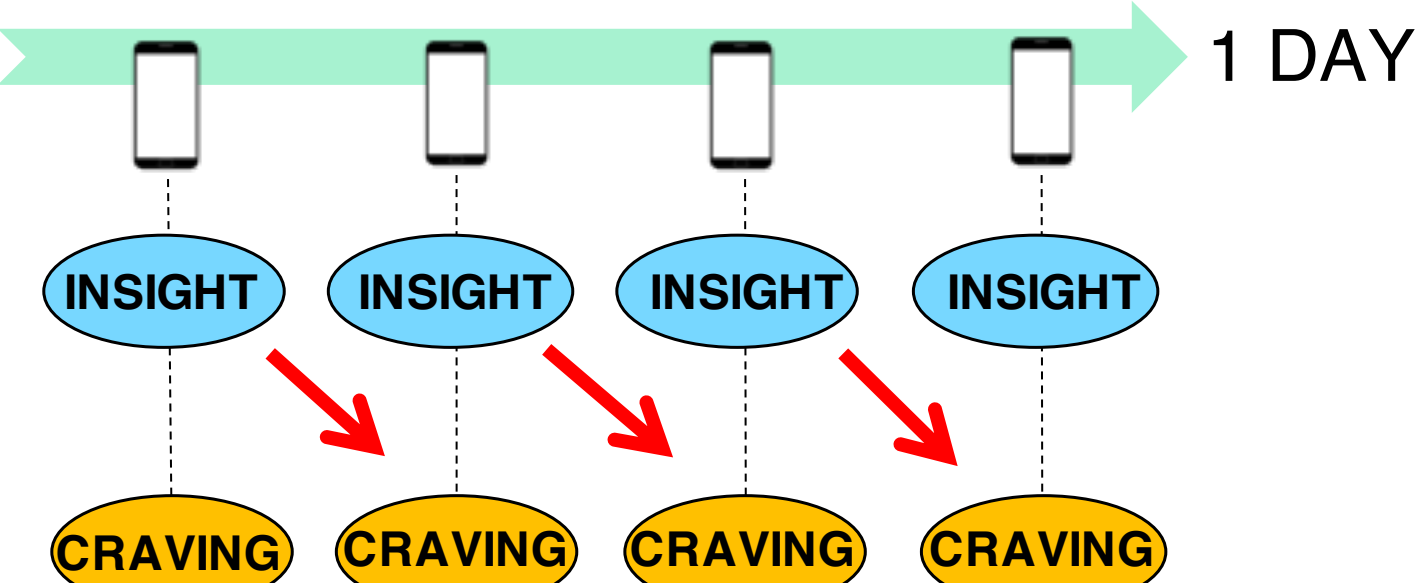
MINI: Mini International Neuropsychiatric Interview (Sheehan, et al. 1998)



Statistical analyses: Hierarchical linear and non-linear models (HLM)

H1: Clinical insight fluctuations: intraclass correlation coefficient (ICC)

H2: Prospective association



PARTENAIRES



H1: Clinical insight fluctuations

Sample characteristics (n=24):

Age = 45.3 y.o. (SD=10.6)

School education = 12.8 y. (SD=2.4)

Gender: 54.2% women

Current poly-addiction: 100%

Psychiatric comorbidities: 69.6%

Nb addiction criteria: 7.0 (SD=2.4; 3-11)

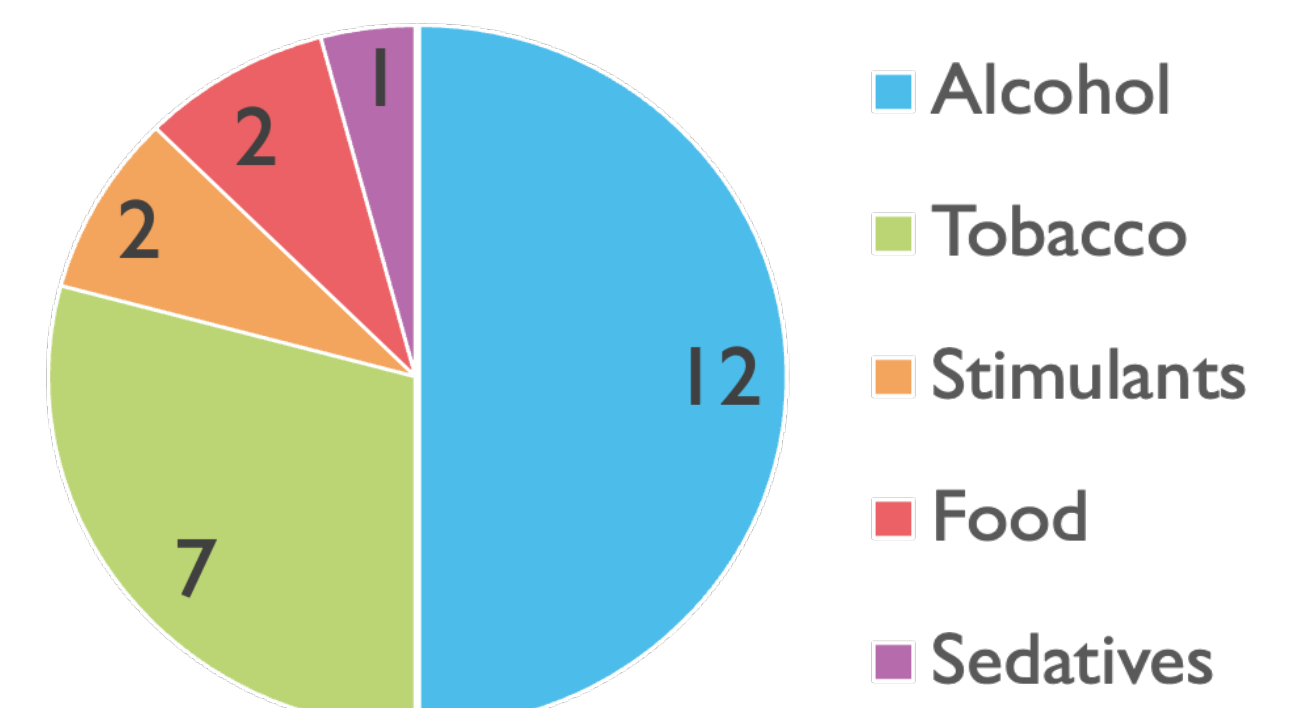


Figure 1: Main addiction

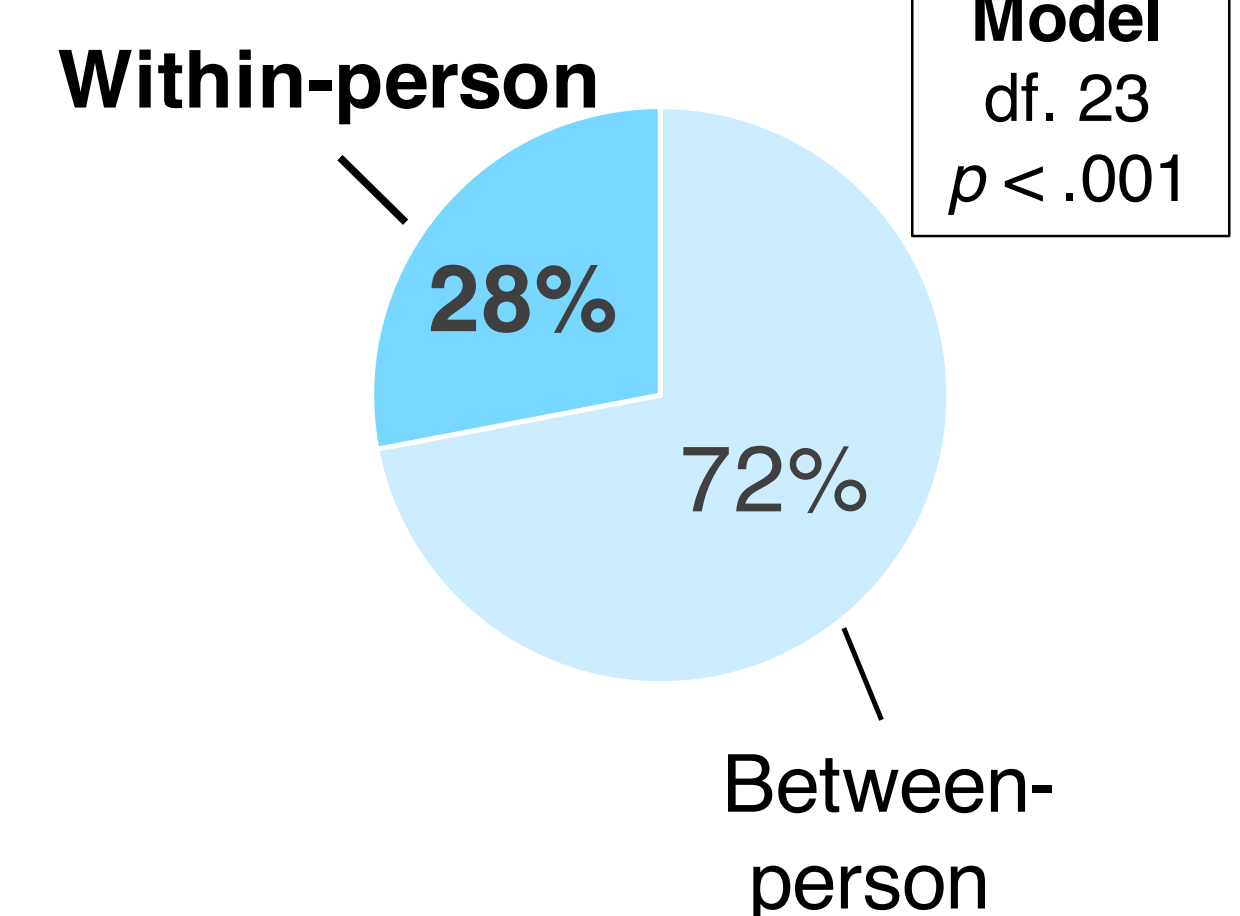
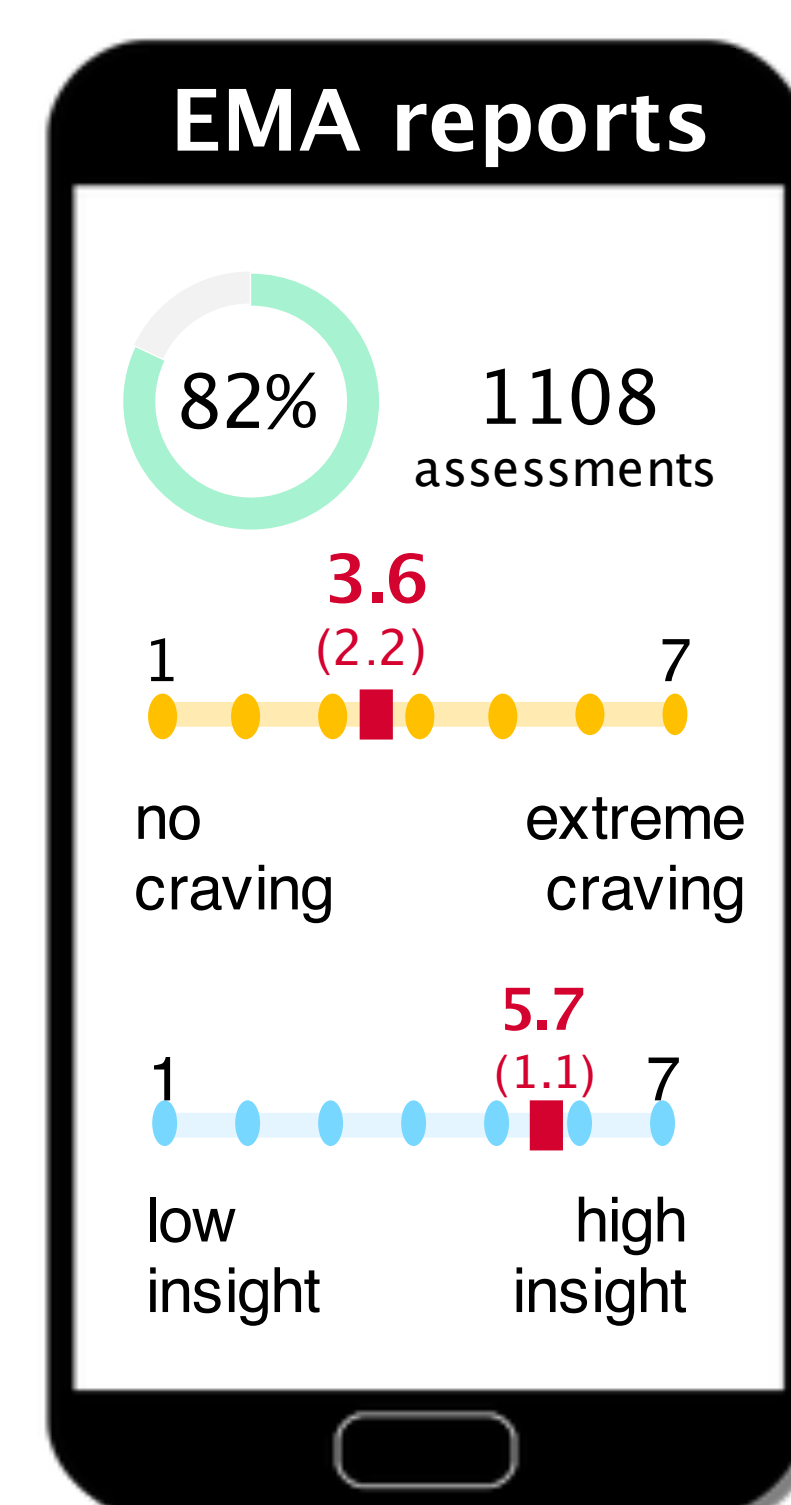


Figure 2: Part of within and between-person variations in clinical insight variability

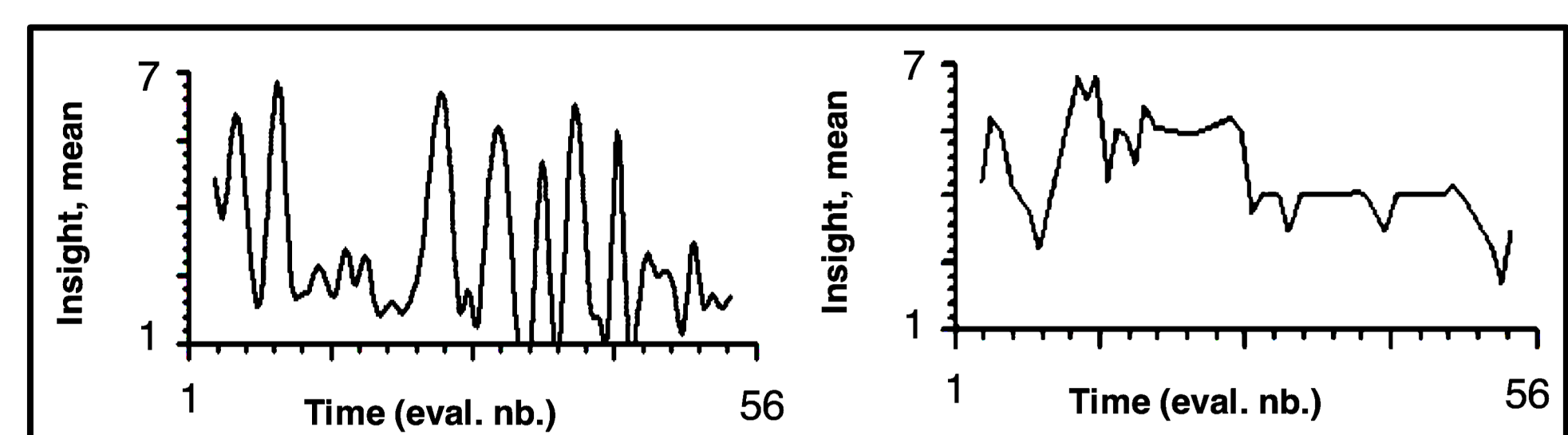


Figure 3: Example of clinical insight time course of two subjects

H2: Clinical insight -> Craving

T0 **CLINICAL INSIGHT** $(p = 0.006^*)$ → T1 **CRAVING**
 Without covariables: $b = 0.30$; $SE = 0.10$; t -ratio = 3.03; $df. = 23$

T0 **CLINICAL INSIGHT** $(p = 0.05)$ → T1 **CRAVING**
 With covariables (craving T0, age, gender, study level): $b = 0.26$; $SE = 0.12$; t -ratio = 2.07; $df. = 20$

CONCLUSION

Main results:

- 1) **28%** of Clinical Insight variability was due to **within-person fluctuations**.
- 2) Higher clinical insight may predict (tendency) **increased craving** intensity reports in following hours ($p=0.05$), that need to be confirm in a larger sample.

Limits: 1) Sample: Subjects self-initiating treatment, with relatively good insight scores; lack of statistical power; 2) Clinical insight: EMA scale not yet validated.

Perspectives: Further studies may explore the **reciprocal prospective association** between craving and clinical insight. Increased craving, like an unwanted experience, could increase the belief that there is a problem.