Fluctuation of clinical insight in daily life influences craving intensity in addiction.

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INTRODUCTION

Clinical insight *(i.e., recognition of having an addiction (Thirioux, et al. 2020))* and **Craving** seem to be related, at **between-person level**, among individuals with addiction *(e.g., Kim, et al. 2007; Lambert et al., 2022a,b)*.

Using **Ecological Momentary Assessment (EMA)**, craving has been shown to fluctuate over time, at **within-person level** *(e.g., Serre et al. 2015)*.
Previous study show an unidirectional prospective link using EMA:
Cues *(i.e., conditioned stimuli)* -> Craving -> Use *(Fatseas et al, 2015)*.
Clinical insight varies at within-person level in Obsessive-Compulsive Disorder (OCD) *(Landman, 2019)*, and this may be possible in addiction too.

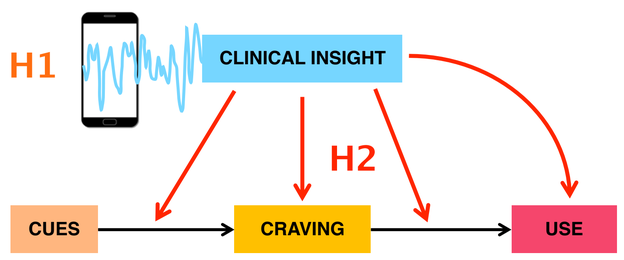
Objective:

To examine **(1)** if insight fluctuates on a daily basis at the within-person level, and **(2)** the influence of such fluctuations on craving intensity, response to cues, and use in daily life using EMA among individuals with addictions.

Hypotheses:

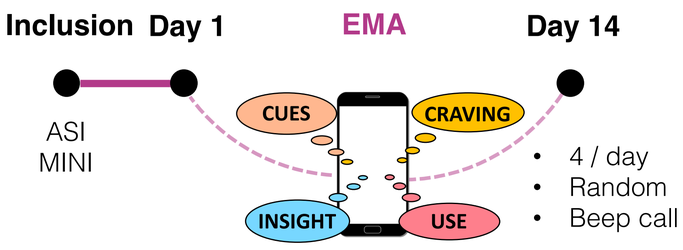
H1: Clinical insight presents within-person fluctuations in EMA

H2: Clinical insight fluctuations influence prospective cues - craving - use links



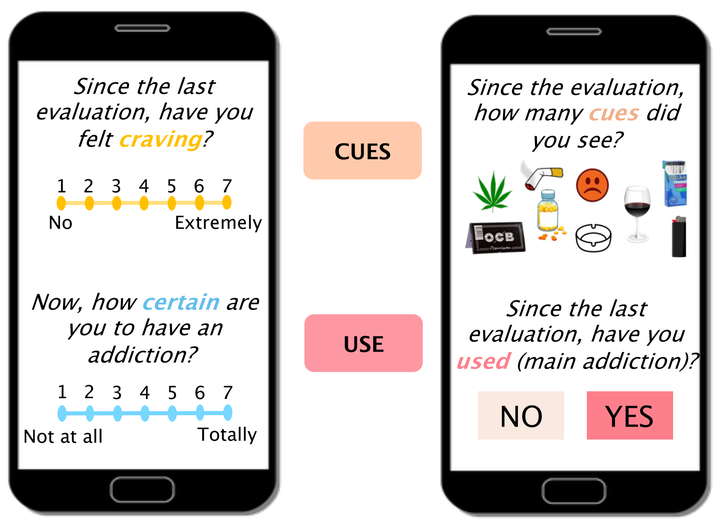
METHODS

Population with addiction (DSM-5 criteria):
1) Patients initiating addiction treatment (TTT) in an outpatient clinic or
2) regular users from Harm Reduction (HR) settings or **3)** General population (GP)



ASI: *Addiction Severity Index (Denis, et al. 2016)*
MINI: *Mini International Neuropsychiatric Interview (Sheehan, et al. 1998)*
EMA: *(see Serre et al. 2012; Fatseas et al. 2015)*

Ecological Momentary Assessment (EMA):
- **Real-time** data collection
- **Natural** environment
- **Repeated** assessments

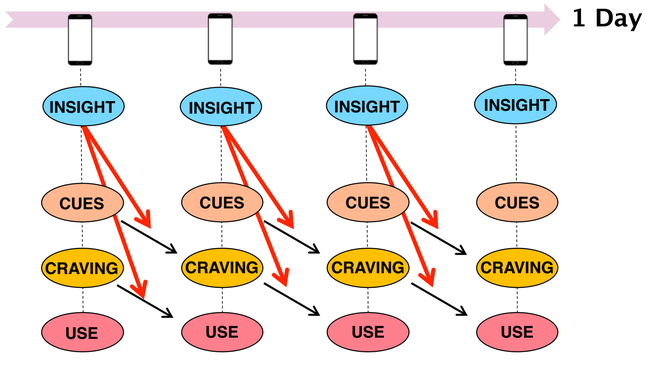


Statistical analyses:

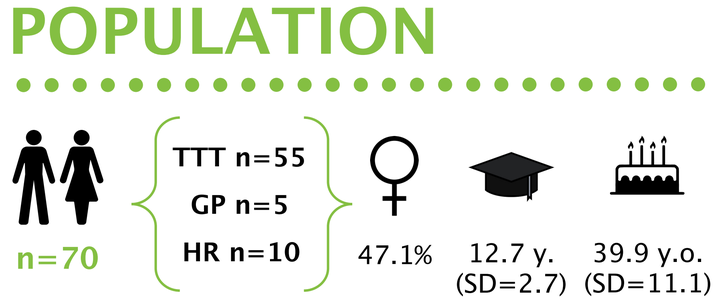
Hierarchical linear and non-linear models (HLM)

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

H2: Prospective associations T0->T1



POPULATION



→ Nb. addiction criteria (DSM-5): 7.2 (2.3; 5-11)

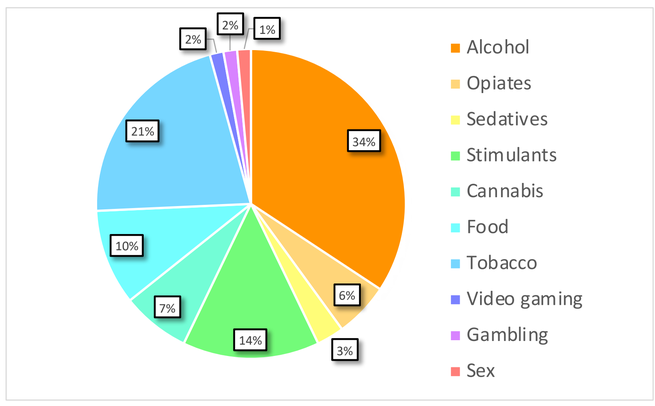
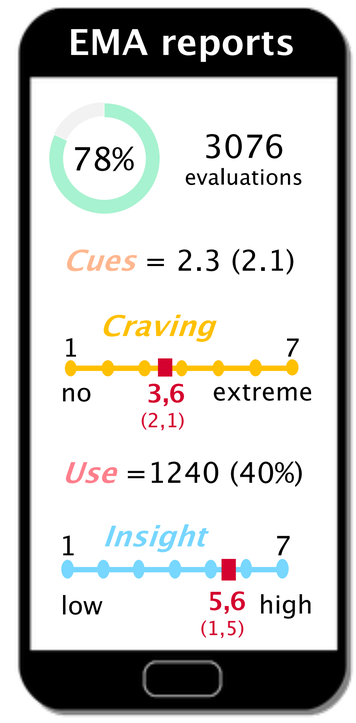


Figure 1: Main addiction



H1: Clinical insight fluctuations

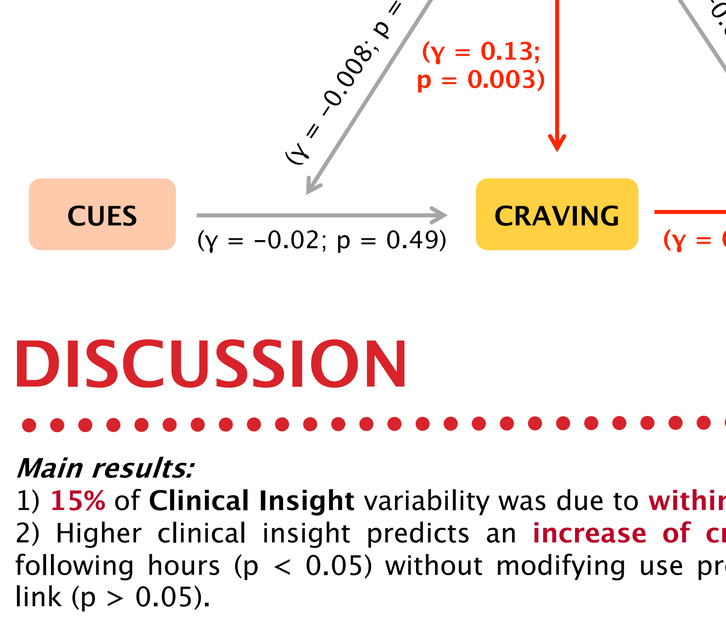


Figure 2: Clinical insight time course
**(one line by subject)*

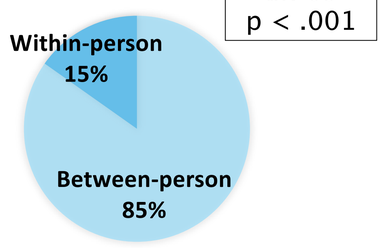
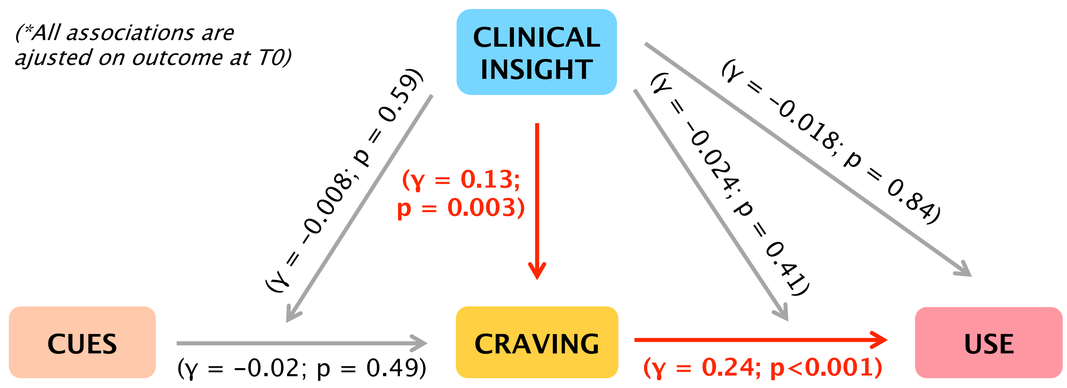


Figure 3: Part of within and between-person variations in clinical insight

H2: Clinical insight → Cues-Craving-Use



DISCUSSION

Main results:
1) **15%** of **Clinical Insight** variability was due to **within-person fluctuations**.
2) Higher clinical insight predicts an **increase of craving** intensity reports in following hours ($p < 0.05$) without modifying use probability nor craving - use link ($p > 0.05$).

Limits: MCIS scale is not yet validated. All addictions and populations (TTT, GP, HR) were analyses together.

Perspectives: Further studies may explore the **mechanisms** which underly this insight - craving prospective association.

PARTNERS

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