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## BACKGROUND

### Craving:

- An irrepresible unwanted experience of wanting (Auriacombe, et al. 2018)
- A major risk factor to relapse (Sayette, et al. 2016; 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:

- 57% in Alcohol Use Disorder (Raftery, et al. 2020)
- Underestimation of severity, barrier to treatment (e.g. Goldstein, et al. 2009; Schuckit, et al. 2020)
- More rapid relapse (Kim, et al. 2007) & worse pronostic 2 years after addiction treatment (Willems, et al. 1973)
- Close phenomenon of clinical insight (motivation stage or awareness about drug-seeking behaviour) showed mixed results with craving (Moeller, et al. 2010, 2014; Araujo, et al. 2010; Bradshaw, et al. 2014; Chakravorty, et al. 2010)

→ No study examine clinical insight – craving association.

## HYPOTHESIS

Clinical insight of addiction could be link to craving.

## OBJECTIVE

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

## METHOD

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

**Screening procedure:** Severe addiction & “insight of treatment need”

INSIGHT	Treatment demand: slight 0-2 (ASI)	Treatment demand: extreme 4 (ASI)
Severe addiction (MINI, DSM-5)	Low (n=154)	Good (n=506)

### CRAVING

Past month (0-30 days),  
Likert scale (0-10)

#### Frequency

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

#### Mean intensity

- 0 = “none”
- 1-7 = “moderate”
- > 8 = “considerable”

#### Maximal intensity

- 0 = “none”
- 1-9 = “moderate”
- 10 = “extreme”

### Instruments (treatment initiation):

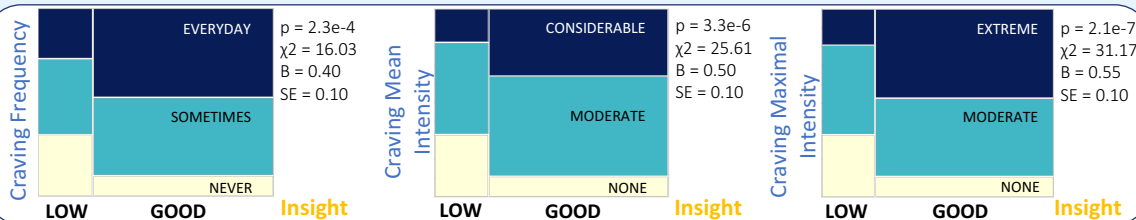
- Mini International Neuropsychiatric Interview (MINI) (Sheehan, et al. 1998) + Addiction Severity Index (mASI) (Denis, et al. 2016)



## RESULTS

**Participants:** N=660, age = 39 y. (SD=11.6), school education = 12 y. (SD=2.8), 65% men, 76% current polyaddiction, current addiction: Alcohol: 39%, Cannabis: 20%, Tobacco: 15%, others: <8%.

Low/Good Insight groups difference: age, self-report use (days/30), regular use (y.), addiction (all p<0.003)



\*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)

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

## 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 (e.g. Rinn, et al. 2002)
- Use Ecological Momentary Assessment (EMA) method to capture real-time craving dynamic



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