

Letters to the Editor

ADHD Symptoms as a Potential Driver to Cannabis Use in Young Persons With Complex Congenital Heart Defects



To the Editor:

Adequate health behaviours are a prerequisite for good long-term functioning and longevity. In the recent article titled “Prevalence and effects of cigarette smoking, cannabis consumption, and co-use in adults with congenital heart disease from 15 countries,” Moons et al. provided unique data from a large-scale international study in adults with congenital heart disease (CHD).¹ Intriguingly, they found that male patients with complex and moderately complex CHD use cannabis more frequently than counterparts with mild CHD.¹ A potential explanation was that cannabis use might be a coping strategy for living with complex CHD.¹ Although we do not refute this presumption, we would like to advance another hypothesis.

We are specialised nurses working as transition coordinators in the Swedish Transition Effects Project Supporting Teenagers With Chronic Medical Conditions (STEPSTONES) project, which evaluates the effectiveness of a transition program for young people with CHD.² We counsel adolescents aged 16-18 years with CHD before their transition to adult care. It is widely accepted that patients with complex CHD have an increased risk for neurodevelopmental issues, such as difficulties with school performance and executive dysfunctions. Attention-deficit/hyperactivity disorder (ADHD) and anxiety disorders are therefore prevalent,^{3,4} with typical symptoms such as hyperactivity and difficulties with concentration and motivation. During transition visits, we have met adolescents who express their frustration over the symptoms of ADHD and over the difficulty to combine ADHD medication with their specific CHD. Furthermore, some adolescents do not receive appropriate ADHD medication owing to the anticipated side-effects. It is our experience that adolescents with ADHD symptoms initiate discussions about cannabis and other drugs with us to a greater extent than adolescents with less or no ADHD symptoms. One boy, aged 18 years, describes his difficulties

and frustration with concentration and lack of mental focus. He narrates that friends of his suggested and encouraged him to try cannabis as a way of attaining focus and gathering his thoughts, which he is considering sometimes despite his awareness of its negative effects on his CHD. A girl, aged 17 years, describes problems with concentration, anxiety, and insomnia. She smokes cigarettes as a way of coping with her feelings and she is considering using cannabis as a possible aid for reducing her symptoms.

As an additional explanation for the findings of Moons et al.,¹ we hypothesize that the prevalence of ADHD symptoms contribute to a higher use of cannabis in patients with more complex CHD. This hypothesis warrants further investigation.

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Disclosures

The authors have no conflicts of interest to disclose.

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