ASAM Abstract Submissions:

Sample Poster (Case Study/Case Series) Abstract

Preparing a strong abstract can be challenging, particularly when it is unclear what separates a good submission from an exceptional one. The annotations in this guide explain what made each section of this case study or case series poster abstract particularly effective, highlighting concrete strategies that can be applied to other submissions.

Section One

Background & Purpose

20–200 words

Kratom (Mitragyna speciosa) is a tropical evergreen tree native to Southeast Asia. Its leaves contain the primary psychoactive alkaloids mitragynine and 7-hydroxymitragynine, which have activity at μ-opioid receptors and likely α2-adrenergic receptors. At lower doses, kratom is often used for stimulant-like effects, whereas at higher doses it is used for analgesic/opioid-like effects. A survey of kratom users found that 48% use it primarily to relieve pain, whereas 10% use it to increase energy or focus. As kratom use increases, the likelihood of treating patients with different motivations for using kratom will subsequently increase.

The literature on treatment of kratom use disorder with buprenorphine, including long-acting injectable buprenorphine, remains limited. In addition, there is relatively little published work describing kratom use specifically for attention and energy enhancement. The aim of this case report is to describe kratom use for perceived stimulant effects in a patient with previously undiagnosed attention-deficit/hyperactivity disorder (ADHD), the subsequent treatment of kratom use disorder with long-acting injectable buprenorphine, and the role of evidence-based ADHD management with prescribed stimulant therapy as part of the patient's recovery plan.

The discussion of literature is specific rather than broad or vague. The literature clearly establishes a specific problem, gap, or need that the study addresses.

Define acronyms upon first use.

The aims are clear, concise, and attainable. It is relevant to an ASAM audience.

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Section Two

Case Description

20–200 words

The case presents a novel or clinically informative presentation, treatment approach, or outcome appropriate for a case report.

We present the case of a 40-year-old man with a history of alcohol use disorder in sustained remission for 2 years, generalized anxiety disorder, necrotizing pancreatitis, hypertension, gout, and tobacco use disorder. He established care at our academic hospital's low-barrier bridge clinic for treatment of kratom use disorder. The patient reported first using kratom around 2019 in the form of tea to help before a busy workday. In April 2024, the patient started using a kratom-containing drink advertised to boost mood at a local gas station. These drinks eventually replaced his daily Monster energy drink. Our patient's use escalated from 2 bottles daily up to 8-10 bottles daily (16-20 servings) and had become financially burdensome.

Treatment setting is described.

Provides quantitative values whenever possible. Initial quantitative values can be compared to the final quantitative values.

Relevant patient history is provided.

Case description follows a clear and chronological flow.

At his initial visit, the patient was offered buprenorphine for treatment of kratom use disorder. His standard induction started with 2 mg on day 1, with gradual dose titration to 4 mg (day 2), 8 mg (day 3), 12 mg (day 4), and 16 mg (day 5). He was ultimately titrated to 24-32 mg daily with slight improvement in cravings and expressed interest in transitioning to LAI buprenorphine. After receiving monthly injectable buprenorphine 300 mg, the patient continued to use overlapping films as needed for cravings.

Specific doses are provided.

Initial treatment is clearly described.

Despite high doses of both injectable and sublingual buprenorphine, the patient continued to have cravings and trouble focusing on work-related tasks and family responsibilities. Kratom beverages were energizing and improved his focus. He ultimately underwent a thorough clinical evaluation and the Adult ADHD Self-Report Scale (ASRS), and met criteria for a diagnosis of ADHD. Methylphenidate was started at 20 mg daily, with the patient reporting improvement in focus and kratom cravings. The methylphenidate dose gradually increased with parallel reduction in kratom intake. He has been continued on monthly LAI buprenorphine at 300 mg and methylphenidate 54 mg extended-release daily. At his most recent visit, 1 year after initiation of sublingual buprenorphine, our patient reported an average kratom intake of about 1-3 drinks per month, with a significant reduction from 8-10 bottles per day.

Describe the outcome of the initial treatment.

Describe any changes in treatment plan and why they were made.

Describe any screening or diagnostic tools used.

Provide a final update on the patient's treatment outcomes. Cases with no or limited outcomes will not be accepted.

Section Three

Conclusion & Discussion

20–200 words

Conclusion is specific rather than broad or vague. Conclusion is also directly related to the study question and the study results.

Kratom is often discussed in the context of its opioid-like effects and associated dependence. However, this case underscores that patients may also use kratom for perceived stimulant benefits, including improved attention, energy, and functional performance. In this patient, untreated ADHD appeared to be an important factor driving initiation and continued use of kratom. Management with extended-release buprenorphine was associated with stabilization of withdrawal symptoms and reduced harms related to kratom dependence, supporting its potential utility as a treatment option for kratom use disorder in selected patients. Importantly, sustained recovery was achieved only after comprehensive evaluation identified previously undiagnosed ADHD and evidence-based stimulant treatment was initiated.

Clear discussion of implications.

This case highlights the clinical importance of assessing the motivations for kratom use, screening for co-occurring psychiatric conditions such as ADHD, and implementing an integrated treatment approach that addresses both substance use disorder and underlying mental health conditions. This report is limited by its single-patient design and the inherent limitations of a case study. Future research is warranted to further characterize patient motivations for initiating and maintaining kratom use and to evaluate how these factors may influence treatment selection, clinical outcomes, and long-term recovery trajectories.

Limitations are described.

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Section Three

References

50–350 words

Includes 3-6 references from scholarly or scientific sources. At least 2 sources are from the past 3 years. Citations are in AMA format.

1. Green M, Veltri CA, Prozialeck WC, Grundmann O. The neuropharmacology of kratom, a novel psychoactive natural product. *Prog Neuropsychopharmacol Biol Psychiatry.* 2025;136:111215. doi:10.1016/j.pnpbp.2024.111215
2. Hill K, Henderson A, Sharma A, et al. Diversification of Kratom in US Markets: Results from an Online Survey and Chemical Assay of Products. Subst Use Misuse. 2026;61(2):237-246. doi:10.1080/10826084.2025.2551707
3. Coe MA, Pillitteri JL, Sembower MA, Gerlach KK, Henningfield JE. Kratom as a substitute for opioids: Results from an online survey. *Drug Alcohol Depend.* 2019;202:24-32. doi:10.1016/j.drugalcdep.2019.05.005.
4. Swogger MT, Torrice T, Grundmann O. Kratom use: a review of patterns and motivations. In: Henningfield JE, Beyer CE, Raffa RB, eds. *Kratom.* Academic Press; 2026:21-34.
5. Grundmann O, Veltri CA, Morcos S, Smith KE, Singh D, Corazza O, Cinosi E, Martinotti G, Walsh Z, Swogger MT. Correlations of kratom (Mitragyna speciosa Korth.) use behavior and psychiatric conditions from a cross-sectional survey. *Exp Clin Psychopharmacol.* 2023;31(5):963-977. doi:10.1037/pha0000632

Section Four

Diversity, Health Equity, & Inclusivity

20–200 words

Discussion of access gaps and underserved treatment population.

Study setting is relevant to addressing healthcare disparities.

This case addresses themes of health equity and healthcare disparities. Kratom is increasingly sold in gas stations or other retail environments. For those with limited access to healthcare, especially psychiatric treatment, kratom can be an appealing alternative for treating untreated psychiatric or medical diagnoses. Being more equipped to treat kratom use disorder and understanding the potential underlying co-occurring disorders can help providers reach underserved groups.

Additionally, this patient received evaluation and treatment in a low-barrier clinic offering same-day, comprehensive care regardless of insurance status. Bridge clinics can address healthcare disparities and common structural barriers to MOUD and psychiatric assessment.

Sample poster abstract adapted from the ASAM 57th Annual Conference poster "Kratom Use in ADHD: A Case Highlighting Stimulant and Injectable-Buprenorphine Initiation" presented by Sarah Darweesh, MD.