

PREDICTORS FOR PHARMACOLOGICAL AND PSYCHOTHERAPEUTIC TREATMENT IN CHILDREN NEWLY DIAGNOSED WITH ADHD



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BACKGROUND

- Predictors for the use of evidence-based treatments in routine care of children newly diagnosed with attention-deficit/hyperactivity disorder (ADHD) are unknown
- In Germany, equal access to ADHD medication and psychotherapy (PT) is given as both are reimbursed for children by the statutory health insurance providers (SHIs)

OBJECTIVE

- To investigate predictors for use of medication and PT within five years after a first ADHD diagnosis based on German SHI data

METHODS

- Cohort study based on the German Pharmacoepidemiological Research Database [1]
- Treatment-naïve children aged 5–12 years with a 1-year-incident ADHD diagnosis (ICD-10 codes F90/F98.8) in 2010 and a minimum follow-up of five years
- Categorized into treatment groups based upon dispensations of ADHD drugs and billed codes for PT
- Psychiatric comorbidities selected based on clinical relevance
- Multivariable logistic regression to estimate associations between children's characteristics at the first diagnosis and the treatment

RESULTS

- 12,250 cohort members
- 72% boys; age — 5–6 years: 20%, 7–9 years: 52%, 10–12 years: 28%; diagnosis “with hyperactivity”: 78%; specialty of the diagnosing person — pediatrician: 55%, child and adolescent psychiatrist: 23%, general practitioner: 13%, physician in inpatient unit: 2.6%, psychotherapist: 2%, other/unknown: 4.4%.
- Most frequent psychiatric comorbidities: specific developmental disorders (48%), conduct disorders (18%), emotional disorders (11%), any depression (8%)
- 52% received no treatment within five years; 11% received only PT; 37% received medication, of whom less than 1/3 had additional PT (Figure)
- Several characteristics at the first ADHD diagnosis were associated with the received treatment (Figure)

CONCLUSIONS

- Based on routine data, this study found characteristics predicting whether a child newly diagnosed with ADHD receives pharmacological and/or psychotherapeutic treatment
- Patients with externalizing symptoms were more prone to receive any of the studied treatments than the average child diagnosed with ADHD; internalizing symptoms were predictors for PT

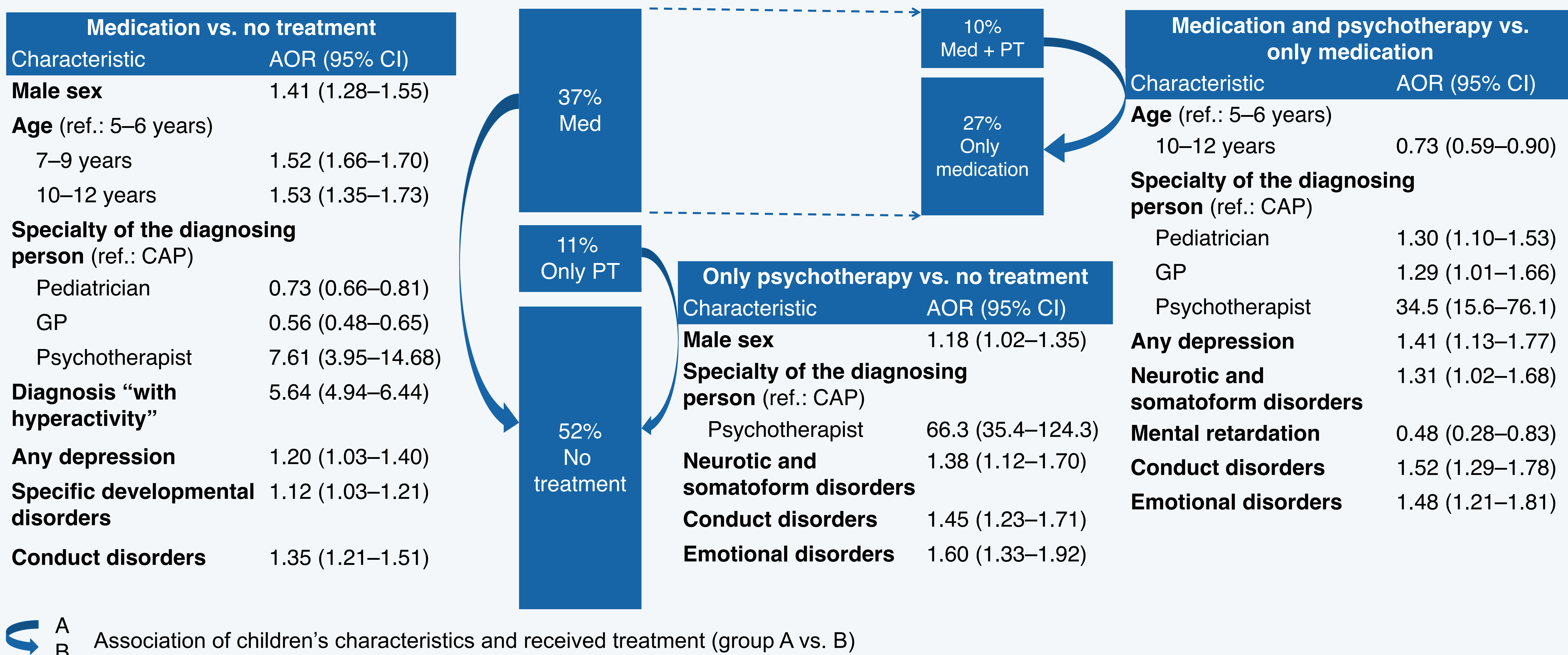


Figure: Received treatments and associated factors. AOR=Adjusted odds ratio; CAP=child and adolescent psychiatrist; GP=General practitioner; Med=Medication; PT=Psychotherapy.

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