

[Presentation Abstract]

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**The evolving treatment patterns for ADHD in Nordbaden/Germany:  
A retrospective study based on administrative data, 2003-2009.**

**OBJECTIVES:** To explore the evolving treatment patterns for patients with attention-deficit/hyperactivity disorder (ADHD) in Nordbaden / Germany, in particular psychostimulant prescriptions in children and adolescents.

**METHODS:** The complete claims database of the organization of physicians registered with statutory health insurance [SHI] (Kassenaerztliche Vereinigung, KV) in Nordbaden/Germany was available for analysis, covering the total regional population enrolled in SHI (>2.2 million). The dataset for years 2003 to 2009 was reorganized as to allow patient-centered evaluation. For calendar year 2009, 21,287 patients with ADHD ["hyperkinetic disorder", HKD; ICD-10 codes F90.0 or F90.1] (male, 15,108; female, 6,179; including 5,931 patients or 27.9% [male, 4,582; female, 1,349] with coexisting conduct disorder [HKCD; F90.1 or a combination of F90 and F91]) were available for analysis; of those, 846,677 patients were insured by a vdek member company.

**RESULTS:** Preschool children (age 0-5 years) were prescribed medication in very rare cases (1.6% in 2009) and after an average lead time of more than one year only. Most received some form of nonpharmacological therapy or were left untreated (42%). In contrast, 41% of children (age group 6-12 years, continuously increasing from 32% in 2003) and 54% of adolescents (age group 13-17 years, rate remaining stable since 2006) were prescribed either stimulant (methylphenidate, MPH, or amphetamine) or nonstimulant (atomoxetine) drugs. Males and patients with concomitant conduct disorder were more likely to receive medication treatment. Modified-release MPH formulations were more widely used than immediate-release MPH. Overall use of medication increased steadily, from 32.2% of ADHD patients in 2003 to 39.9% in 2009, whereas its rate decreased over time in adult patients (declining from 38% in 2003 to 26% in 2009). Upon identification and individual review of all prescriptions of ADHD medication for members of the control group, no evidence could be found supporting potentially inappropriate use of stimulant medication. Further data on average dosing, therapy duration, switches and augmentation will be presented by age group, gender, severity, and comorbidity status of patients as well as by category of treatment.

**CONCLUSIONS:** Treatment patterns were highly age and gender specific. Except for preschoolers, therapeutic management of patients with ADHD relied heavily on drug treatment. No evidence was found for inappropriate prescribing of ADHD medication.

Presented to the 15<sup>th</sup> International Congress of the European Society for Child and Adolescent Psychiatry (ESCAP), Dublin / Ireland, July 6-10, 2013.

*European Child & Adolescent Psychiatry (2013) 22 (Suppl 2): S101.* (Abstract No. S2-06-03)