

[Presentation Abstract]

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**The medical cost attributable to ADHD in Nordbaden/Germany:  
A study from a health care payer's perspective based on claims data.**

**OBJECTIVES:** To assess the direct medical costs attributable to a diagnosis of attention-deficit/hyperactivity disorder (ADHD), comparing patients to controls in Nordbaden / Germany.

**METHODS:** The patient-centered Nordbaden database for years 2003 to 2009, integrating data from *Kassenärztliche Vereinigung Baden-Württemberg* (KVBaWue, the organization of physicians registered with statutory health insurance, "SHI") and a major SHI association (vdek) as to allow patient-centered evaluation, was used to determine health resource utilization and direct medical cost covered by SHI. Patients with a diagnosis of ADHD were compared to a control population matched by age, gender, and type of statutory health insurance ("SHI"). - Here we report on data for years 2006-2009, as nonpharmacological therapy-related cost data were not fully available for earlier years.

**RESULTS:** Average total cost per ADHD patient increased from €897 in 2006 to €1,006 in 2009 (controls, €261 in 2006 and €337 in 2009). Average annual cost per patient correlated positively with age, and female patients were generally more costly than males (in total as well as regarding costs attributable to ADHD). Increasing severity and comorbidity were also associated with higher costs per patient. Physician services constituted the major cost component (on average, overall, €653 per case in 2009), followed by pharmacological therapy (€330 in 2009).

**CONCLUSIONS:** The average excess cost (from the perspective of German SHI) per ADHD patient (over all age groups and irrespective of gender, compared to matched controls) was €669 per year in 2009. Although any extrapolation from the regional to the national level should be treated with caution, this data from Nordbaden suggests an approximate *dimension* of annual outpatient treatment costs attributable to ADHD in the magnitude of (roughly) €450 million (for year 2009), from the perspective of Statutory Health Insurance (SHI; i.e., excluding privately insured patients).

**DISCUSSION:** This compares to total annual expenditures for services ("*Leistungsausgaben*") of the German SHI system of €160 billion in 2009. - Of note, the figure (calculated bottom-up using actual micro-data, not estimates) is substantially lower than some recently published projections. This discrepancy clearly warrants further investigation, including data sources, their reliability, representativeness, and method of combination, broader research methodology, as well as an examination of vested interests potentially influencing design and presentation of studies.

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