

[Symposium Abstract]

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Attention-Deficit/Hyperactivity Disorder (ADHD), 2003-2009: A longitudinal analysis of prevalence, health care and direct cost based upon administrative data from Nordbaden /Germany.

PRIMARY OBJECTIVES: To assess recent trends in real-world diagnosis rates of ADHD, treatment patterns (including potentially inappropriate prescriptions of psychostimulants), and direct medical cost from a payers' perspective.

METHODS: The Nordbaden Project comprises an integrated patient-centered administrative database capturing the total population in Nordbaden insured by statutory health insurance (SHI, more than 2.2 million lives), combining claims data of the Kassenärztliche Vereinigung (KV, i.e., the organization of physicians registered with SHI) in Nordbaden/Germany, and reimbursement data of a major SHI organization, for the time period from 2003 to 2009.

RESULTS: Hyperkinetic disorder was the number one reason for contacts with health care providers in children (age group 6-12 years, 7.2%) and adolescents (13-17 years, 3.7%). From 2003 to 2009, the administrative prevalence of ADHD (HKD or HKCD) increased by 79%, i.e., from 0.53% in 2003 to 0.95% (all age groups; 6-12 years, 8.0%; 13-17 years, 4.2%; peak prevalence among 9-year old boys at 13.7%) in 2009. The total number of patients with ADHD in Nordbaden increased from 11,887 in 2003 to 21,287 in 2009. For further analyses, a control group was defined, 1:1 matched by age, gender, and type of health insurance.

Age and gender-specific comorbidity patterns were in line with data from epidemiological studies and did not change during the study period. Although the share of ADHD patients seen by a CNS specialist increased during the study period, the majority of patients were treated by pediatricians and general practitioners; most patients (52.9%) had no contact with CNS specialists (data for year 2009). Treatment patterns were highly age and gender specific. Overall, use of medication increased steadily, from 32.2% of ADHD patients in 2003 to 39.9% in 2009. Pharmacotherapy was used most widely in adolescents (age group, 13-17 years), with prescription rates (both genders combined) remaining stable at slightly less than 55% since 2006. No evidence was found for inappropriate prescribing of ADHD medication. Average annual cost per ADHD patient increased from €897 in 2006 to €1,006 in 2009 (controls, €261 in 2006 and €337 in 2009), and correlated positively with age, severity, and comorbidity. Physician services were the major cost component (on average, overall, €653 per case in 2009), followed by medication (€330).

CONCLUSIONS: The Nordbaden Project provides insights into prevalence, health care provision, treatment patterns, and direct medical cost of ADHD from 2003 to 2009.

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