

[Presentation Abstract]

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The rising administrative prevalence of ADHD in Nordbaden, Germany, and specialist involvement in health care provision.

OBJECTIVES: To determine the prevalence of attention-deficit/hyperactivity disorder (ADHD) in Nordbaden / Germany, to put this data in the context of mental health morbidity, and to assess specialist involvement in health care provision.

METHODS: The complete claims database of the organization of physicians registered with statutory health insurance [SHI] (*Kassenärztliche 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.

RESULTS: Uncomplicated hyperkinetic disorder (HKD, F90.0) 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%), reported more than twice as often as the next frequently diagnosed mental health problems, namely various developmental, speech, and adjustment disorders. In preschoolers, speech and developmental problems were diagnosed more frequently than HKD (1.0%). From 2003 to 2009, the administrative prevalence of ADHD (HKD/F90.0 and hyperkinetic conduct disorder, HKCD/F90.1, combined) increased by 79%, i.e., from 0.53% in 2003 to 0.95% (overall; 6-12 years, 8.0%; 13-17 years, 4.2%) in 2009. Notwithstanding lower absolute numbers, ADHD prevalence in adults increased more than fourfold, from 0.04% (2003) to 0.17% (2009). Overall, the rate of ADHD patients seen at least once by a CNS specialist (physician) increased from 42.0% in 2003 to 49.1% in 2009; the rate of those seen at least twice during the calendar year increased from 26.4% to 33.2% (for age group 0-5 years, from 9.1% to 11.1%; 6-12 years, from 27.4% to 33.7%, 13-17 years, from 30.3% to 33.1%, 18+ years, from 26.4% to 33.2%). Patients with HKCD were more likely to be seen by CNS specialists than patients with HKD only. Most children (in 2009, 84.4%) and adolescents (61.0%) were seen at least once by a pediatrician. The rate of patients seen by psychotherapists remained stable at ~10%. Within provider groups, health care for patients with ADHD was highly concentrated. Each child and adolescent psychiatrist treated, on average, 231 patients with ADHD.

CONCLUSIONS: By 2009, ADHD represented the leading mental health related cause of service utilization among children and adolescents in Nordbaden. Despite a moderate increase since 2003, CNS specialist involvement in health care provision for patients with ADHD remains relatively low.

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