An Observational Study of Pharmacological Treatment in Primary Care of Children With ADHD in the United Kingdom.


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Abstract
Objective: The study described initial pharmacological treatment of children in the United Kingdom diagnosed as having ADHD and assessed predictors of medication persistence.

Methods: U.K. children ages 3-16 diagnosed as having ADHD between 1994 and 2006 were identified from primary care practice data. Child characteristics, prescription patterns, and initial medication prescribed were described over the study period. The associations of child and clinical factors with medication persistence (defined as initial treatment length greater than six months) were estimated by using binomial regression.

Results: Of 2,878 children with an ADHD diagnosis, 46% (N=1,314) received at least one prescription for ADHD medication within two years of diagnosis. The mean initial treatment length was 10.7±.5 months. Only 35% (N=464) of pharmacologically treated children had a treatment length greater than six months after initial medication prescription when the analysis used a 30-day grace period; 57% were persistent in treatment when a less stringent 60-day grace period was used. Children who were initially prescribed long-acting methylphenidate were more likely to persist in treatment than those prescribed standard methylphenidate (risk ratio=1.2, 95% confidence interval=1.1-1.4).

Conclusions: A large proportion of children who received medication for ADHD in primary care did not continue in initial treatment for more than six months. Few child or clinical factors were associated with treatment persistence. Epidemiological research about the effects of long-term ADHD medication use should account for the observed limited persistence in medication treatment.