An Assessment of Comorbidity and Social Demographics in a Primarily African-American and Hispanic Population of Boys with ADHD Treated in Psychiatric/Non-Psychiatric and Public/Private Clinics in Miami, Florida

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Abstract

Objective:
To determine whether social disadvantage and comorbidity in boys with attention-deficit/hyperactivity disorder (ADHD) differ among psychiatric versus non-psychiatric and public versus private clinics.

Methods:
This cross-sectional study included boys 6-12 years of age, clinically diagnosed, and pharmacologically treated for ADHD at 1 of 5 clinics in Miami, Florida. The child’s caregiver completed a demographics form, the Child Behavior Checklist, and the Child Symptom Inventory.

Results:
The study included 174 boys (28% African-American and 64% Hispanic). The sample included 42% psychiatric practices and 73% public clinics. Compared to the non-psychiatric sample, children in the psychiatric samples presented more often with ADHD hyperactive-impulsive subtype and combined subtype. Children in the psychiatric clinics had the most severe forms of ADHD and the most comorbid diagnoses, particularly behavioral, mood, and anxiety disorders. Compared to the private clinics, children in the public psychiatric clinic presented more markers of socioeconomic disadvantage. Public clinics also had more severe ADHD, social phobia, aggressive behavior, and externalizing behaviors than private clinics.

Conclusions:
Comorbidity and severity of ADHD in children treated in primary care clinics were lower than, but clinically comparable to, that found in psychiatric clinics. Socioeconomic disadvantages are present in children treated in public clinics.