Unmet Medication Coverage Needs among Adults with Attention Deficit/Hyperactivity Disorder (ADHD)

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Background
Attention-deficit/hyperactivity disorder (ADHD) is a common neurobehavioral condition in childhood that often persists into adulthood.1 Psychostimulant medication has demonstrated efficacy for managing ADHD symptoms in adults2,3

The development of formulations with varying durations of effect has greatly expanded the available treatment options for individuals with ADHD.4 Management of ADHD symptoms in adults may involve treatment with either short-acting (SA) medication, long-acting (LA) medication, or an adjunctive LA + SA (AU) medication regimen. These different formulation dosing regimens provide differing durations of effect and thus differing coverage of symptoms that can impair adult patients in their social, work, school, and/or family settings across the entire day (in early morning, late afternoon, and into the evening)

Few studies, however, have investigated how LA/SA formulations and differing formulation dosing regimens relate to differing medication coverage resulting in symptom impairments in adult patients with ADHD5,6

Objective
The objective of this study is to assess the relationship between unmet daily symptom coverage needs and LA vs. SA vs. AU formulation dosing regimens of adults with ADHD

Methods
A cross-sectional online survey was conducted among adults with ADHD who had been taking prescription psychostimulant medication for treatment of ADHD symptoms

The online survey was developed following a series of qualitative interviews with adults who have ADHD (n = 31) to understand symptoms and life challenges/impairments particular to ADHD. After providing consent, the participants were interviewed by a trained interviewer who used a semistructured interview guide to elicit information regarding the patients’ experiences with ADHD, focusing on identifying burdensome symptom impairments and unmet symptom treatment needs. A draft survey was then tested on a small sample of adults with ADHD (n = 5) using cognitive interviewing methodology, and the content of the survey was finalized based on the feedback received