ADHD Treatment in Primary Care.

Hauck TS, Lau C, Wing LL, Kurdyak P, Tu K.


Abstract

BACKGROUND:
The aim of this study is to determine the prevalence and characteristics of youth with attention-deficit hyperactivity disorder (ADHD) in Ontario, Canada, and to determine the predictors of psychotropic medication prescriptions in youth with ADHD.

METHOD:
This is a cross-sectional retrospective chart abstraction of more than 250 000 medical records from youth aged 1 to 24 years in a large geographical region in Ontario, Canada, linked to population-based health administrative data. A total of 10 000 charts were randomly selected and manually reviewed using predetermined criteria for ADHD and comorbidities. Prevalence, comorbidities, demographic indicators, and health service utilisation characteristics were calculated. Predictors of treatment characteristics were determined using logistic regression modelling.

RESULTS:
The prevalence of ADHD was 5.4% (7.9% males, 2.7% females). Youth with ADHD had significant psychiatric comorbidities. The majority (70.0%) of ADHD patients received prescriptions for stimulant or nonstimulant ADHD medication. Antipsychotic prescriptions were provided to 11.9% of ADHD patients versus 0.9% of patients without ADHD. Antidepressant prescriptions were provided to 19.8% versus 5.4% of patients with and without ADHD, respectively. Predictors of antidepressant prescriptions were increasing age (odds ratio [OR], 1.14; 95% confidence interval [CI], 1.07 to 1.21), psychiatric consultation (OR, 2.04; 95% CI, 1.16 to 3.58), and diagnoses of both anxiety and depression (OR, 18.4; 95% CI, 8.03 to 42.1), whereas the only predictor of antipsychotic prescriptions was psychiatric consultation (OR, 3.85; 95% CI, 2.11 to 7.02).

CONCLUSIONS:
Youth with ADHD have more psychiatric comorbidities than youth without ADHD. The majority of youth with ADHD received stimulant medications, and a significant number received additional psychotropic medications, with psychiatric consultation predicting medication use.