Adult attention-deficit hyperactivity disorder: A database analysis of South African private health insurance

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Abstract

Background:
Adult attention-deficit hyperactivity disorder (ADHD) is a chronic, costly and debilitating disorder. In South Africa (SA), access to funding for care and treatment of ADHD is limited, and research is lacking.

Aim:
This study aimed to establish the current situation with regard to the psychiatric management of and funding for treatment of adult ADHD in the private sector in SA.

Methods:
A diagnostically refined retrospective claims database analysis was conducted. We examined the prevalence, costs and funding profile of claims over a 2-year period for adult beneficiaries with possible ADHD of a large medical administrator in SA.

Results:
The prevalence of adult ADHD was lower than published international rates. The presence of adult ADHD increased the prevalence of comorbidity and doubled the health care costs of beneficiaries. Contrary to public belief, comorbidities (including their medicine costs) rather than psychiatric services or medicines were the main cost drivers.

Conclusion:
The current private health insurance funding model for ADHD limits accesses to funding. This affects early diagnosis and optimal treatment, thereby escalating long-term costs. Improved outcomes are possible if patients suffering from ADHD receive a timely and accurate diagnosis, and receive chronic and comprehensive care. Balanced regulation is proposed to minimise the risk to both medical schemes and patients. A collaborative approach between stakeholders is needed to develop an alternative cost-effective funding model to improve access to treatment and quality of life for adults with ADHD in SA.