Predictors of Medication Continuity in Children With ADHD

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Pediatrics; June 2018, VOLUME 141 / ISSUE 6

Abstract

OBJECTIVES:
To identify predictors of attention-deficit/hyperactivity disorder (ADHD) medication continuity, hypothesizing greater continuity among children with (1) greater child acceptance of treatment, (2) parent belief in longer time course for ADHD, (3) positive differential between parent-perceived need for and concerns about medication, and (4) greater parent-perceived alliance with their child’s doctor.

METHODS:
We conducted a prospective longitudinal cohort of 89 children aged 6 to 10 years old newly treated for ADHD by 1 of 44 pediatricians in 11 practices. Parents completed validated surveys on their beliefs about ADHD and medicine. We audited charts and obtained pharmacy dispensing records. In our analyses, we examined the relationship between predictor variables (eg, sociodemographic and clinical characteristics, quality of care, and belief measures) and short-term (first 90 days after starting medication) and long-term (91–450 days) medication continuity as defined by the number of days covered with medication.

RESULTS:
Children had a median of 81% of days covered over 0 to 90 days and 54% of days covered over 91 to 450 days after starting medicine. In the first 90 days, medication coverage related to child age, satisfaction with information about medicine, medication titration, symptom reduction, parent beliefs about control over symptoms, uncertainty about treating with medicine, and working alliance. Long-term medication continuity related to child acceptance of treatment and differential between parent-perceived need for and concerns about medication at 3 months, not baseline factors.

CONCLUSIONS:
Adherence is a process that can change over time in response to experiences with treatment. Interventions are needed to promote productive interactions between pediatricians and families in support of continuity.