

Utilization and Cost of Health Care Services for Children with Attention-deficit/hyperactivity disorder

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BACKGROUND: Despite an increasing prevalence of diagnosed attention-deficit/hyperactivity disorder (ADHD) among children, the impact of ADHD on utilization and costs of health care services is largely unknown.

OBJECTIVE: To examine differences in health care utilization and costs between children with and without ADHD.

DESIGN: Retrospective matched cohort study conducted from January 1 to December 31, 1997. Setting. Health maintenance organization in western Washington State.

PARTICIPANTS: Children aged 3 through 17 years who were continuously enrolled in the health maintenance organization and used services during 1997 were eligible. Children were identified with ADHD if they had a diagnosis of ADHD or a prescription for a stimulant medication using automated patient files. Children without ADHD were randomly selected as controls and matched 4:1 to children with ADHD on age and sex.

OUTCOME MEASURE: Utilization and costs of specific categories of health care services. Results. A total of 2992 children (5.2%) were identified with ADHD. Children with ADHD incurred significantly greater per capita total costs (\$1465 vs \$690) than children without ADHD. Children with ADHD had 9.9 times more outpatient mental health visits (1.35/year vs 0.14/year), 3.4 times more pharmacy fills (11.25/year vs 3.30/year), and 1.6 times more primary care visits (3.84/year vs 2.36/year) than children without ADHD. The adjusted incremental costs were estimated to be \$375 (95% confidence interval: \$336-\$416) for children with ADHD alone and \$812 (95% confidence interval: \$671-\$973) for children with ADHD plus coexisting mental health disorders.

CONCLUSIONS: Children with ADHD use significantly more health care resources and incur significantly higher costs than children without ADHD. Coexisting mental health disorders substantially increase the cost of treating ADHD. Resource allocation decisions should consider the contributions of primary care, outpatient mental health, and pharmacy costs to the overall costs of care for children with ADHD.

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