

COST-EFFECTIVENESS OF ADHD TREATMENTS BY DIAGNOSTIC SUBGROUPS AND COMORBIDITY

Michael Schlander and the MTA Cooperative Group

Objective:

To assess impact of diagnostic criteria and comorbidity on cost-effectiveness of major proven treatments for ADHD based on the MTA.

Methods:

Incremental cost-effectiveness ratios (ICERs) and cost-effectiveness acceptability curves (CEACs) were calculated for the MTA treatment strategies (intensive medication management [MedMgt], multicomponent behavioral treatment [Beh], the combination [Comb], and routine community care [CC]) using (1) ADHD symptom normalization rates, (2) quality-adjusted life years (QALYs) derived from published utility weights, (3) Columbia Impairment Scale (CIS). Analyses were done for the whole study population and subpopulations defined by comorbidities and diagnostic criteria (DSM vs. ICD).

Results:

For a 1-year time horizon, ICERs for MedMgt vs. CC ranged from dominance to \$1,000/patient normalized (ADHD symptom score) or \$8,550–15,600/QALY gained. MedMgt dominated Beh. CIS data indicated relatively better results for the Beh and Comb strategies, in particular in patients with comorbid disorders. ICERs of MedMgt vs. CC and Comb vs. MedMgt were more favorable for the ICD subgroup compared to the overall study population (DSM).

Conclusion:

Based on the MTA, MedMgt appears clearly cost-effective compared to CC for children with ADHD. Among subgroups analyzed, there is a tendency towards better cost-effectiveness of the Beh and Comb strategies in the presence of more complex comorbidity.

*Accepted for presentation at the Joint Annual Meeting 2005
of the **American Academy of Child & Adolescent Psychiatry**
(AACAP, 52nd Annual Meeting)
and the **Canadian Academy of Child and Adolescent Psychiatry**
(CACAP, 25th Annual Meeting),
Toronto, October 18-23, 2005.*