

**ADMINISTRATIVE PREVALENCE AND COMORBIDITY
OF ADHD IN CHILDREN AND ADOLESCENTS:
EVIDENCE FROM NORDBADEN / GERMANY**

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Objective:

To determine administrative prevalence and comorbidity of ADHD (Hyperkinetic [Conduct] Disorder, ICD-10 F90.0/F90.1) in children and adolescents in Germany.

Methods:

Using the Nordbaden claims database for 2003, covering 2.238m insured persons, n=11,245 ADHD patients age 19 or less were identified. The ADHD group was matched with a non-ADHD cohort on a 1:1 ratio based on age and gender, and the rate of co-existent conditions was compared between both groups.

Results:

ADHD 12-month prevalence rates were 1.26% (boys 1.72% / girls 0.77%) for age 0-6, 4.97% (7.15%/2.66%) for age 7-12, and 1.31% (1.99%/0.60%) for age 13-19; diagnosis prevalence was highest at age 9 (peak: 6.1%; 8.4%/3.6%).

Psychiatric comorbidity (relative risk [RR], 3-8) included mood and affective disorders, conduct disorders, specific developmental disorders; also adjustment disorders, habit and impulse disorders, tic disorders, sleep disorders, disorders associated with sexual development, maltreatment syndromes, and mental retardation.

RR was also increased (25-100%) for non-psychiatric disorders such as neurological (including hearing disorders but not visual problems) and metabolic disorders, diseases of the immune system, skin and ear, pulmonary and upper respiratory diseases, and accidents and injuries.

Conclusion:

These data indicate higher than expected diagnostic prevalence of and substantial comorbidity associated with ADHD in this German population.

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