

Cost-Effectiveness of Treatment Options for Attention-Deficit/Hyperactivity Disorder (ADHD) in Children and Adolescents: What Have We Learnt?

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Increased awareness of ADHD, growing acceptance of pharmacotherapy, and the recent availability of improved, yet more expensive products, are all powerful drivers of spending in child and adolescent psychiatry. ***Purpose:*** To review progress in understanding the cost-effectiveness of ADHD treatment strategies. ***Methods:*** Critical review of published cost-effectiveness analyses (CEAs) and Health Technology Assessments (HTAs) that compared costs and effects of at least two treatment alternatives. ***Results:*** Applying this criterion, ten CEAs and three HTAs were identified in the public domain. Evaluations were done for a number of jurisdictions: Unites States (4), United Kingdom (4), Canada (3), Australia (1), and Germany (1). All evaluations included at least one methylphenidate (MPH)-based strategy. Clinical endpoints included symptomatic improvement, response rates based on symptomatic normalization, measures of functional impairment, and estimates for quality-adjusted life-years (QALYs) gained. Time horizon of analyses was one year, except for one HTA, which however suffered from distinct technical problems. Three related CEAs were based on the NIMH MTA Study; (only) these addressed the impact of diagnostic criteria and comorbidity on treatment cost-effectiveness. In general, the evaluations concurred that medication management is an economically viable option with attractive incremental cost-effectiveness ratios, notably including (where studied) MPH modified-release preparations. Cost-effectiveness of behavioral treatment was disappointing, but may be relatively better in certain comorbid patient subgroups. ***Conclusions:*** Medication management of ADHD shows attractive cost-effectiveness. However, further analysis is required regarding (a) international portability of findings and (b) specific products. Currently, evidence in favor of cost-effectiveness of behavioral interventions is poor. Further research in this area seems warranted.

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