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Cost-Effectiveness of ADHD Treatments: Findings from the MTA Study

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Abstract:

Objective Attention-deficit/hyperactivity disorder (ADHD) represents a costly, major public health problem. This report constitutes the first study to date of the cost-effectiveness of the major proven forms of ADHD treatments, as used in the NIMH Multimodal Treatment Study of Children with ADHD (MTA study).

Methods 579 children with ADHD-Combined type, aged 7 to 9.9 years, were assigned to 14 months of medication management, MedMgt; intensive behavioral treatment, Beh; the two combined, Comb; or routine community care, CC. Services were tallied throughout the study, including medication, health care visits, behavioral therapies, and rental costs. Provider specialty, total time, and number of visits spent with providers were used to calculate costs, adjusted to FY 2000 dollars by the consumer price index.

Results Treatment costs varied four-fold, with medication management (both medication and physician visits) least expensive, followed by behavioral therapy, then combined treatment. Dramatically lower costs of medication treatment were found in the CC group, reflecting the less intensive (and less effective) nature of community-delivered treatment. MedMgt was more effective but slightly more costly than CC treatments, versus Comb and Beh treatments. Under some conditions, Comb treatments were somewhat more cost-effective as demonstrated by lower costs per additional child “normalized” with respect to children with multiple comorbidities.

Conclusions MedMgt treatment, while not quite as effective as Comb, is likely to be more cost effective, in routine treatments for children with ADHD, particularly those without comorbidities. For some children with comorbidities, it may be cost-effective to provide combination treatment.

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