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OBJECTIVES: To describe 10-year trends in patient, physician and prescribed medications during outpatient visits for pediatric attention-deficit/hyperactivity disorder (ADHD); METHODS: We identified all visits in children (3–18) with ADHD (ICD-9 314.0–314.9) from 1998–2007 utilizing two national probability samples: the National Ambulatory Medical Care Survey and the National Hospital Ambulatory Medical Care Survey. We excluded pre/post surgery visits for a final sample of 584,276 visits and then weighted these visits to be representative of the US (using SUDAAN software) before calculating frequency changes in patient characteristics, as well as ADHD medication utilization. RESULTS: Visits for ADHD in children increased from 7.9 to 15.3 million (93%) from 1998–2007. Across all years, ~73% of visits were made by males. Visits were frequently made by white children (56% in all years) with a trend of increasing visits by non-white children by 2006–2007 (13.0% in 1998–1999 to 20.1% by 2006–2007). Visits among pediatrics rose from 38.3% in 1998–1999 to 48.4% in 2006–2007 with a decrease in specialist visits (from 43.1% to 33.7% of all visits). Across all years, mono-therapy was the predominant medication prescription (~40%), although ~1/3 of all visits did not note an ADHD medication. The use of methylphenidate mono-therapy dropped from 40.4% in 1998–1999 to 27.9% in 2006–2007. Dextroamphetamine mono-therapy rose from 19.3% to 28.7% from 1999–2000 to 2002–2003, but then fell to 22.3% by 2006–2007. The use of newer non-stimulant medications was apparent starting in 2002, but remained low (~10%) across the rest of the interval. CONCLUSIONS: Visits made by children with ADHD increased over the decade, while use of medications for ADHD, particularly stimulants, decreased by 2006–2007 with no corresponding increase in the use of newer non-stimulant agents. New therapeutic options, changing guidelines, and emerging safety concerns make this an important area for ongoing research.

MENTAL HEALTH – Conceptual Papers & Research on Methods

WEB-SURVEYS: REAL WORLD EVIDENCE GATHERING AND MINIMIZING UNCERTAINTY IN ECONOMIC MODELS
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OBJECTIVES: From a Canadian societal perspective, little is known about the impact of Attention Deficit Hyperactivity Disorder (ADHD) in adults. A methodology for the design and conduct of a web-based survey used to populate a Canadian economic model is described. METHODS: An IRB approved, web-based survey was administered to evaluate the impact of ADHD in pre-identified Canadian subjects with this condition. There were 3 subgroups of interest: an ADHD group with self-reported controlled symptoms, an ADHD group with self-reported uncontrolled symptoms, and a non-ADHD reference group. Eligible participants received a 28-item web-based survey (English or French) which evaluated socio-demographic characteristics, ADHD treatment, co-morbidities, health care resource utilization, functional status (Sheehan Disability Scale), productivity (Work Productivity Assessment and Activity Impairment; WPAI), and health-related quality of life (EQ-5D). Validation rules were pre-programmed to optimize data quality and survey completion at the point of data entry. EQ-5D utilities and productivity losses from WPAI were used to inform an economic model. Other data were used as supportive information. RESULTS: The targeted number of completed questionnaires, n = 174, was reached within 2 weeks of study launch after 1,878 survey invitations were circulated. More specifically, 69 controlled, 70 uncontrolled and 35 non-ADHD subjects responded. Among participants, 56% were male, mean age was 35 years, 43% were diagnosed with ADHD in adulthood, and the majority responded in English. Functional status and utility values were significantly lower for subjects with uncontrolled versus controlled ADHD. Employment rates were lower (59% vs. 74%, p = 0.06), and overall work impairment was significantly higher for uncontrolled versus controlled ADHD subjects, respectively. CONCLUSIONS: Web-based surveys have shown to be a cost-effective methodology for evidence gathering in support of economic evaluations. Despite some inherent limitations of online studies, such as generalizability, survey variables and outcomes can be tailored to collect data from populations and sub-groups of interest.

EXAMINATION OF DOCTORS’ PRACTICE AND PRESCRIBING PATTERNS TOWARD SELECTIVE SEROTONIN REUPTAKE INHIBITORS AND SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS
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OBJECTIVES: None of the published literature comparing outcomes measures between serotonin reuptake inhibitors (SRIs) and serotonin-norepinephrine reuptake inhibitors (SNRIs) control for doctors’ practice and prescribing patterns due to the limitations of claims databases. We showed how to derive doctors’ practice and prescribing patterns for this group of patients from U.S. claims data. METHODS:...