ADHD

What's Being Prescribed?

Insight and Outlook from IMS HEALTH

ttention deficit hyperactivdisorder (ADHD) refers to a family of related chronic neurobiologic disorders that interfere with an individual's capacity to regulate activity level (hyperactivity), to inhibit behaviour (impulsivity), and to attend to tasks (inattention) in developmentally appropriate ways. According to a National Institute of Mental Health (NIMH) fact sheet, ADHD is the most commonly diagnosed disorder in children, estimated to affect 3% to 5% of schoolaged children.

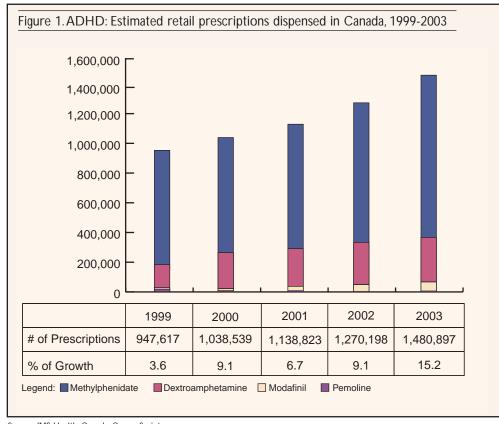
What are the treatments?

NIMH research has indicated that the two most effective treatment modalities for elementary school children with ADHD are a closely monitored medication regimen and a treatment that

combines medication with intensive behavioural interventions.

Psychostimulant medications, including methylphenidate (Ritalin®) and amphetamines (Dexedrine®) are by far the most widely researched and commonly prescribed treatments for ADHD.

Prescriptions in Canada for methylphenidate alone have increased almost 46% between 1995 and 2003 (Figure 1). Methylphenidate remains the most prescribed treatment for ADHD, accounting for 73% of all ADHD prescriptions in 2003. Prescriptions for dextroamphetamine, the second most commonly prescribed treatment, has gone up 94% since 1999; dextroamphetamine prescriptions make up 25% of all



Source: IMS Health, Canada, CompuScript.

ADHD scripts. Although national prescription trends are reflected in most provinces, some interesting regional disparities do exist. Dextroamphetamine is the preferred treatment in Alberta, and is just as likely to be prescribed as methylphenidate in British Columbia.

ADHD by the numbers

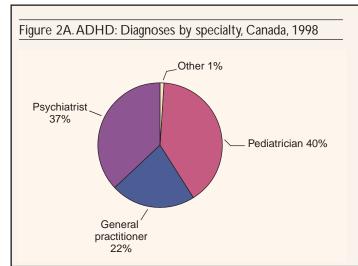
ADHD occurs three times more often in boys than in girls and the majority of prescriptions for medications used to treat ADHD continue to go to boys. Of all visits made to office-based physicians in Canada for ADHD in 2003, 76%

were made by males, with the majority of visits made by those aged 11 and younger. This is true for male and female patients (Table 1). It is interesting to note that ADHD is on the rise among those aged 18 and older and more likely to be diagnosed among adult women than adult men.

The majority of diagnoses for ADHD in 2003 were made by pediatricians (47%), while 34% were made by general practitioners and 16% by psychiatrists. In 1998, psychiatrists accounted for 37% of all diagnoses, pediatricians for 40%, and general practitioners for 22% (Figures 2A and 2B).

Table 1 Breakdown of ADHD: Visits by age and sex, Canada, 2003 (Visits made to office-based physicians where a diagnosis of ADHD was made) Age group Male **Female** All ages 76% 24% 1.5 million visits 1.14 million visits 0.36 million visits 0-11 56% 53% 0.64 million visits 0.19 million visits 12-17 34% 23% 0.38 million visits 0.08 million visits 18+ 24% 0.12 million visits 0.09 million visits

Source: IMS Health, Canadian Disease and Therapeutic Index.





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