

Study finds minority children prescribed ADHD medication more likely to discontinue treatment

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Credit: Emory University

A study led by researchers from the Emory University Rollins School of Public Health published in the June 2017 edition of *Pediatrics* found higher rates of medication discontinuation and treatment disengagement among minority youth compared to whites diagnosed with and

prescribed medication for Attention Deficit Hyperactivity Disorder (ADHD).

Led by Janet Cummings, PhD, associate professor of Health Policy and Management at Emory's Rollins School of Public Health, the study, "Racial and Ethnic differences in ADHD Treatment Quality among Medicaid-Enrolled Youth" examined Medicaid claims data from nine states. It found that rates of medication discontinuation and treatment dropout were high for all youth in the study, and even higher for minority [children](#). Medicaid is the largest insurer of children in the United States.

More than three-fifths of children discontinued medication during the study. Compared to whites, Black and Hispanic children were 22.4 and 16.7 percentage points more likely to discontinue medication. Among those who discontinued medication, the study also examined how often youth received any psychotherapy services, and rates at which they disengaged from treatment. Black and Hispanic children were 13.1 and 9.4 percentage points (respectively) more likely than whites to disengage from treatment.

Cummings and colleagues were especially concerned because more than seven-tenths of youth who discontinue medication do not receive any type of psychotherapy services for ADHD – including behavioral therapy. Because so few of those who discontinued medication received any other services, the higher rates of medication discontinuation among minority patients translated into significantly higher rates of stopping treatment.

"If parents decide that they don't want their child to take [medication](#) for ADHD, it's crucial for health care providers and health care systems to make every effort to connect these families to therapy services," said Cummings. "These connections could reduce the rate of [treatment](#)

dropout and improve disparities."

Cummings also adds, "One of the key challenges is that many communities have shortages of mental health specialists who accept Medicaid. It is critical for policymakers to invest in expanding the availability of psychotherapy services in settings more accessible to these families – such as federally qualified health centers and school-based [health](#) clinics."

More information: Janet R. Cummings et al. Racial and Ethnic Differences in ADHD Treatment Quality Among Medicaid-Enrolled Youth, *Pediatrics* (2017). [DOI: 10.1542/peds.2016-2444](https://doi.org/10.1542/peds.2016-2444)

Provided by Emory University

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