

Children with ADHD frequently use health care service before diagnosis, study finds

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	ADHD		Controls				
Diagnosis category	Freq.	%	Freq.	%		OR	LL
Non-specific	7,784	95.8	32,427	80.8		6.85	6.09
Eye, ENT, oral	4,316	53.1	17,804	44.4	•	1.45	1.3
Skin	3,525	43.4	14,988	37.3		1.29	1.23
Respiratory	3,465	42.6	14,346	35.7		1.36	1.29
Gastroenterology	1,662	20.5	6,565	16.4		1.33	1.28
Musculoskeletal	1,598	19.7	6,132	15.3	*	1.38	1.29
njury and external	1,847	22.7	5,848	14.6		1.78	1.67
Mental and behavioural disorders	4,640	57.1	2,288	5.7		25.16	23.2
Genitourinary	1,427	17.6	4,903	12.2		1.57	1.47
Symptoms and signs	680	8.4	2,729	6.8	•	1.28	1.16
Nervous system	933	11.5	2,445	6.1		2.04	1.88
nfections	615	7.6	2,480	6.2	•	1.26	1.14
Dirculatory	189	2.3	680	1.7	-	1.39	1.18
Dyslexia, dyspraxia or educational psychology	168	2.1	111	0.3		7.77	6.09
Endocrine	60	0.7	194	0.5		1.53	1.15
Diseases of blood, including cancers	35	0.4	80	0.2		2.18	1.46
Congenital malformations	28	0.3	63	0.2		2.19	1.40
				0.80	1.0 2.0 3.0 6.0 10.0 3 Odds Ratio	0.0	

Attendances to the GP by categories of diagnoses (Read codes), comparing children and young people with (n=8127) versus without (n=40 136) ADHD (n=48 263). Categories are arranged in order of frequency for CYP with ADHD. The square shows the OR and the horizontal line shows the 95% CI. ADHD, attention-deficit/hyperactivity disorder; CYP, children and young people; Freq.,



frequency; GP, general practitioner; LL, lower limit of the 95% CI; UL, upper limit of the 95% CI. Credit: *Archives of Disease in Childhood* (2023). DOI: 10.1136/archdischild-2023-325637

Children and young people with attention deficit hyperactivity disorder (ADHD) use health care services twice as often in the two years before their diagnosis, a study by researchers at the University of Nottingham and King's College London has found.

The research, <u>published today</u> in the journal *Archives of Disease in Childhood* shows that children with the neurodevelopmental disorder are twice as likely to see their GP, go to hospital for an admission, and even have operations, compared to children without ADHD.

The researchers say the results support the need for health care professionals to consider a potential diagnosis of ADHD in children who use their services frequently. This is especially important in cases where the primary reason for attendance is not a mental or behavioral symptom, where ADHD may already be suspected. Children with ADHD use health care services for a wide range of common medical symptoms, such as tonsillitis, asthma, or eczema.

The research was carried out by Dr. Vibhore Prasad and other researchers working at the University of Nottingham and King's College London. Dr. Prasad, who is now an NIHR East Midlands Scholar, associated with the University of Nottingham, a visiting Lecturer at King's College London and a GP in Nottinghamshire, undertook the research after his previous work indicated ADHD diagnosis is often missed and delayed in the UK.

He said, "We know that children with ADHD often face long delays in



diagnosis. We didn't know, until now, that they seek help from the health care services twice as often as children without ADHD in the run up to diagnosis. Our findings demonstrate the need for further research so we can identify children with ADHD earlier to get them effective help."

"The results are significant because we know that identifying ADHD earlier can lead to effective treatment, including talking treatments and medicines, which can prevent a range of serious harms to young people and future adults."

The study looked at medical records of children and young people aged between four and 17 years old from the Clinical Practice Research Datalink, a primary care database containing the records of around 15 million people from 730 GP practices and representing seven per cent of the population of the UK. The findings were based on around half of the patients from England who also had linked hospital medical records.

The research focused on the reasons why children see their GP, receive prescriptions from the GP, attend hospital for overnight admissions and have operations in hospital. It showed that children with ADHD make twice as much use of all these services in the two years before diagnosis compared to children without ADHD.

Professor Edmund Sonuga-Barke (senior author), NIHR Maudsley Biomedical Research Centre, and Dr. Johnny Downs, Consultant Child and Adolescent Psychiatrist (co-author) based at King's College London, said, "Dr. Prasad's study provides a powerful reminder of both the physical and mental health difficulties that young people have to confront in the years leading up to an ADHD diagnosis."

"At this point, we cannot be certain that earlier access to ADHD assessment and treatment would alleviate all these difficulties. However, Dr. Prasad's work does highlight that young people who have suspected



ADHD are already a vulnerable group and may benefit from coordinated multi-disciplinary care that can provide holistic support whilst they are waiting for specialist mental health services."

Michele Reilly, Lead of Lambeth ADHD Support Group, said, "Dr. Vibhore visited the Lambeth ADHD Support Group on several occasions in the process of his research, and has diligently captured the voices of the parents and caregivers of young people with ADHD. This attention to detail and genuine interest in the welfare of families, has provided valuable insights into how families navigate the health care system and engage with their GP prior to an ADHD diagnosis."

"The identification of patterns of GP interaction for families with a child with ADHD offers valuable insights for both families themselves and professionals."

Children and young people with ADHD regularly see health care professionals but guidance from organizations such as the National Institute for Health and Care Excellence (NICE) and the American Academy of Pediatrics does not currently detail how to detect ADHD earlier. Many parents or caregivers report needing to know about ADHD in order for the professionals to consider this as a diagnosis.

The researchers say this study shows that more should be done to develop and test interventions to identify ADHD earlier in primary care. There is also a need to urgently review how the health services cater for <u>young people</u> with undiagnosed ADHD.

Dr. Tony Lloyd, CEO of the ADHD Foundation Neurodiversity Charity, said, "This is groundbreaking research that demonstrates to the Department of Health, NHS UK & local NHS Commissioners, that ADHD should not be trivialized and reduced to core symptoms of hyperactivity, impulsivity and inattention. Undiagnosed untreated



ADHD is now proven to result in double the number of health care appointments and procedures <u>children</u> using the NHS for other avoidable health problems and accidents."

More information: Vibhore Prasad et al, Use of healthcare services before diagnosis of attention-deficit/hyperactivity disorder: a population-based matched case-control study, *Archives of Disease in Childhood* (2023). DOI: 10.1136/archdischild-2023-325637

Provided by University of Nottingham

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