

Approximately one in nine U.S. children diagnosed with ADHD: New study highlights growing public health concern

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An exploration into the national U.S. dataset on children ever diagnosed with ADHD has revealed an "ongoing and ever-expanding" public health issue.

Findings [published](#) in the *Journal of Clinical Child & Adolescent Psychology* uncover that approximately one million more children aged 3–17 had received an ADHD diagnosis in 2022 than in 2016.

The paper reveals around one in nine children have ever received an ADHD diagnosis—11.4%, or 7.1 million children. Some 6.5 million children (10.5%) currently live with ADHD.

Among children currently living with ADHD, 58.1% have moderate or severe ADHD.

In total, 77.9% have at least one co-occurring disorder, approximately half of children with current ADHD (53.6%) had received ADHD medication, and 44.4% had received [behavioral treatment](#) for ADHD in the past year.

Nearly one-third (30.1%) did not receive any ADHD-specific treatment.

The results follow an analysis of the 2022 National Survey of Children's Health (NSCH) dataset. They demonstrate that the estimated prevalence of ADHD (based on a parent report) is higher in the United States than comparable estimates from other countries.

The authors come from institutions including the Centers for Disease Control and Prevention, the Oak Ridge Institute for Science and Education, and the Health Resources and Services Administration.

In the paper, the team explains that the increase of ADHD prevalence can partially be explained by "sociodemographic and child characteristics," while they state societal context can also "contribute to the overall trends in the diagnosis of ADHD."

These include the context around children's mental health before and

during the COVID-19 pandemic.

"Public awareness of ADHD has changed over time. ADHD was historically described as an externalizing disorder with a focus on easily observable hyperactive-impulsive symptoms, and was thought to primarily affect boys," the authors say. "With increased awareness of symptoms related to attention regulation, ADHD has been increasingly recognized in girls, adolescents, and adults. Moreover, ADHD has previously been diagnosed at lower rates among children in some racial and ethnic minority groups. With increased awareness, such gaps in diagnoses have been narrowing or closing.

"Circumstances related to the pandemic may also have increased the likelihood that a child's ADHD symptoms could cause impairment. For example, in families where children needed to engage in virtual classroom learning while parents were also working from home, previously manageable ADHD symptoms may have become more impairing or symptoms that were previously unobserved by parents may have become recognizable."

The aim of this new paper was to provide updated U.S. prevalence estimates of diagnosed ADHD; ADHD severity; co-occurring disorders; and receipt of ADHD medication and behavioral treatment. The team assessed 45,483 completed interviews, also monitoring differences in demographic and clinical subgroups. Questions asked parents for details such as the severity of the condition.

Findings highlight how socioeconomic and geographic factors play a part in diagnosis/prevalence of ADHD.

For example:

- Asian and Hispanic/Latino children had a lower prevalence of

diagnosed ADHD than white children.

- Children living in households with [high school](#) as the highest level of education and lower-income households had a higher prevalence than children living in households with more education and with income $\geq 200\%$ of the [federal poverty level](#), respectively.
- Children with [public insurance](#) (with or without private insurance) had a higher prevalence than children with private insurance alone.
- Prevalence was also higher for children living in the Northeast, Midwest, or South compared to those living in the West and for children living in rural or suburban areas compared to children living in urban areas.

The results also demonstrated how such factors impacted upon medicated treatment:

- Hispanic children and children living in non-English-speaking households had a lower prevalence of taking ADHD medication than non-Hispanic children and children living in primarily English-speaking homes, respectively.
- A higher prevalence of children with both public and private insurance were taking ADHD medication than children with [private insurance](#) only.
- A higher prevalence of children living in the Midwest and South were taking ADHD medication compared to children in the West.

Other behavioral treatments, such as mental health counseling, also followed similar patterns.

Explaining the findings further, the authors state, "Shifts in patterns of treatments may also be affected by changes in the demographic

distribution of who receives ADHD diagnoses. There is evidence that the sex difference for diagnosis of ADHD may be narrowing; in prior years, the ratio of boys to girls diagnosed with ADHD was more than 2:1."

Concluding, the team states that they hope their findings can be used by clinicians to understand diagnosis and treatment patterns to better inform clinical practice. Additionally, they hope it could be used by policymakers, government agencies, health care systems, public health practitioners, and other partners to plan for the needs of children with ADHD, such as by ensuring access to care and services for ADHD.

Future research, the team states, could investigate patterns of service delivery during and after the pandemic; as well as modes of ADHD service delivery; uptake and discontinuation of ADHD medication; and receipt of evidence-based behavioral treatment and other recommended services such as school services.

This study is subject to a number of limitations, including it being based on a survey of parent recall and reporting decisions, and has not been validated against medical records or clinical judgment.

More information: ADHD Prevalence Among U.S. Children and Adolescents in 2022: Diagnosis, Severity, Co-Occurring Disorders, and Treatment, *Journal of Clinical Child & Adolescent Psychology* (2024).

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