

**Non-drug Healthcare Resource Use in Adult Patients with Attention-deficit/hyperactivity Disorder**M. Bischof<sup>1</sup>, A. Joseph<sup>2</sup><sup>1</sup>Global Market Access Centres of Excellence, Shire, Zug, Switzerland ; <sup>2</sup>Global HEOR and Epidemiology, Shire, Zug, Switzerland

**Introduction:** Non-drug-related healthcare resource use represents an under-investigated contribution to the total healthcare cost of adult patients with attention-deficit/hyperactivity disorder (ADHD).

**Objectives:** To assess non-drug healthcare resource use in adult patients with ADHD undergoing pharmacotherapy.

**Methods:** Practising psychiatrists in Scotland, Sweden and Denmark were invited from a healthcare professional database to complete an online survey between January and August 2014. Resource use estimations were based on typical adult patients ( $\geq 18$  years) diagnosed with ADHD and showing either adequate or inadequate responses to ADHD medication.

**Results:** Participating psychiatrists in Scotland (n=20), Sweden (n=20) and Denmark (n=15) saw a mean (standard deviation [SD]) of 10.3 (8.2), 17.8 (12.7) and 16.9 (16.5) adult patients with ADHD per month, respectively. Methylphenidate was the most commonly utilised first-line medication (74% of psychiatrists). Tables 1 and 2 show mean prescribed daily drug doses and resource use estimates.

**Conclusions:** Findings suggest that patients with an inadequate response to pharmacotherapy consume more non-drug healthcare resources than those with an adequate response. Whilst limited in sample size, this study provides initial data on non-drug healthcare resource use in adult ADHD.

Table 1. Daily drug dose (mg) by country. n/a, not asked.

	Scotland (n=20)	Sweden (n=20)	Denmark (n=15)
	Mean (SD)	Mean (SD)	Mean (SD)
Methylphenidate immediate release	29.9 (13.6)	42.2 (25.0)	49.0 (19.9)
Methylphenidate intermediate release	45.7 (16.2)	46.3 (27.2)	51.3 (20.6)
Methylphenidate extended release	41.9 (19.3)	52.7 (21.3)	54.6 (16.5)
Atomoxetine	62.9 (20.5)	60.3 (26.1)	74.3 (11.8)
Dexamfetamine	36.7 (15.3)	32.2 (21.1)	38.3 (16.1)
Lisdexamfetamine	n/a	48.3 (22.1)	51.0 (11.4)

Table 2. Estimated mean resource use (visits/consultations) per year per patient.

	Scotland (n=20)		Sweden (n=20)		Denmark (n=15)	
	Adequate response	Inadequate response	Adequate response	Inadequate response	Adequate response	Inadequate response
General practitioner	3.6 (2.1)	6.4 (3.7)	–	–	–	–
Psychiatrist	3.4 (2.5)	6.6 (2.2)	2.7 (2.1)	6.0 (2.9)	3.4 (2.8)	6.4 (3.4)
Nurse	2.4 (3.7)	4.0 (5.4)	5.1 (4.1)	7.5 (4.3)	2.1 (2.2)	4.5 (4.8)
Phone consultation	–	–	2.8 (3.0)	4.6 (3.7)	2.1 (1.6)	4.5 (4.8)
Psychologist	–	–	1.7 (3.0)	3.5 (3.9)	0.5 (1.4)	2.5 (3.9)
Neurologist	–	–	0.1 (0.2)	0.1 (0.2)	0.0 (0.0)	0.1 (0.3)
Social worker	–	–	0.6 (1.0)	3.0 (3.8)	3.5 (4.8)	5.2 (5.8)