

Children with ADHD – Identification and Diagnosis Follow-Up Study

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Abstract

Background

Attention Deficit Hyperactivity Disorder (ADHD) is a common disorder in children, leading to difficulties in scholastic, social and family functioning. Despite growing awareness of the disorder, some children with ADHD remain undiagnosed as their parents do not seek help or treatment for them. Various barriers stand in the way of parents applying for help, such as a lack of information and difficulties arising from the inaccessibility and unavailability of diagnostic services. This report summarizes a two-stage study on children with ADHD, which examined a variety of topics, including predictors of the disorder, the benefits of early detection, the accessibility and availability of diagnostic services, and treatment.

Goals

1. Examine the characteristics of children with ADHD and the factors predicting the disorder
2. Examine the use of health and other services by children suspected of having ADHD
3. Examine the impact of identifying the disorder as early as Grades 1-2
4. Probe the reasons for seeking diagnosis or not doing so
5. Examine the accessibility and availability of diagnostic services, and characterize the treatment received by children diagnosed with ADHD
6. Compare the functioning and consumption of services of children receiving or not receiving treatment

Method

The study consisted of two stages. In the first stage (2012) – the identification of the disorder – class teachers of Grades 1 and 2 completed questionnaires for 1,129 children, and identified 213 children as possible candidates. Since identification requires reports from two sources, telephone interviews were then held with their parents. Following these interviews, 105 children were suspected of having ADHD (92, identified with the help of the questionnaire and 13, according to the parents' reports). The parents in question received written recommendations to apply for diagnosis. At this stage, as a basis for

comparison, interviews were also held with the parents of 224 children who had not been identified by the class teachers. In the follow-up stage (2016), when the children were in Grades 5 and 6, telephone interviews were conducted with the parents of 85 children who had been suspected of having ADHD.

Results

The results of the identification revealed an 8% prevalence of ADHD, with boys accounting for 64% of the children identified. The children with ADHD showed a greater occurrence of problems of self-control (i.e., angry outbursts and bullying), deviation from norms (i.e., lying and stealing), behavioral and scholastic problems, and posing a burden for the family. Of the background characteristics examined, only birth difficulties and low levels of parental education were found to be predictors of ADHD.

In the follow-up stage, it was found that 87% of the parents had known or suspected that their child had ADHD before they received the results of the identification. A third reported that the results had caused them to consider applying for a diagnosis or had reinforced their intent to do so. Of the children identified, 65% were referred for diagnosis: only half of them were diagnosed by a health-plan physician; 77% were diagnosed with ADHD; and for 14%, the results were inconclusive. Of the children diagnosed with the disorder, 52% received medication and such support as scholastic assistance or therapy; 35% received only support and no medication, and 4% received only medication.

The parents reported that following treatment with medication, there was improvement in the scholastic area (92%), social area (67%), and emotional area (48%). A negative impact was reported on physical health (61%): loss of appetite, weight gain and a few children suffered from sleep disturbance. The medicated children were monitored by a neurologist (62%) or by a pediatrician/family physician (19%). The remaining 19% were not monitored.

A comparison of the medicated and non-medicated children revealed a lower rate of scholastic, social, behavioral and family problems among the former although the differences were not significant. As regards health and the consumption of health services, no differences were found between the two groups.

Conclusions

The study showed that systematic identification of ADHD has a modest effect on seeking diagnosis. Access to information on ADHD and on treatment options by public health services requires improvement. Professionals should address the question of how to inform parents of the importance of medical follow-up, and how to make it easier for them to follow through on it.