



Christopher Harrison, Janice Charles, Helena Britt

Australian GP Statistics & Classification Centre, University of Sydney, New South Wales.



AD(H)D

The BEACH program (Bettering the Evaluation and Care of Health) shows that management of attention deficit (hyperactivity) disorder (AD(H)D) was rare in general practice, occurring only six times per 1000 encounters with children aged 5–17 years, between April 2000 and December 2007. This suggests that general practitioners manage AD(H)D about 46 000 times for this age group nationally each year.

Figure 1. Gender and age specific rates of AD(H)D

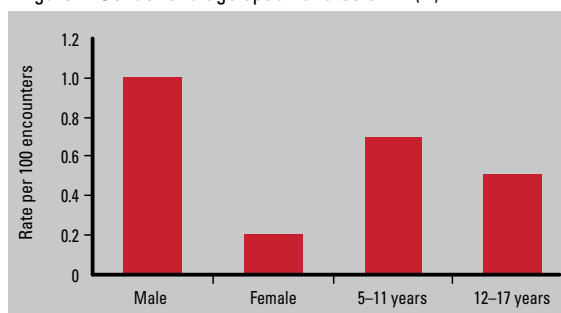


Table 1. Treatment of AD(H)D

Treatment	Number	Rate per 100 AD(H)D problems (n=347)
Medications	125	36.0
– methylphenidate	47	13.5
– dexamphetamine	41	11.8
Clinical treatments	87	25.1
– psychological counselling	43	12.4
Referrals	164	47.3
– paediatrician	112	35.9
– psychiatrist	13	4.2

■ There were 347 encounters at which AD(H)D was managed during the almost 8 year period, and four out of five patients were male. The management rate of AD(H)D was significantly higher among boys (1 per 100 encounters, 95% CI: 0.9–1.1) than girls (0.2 per 100, 95% CI: 0.1–0.3). There was no significant difference in rates between younger and older children (Figure 1).

Comorbidities were managed at a low rate with AD(H)D and they covered a wide range of conditions. The most commonly managed other problems were depression and upper respiratory tract infection.

Medication rates (prescribed, advised or supplied) were low, at 36.0 per 100 AD(H)D problems managed. The rate was highest in 2000–2001 (52 per 100 AD(H)D problems managed) but trend analysis showed a significant decrease in prescribing for this problem. Since 2000–2001, on average the medication rate has decreased every year by 3.5 per 100 AD(H)D problems managed. The two most common medications, the stimulants methylphenidate and dexamphetamine, accounted for three-quarters of all medications recorded for AD(H)D. For 10% of these stimulants, GPs indicated the medication was initiated at that encounter. Compared with all medications recorded in BEACH, of which one-third are new to the patient, this suggests that stimulants are less commonly initiated by GPs.

Clinical treatments such as advice and counselling were recorded at average rates for BEACH. However, referrals were provided at a rate six times higher than average. Further analysis showed that when AD(H)D was a new problem for the patient, four out of five patients were referred. Table 1 shows details of the treatments provided for AD(H)D.

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