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Diagnosis and Treatment of ADHD Varies Significantly Across Countries

ARLINGTON, Va. (May 1, 2011) — Social attitudes about Attention Deficit Disorder Hyperactivity Disorder (ADHD) and treatments vary by country, according to a new study of the diagnosis and treatment of ADHD in nine countries. The study appears in the May issue of the American Psychiatric Association's journal *Psychiatric Services*.

ADHD is widely recognized internationally as a chronic neurodevelopmental disorder leading to impairment and requiring treatment. Until recently, epidemiological research supported the conclusion that the prevalence of ADHD varies significantly from country to country. However, a recent meta-analysis indicated that differences in prevalence are largely attributable to methodological differences in the studies themselves (e.g., differing definitions) rather than to cultural or national-level factors. The new survey shows that treatment procedures *do* vary a great deal between countries, even though ADHD prevalence may not.

Researchers for the new study recruited 18 researchers participating in an international conference on ADHD to review literature, history and current practices in their country and respond to questions about the diagnosis, treatment, payment systems, and beliefs in the educational system about ADHD in different locations.

The nine nations surveyed were Australia, Brazil, Canada, China, Germany, Israel, the Netherlands, Norway, and the United Kingdom. (U.S. data were also gathered, but they are not reported in the article because of space considerations.) All ten nations saw an increase in use of medications; use of longer acting, more expensive medications is becoming more common. In some countries, medications are viewed as a first-line treatment, whereas in others psychosocial treatments are the recommended first-line approach. For example, in the United Kingdom treatment guidelines advocate use of psychosocial treatments first in many cases, and in Canada the use of medication and psychological interventions is determined by doctor and patient preferences.

The report looks at social and economic factors and cultural values influencing ADHD treatment as well as divergent professional training that affects the choice of treatment models. An interesting example of variation is in the way that school settings perceive and react to ADHD symptoms. Respondents from Israel commented on the tolerance for high activity levels in classrooms, whereas respondents from China noted that children are expected to remain still and on task for long hours in quiet classrooms. Brazil retains a highly psychoanalytic perspective on ADHD, which results in low rates of referral from schools. In addition, Brazil's education system is largely under the influence of "constructivism," meaning that behavioral problems are not viewed as related to clinical manifestations of disorders.

The authors, led by Stephen P. Hinshaw, Ph.D., Department of Psychology, University of California, Berkeley, conclude there is a particular need for evidence-based treatments for long-term impairments related to ADHD and call for "culturally sensitive research to enhance understanding of both across-nation and within-nation variability in intervention procedures and access to treatment." They also noted a lack of research on ADHD in adults and lack of resources for treatment of adults.

The **American Psychiatric Association** is a national medical specialty society whose physician members specialize in the diagnosis, treatment, prevention and research of mental illnesses, including substance use disorders. Visit the APA at www.psych.org and www.HealthyMinds.org.