

ADHD Assessment and Treatment Practices Among Local Family Practice and Pediatric Physicians

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Introduction

- Background
 - What is ADHD?
 - Common treatments
 - Pelham: combined
 - Wolraich: survey
 - AAP/AFP Guidelines
- Purpose
 - Examine diagnostic practices
 - Discover the prevalence of medication versus other treatments

Hypotheses

- Hypothesis 1: A difference in diagnostic practices between family practice doctors and pediatricians.
- Hypothesis 2: Difference in clientele between family practice and pediatrics.
- Hypothesis 3: Use of DSM-IV-TR and/or validated scales predicts using "the big 3" and behavior modification.

Hypotheses (cont.)

- Hypothesis 4: Correlation between patient load and time spent in diagnosis.
- Hypothesis 5: Stimulants prescribed more often than behavioral modification.
- Hypothesis 6: Correlation between date of residency completion and use of dietary treatments.

Methodology

- 95 physicians surveyed
- 1st: 30 responses
- 2nd: 18 responses
- 5 additional responses (56%!)
- 11 women and 37 men
- 14 Pediatricians and 34 Family physicians.

Our Survey

- Type of practice
- Sex
- Year residency completed
- Number/age range of patients with ADHD
- Referral source
- Scales used for diagnosis
- Importance of symptoms (DSM and not)
- Importance of external sources
- Time to make diagnosis
- Prevalence of treatments
- Frequency of followup

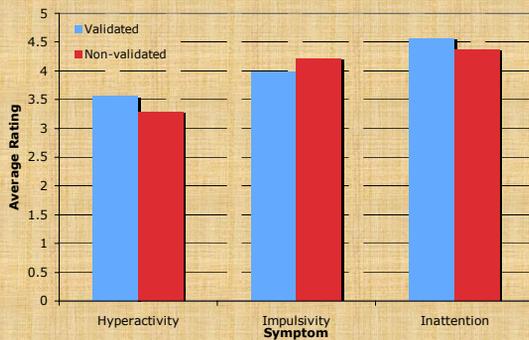
Results

- **Hypothesis 1:** A difference in diagnostic practices between family practice doctors and pediatricians.
- **Finding:** No difference between practice types
- **Instead,** validated scales showed a difference between the two practices.

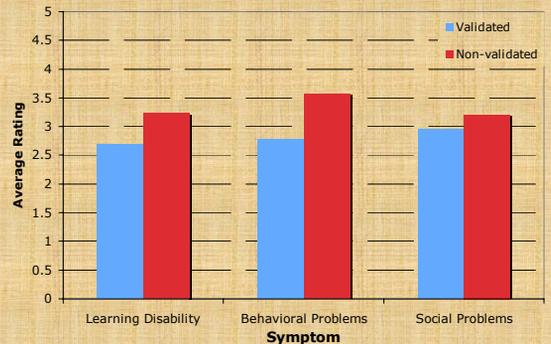
Results (cont.)

- **Hypothesis 2:** Difference in clientele between family practice and pediatrics.
- **Findings:** More emphasis on hyperactivity for pediatricians. Effect of age.
- **Hypothesis 3:** Use of DSM-IV-TR and/or validated scales predicts using “the big 3” and behavior modification.
- **Finding:** Predicted use of behavioral treatment, not big 3.

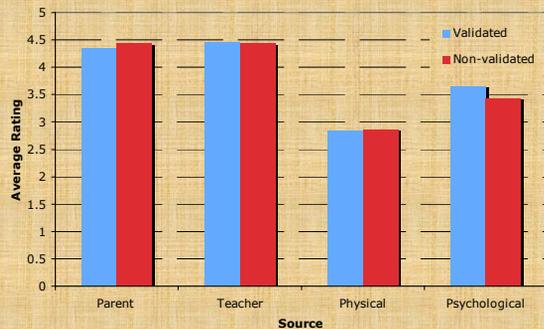
Importance of Symptoms



Importance of Symptoms

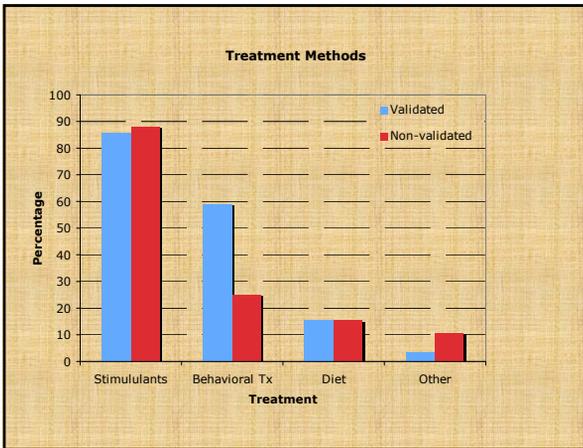


Importance of External Sources



Results (cont.)

- **Hypothesis 4:** Correlation between patient load and time spent in diagnosis.
- **Finding:** There is no correlation
- **Hypothesis 5:** Stimulants prescribed more often than behavioral modification.
- **Finding:** Yes, very much so.



Results (cont.)

- Hypothesis 6: Correlation between date of residency completion and use of dietary treatments.
- Finding: No correlation.

Were our hypotheses supported?

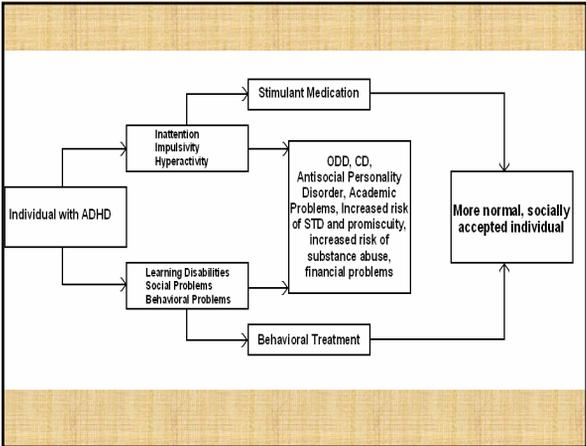
- Yes, stimulants are prescribed twice as frequently as behavior modification
- Yes, using validated scales predicts better diagnostic practices and behavioral treatment
- Partially, pediatricians rely more on hyperactivity

Hypotheses, cont.

- No, no differences in diagnosing or treating by practice type
 - Difference accounted for by use of validated scales. All pediatricians used validated scales, while only a little over half of family practice physicians did.
- No, patient load does not predict time to make diagnosis
- No, training year does not predict use of diets

Discussion

- What does it all mean?
- Validated scales
- Not enough pediatricians
- Not enough variability in year of residency completion.



The Physicians' Comments

- Barriers to treatment
 - time, cost, availability of behavioral treatment.

Future Research

- Providing treatment options
- Educating physicians on research findings on treatment
- Universal diagnostic scale
- Boys versus girls with ADHD
- Reducing social stigma for children with ADHD.

Thanks!

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- Susan Thomas
- Our Participants
- Ourselves. 😊

