

**PS#64 - Pediatricians' Attitudes and Practices Surrounding
Attention-Deficit/Hyperactivity Disorder (ADHD), 2005**

This survey was initiated by the ADHD Guidelines Implementation Project Advisory Committee to assess pediatricians' current perspectives on issues surrounding Attention-Deficit/Hyperactivity Disorder (ADHD) and compare them with pediatricians' responses to a similar survey developed by the (former) AAP Committee on Quality Improvement, Subcommittee on ADHD, conducted in 1999.

PS#64 was mailed to a random sample of 1603 non-retired U.S. members of the Academy. An original mailing and six follow-up mailings to recontact nonrespondents were conducted from June through November 2005; 747 questionnaires were received for a response rate of 47%. Analysis was limited to 602 respondents who provide patient care. The 1999 survey to examine practices regarding ADHD was sent to a random sample of 1000 pediatricians and 1000 family physicians with an overall response rate of 54%; 452 pediatricians who provide direct patient care were included in the analysis.

Both surveys included questions on pediatricians' evaluation, diagnoses, treatment and follow-up of patients aged 6 to 12 years with ADHD as well as their attitudes toward ADHD, allowing a comparison of practices and attitudes before and after the release of the AAP guidelines and subsequent initiatives. PS#64 also included new questions on the familiarity and use of AAP ADHD resources for clinicians. PS#64 was funded, in part, by the National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention, as part of the "Education and Community-Based Intervention for Health Promotion in People with Birth Defects" grant (ie, Medical Home Surveillance and Screening Program).

Evaluation and Diagnosis of ADHD

In 2005, more pediatricians use a practice guideline and formal criteria to make a diagnosis, and require less time for the initial evaluation process:

- In 2005, more than one-third of pediatricians (36%) say they have adopted a practice guideline for ADHD compared to 14% in 1999 ($p < .001$); in 2005, 50% of these pediatricians say they use the AAP guidelines.
- When making a diagnosis of ADHD, 80% of pediatricians in 2005 say they routinely use formal criteria compared to 67% in 1999 ($p < .001$). In both years, about two-thirds report using a standardized rating scale and about one-fourth say they use the DSM criteria.
- In 2005, 21% of pediatricians compared to 17% in 1999 say the initial evaluation process usually requires between 15 and 30 minutes, 34% compared to 29% say it takes between 30 and 45 minutes, 23% and 22% say 45 to 60 minutes, and 15% compared to 27% need 60 minutes or more ($p < .001$).

Compared to 1999, pediatricians in 2005 are more likely to use teacher and parent rating scales specific for ADHD as well as teacher and parent rating scales of general behavior during the initial evaluation process. There is no change across years in the proportion of pediatricians who routinely assess for most comorbidities and refer to subspecialists for the initial evaluation.

- In 2005, 66% of pediatricians compared to 49% in 1999 ($p < .001$) say they almost always or always use teacher rating scales specific for ADHD to evaluate for ADHD and 67% compared to 51% always use parent rating scales specific for ADHD ($p < .001$). Forty-four percent versus 31% always use a teacher rating scale of general behavior and 47% v 34% use a parent rating general behavior scale ($p < .001$).
- In 2005 and 1999, during the initial evaluation process, pediatricians are equally likely to routinely assess for anxiety (89%, 89%), depression (92%, 93%), oppositional defiant disorder (89%, 92%), language disorder (83%, 87%), and learning disorder (92%, 92%). However, slightly fewer pediatricians in 2005 assess for conduct disorder (90% v 95%, $p < .01$) and tic disorder (80% v 89%, $p < .001$). Asked only in 2005, 91% of pediatricians assess for family conflicts during the initial evaluation process.

¹ Chan E, Hopkins MR, Perrin JM, Herrerias C, Homer CJ. Diagnostic Practices for Attention Deficit Hyperactivity Disorder: A National Survey of Primary Care Physicians. *Ambulatory Pediatrics*. 2005;5:201-208.

- About equal proportions of pediatricians in 2005 and 1999 routinely refer to a subspecialist (ie, psychiatrist, psychologist, neurologist, developmentalist/behaviorist or other mental health care provider) for the initial evaluation for ADHD. Twenty-four percent and 28%, respectively, refer all patients requiring an evaluation for ADHD; 59% and 51% refer patients requiring an evaluation for ADHD with a suspected comorbidity. Nine percent and 11%, respectively, refer no patients to a subspecialist for an initial evaluation.

Treatment and Follow-Up of ADHD

There is little change across survey years in the frequency with which pediatricians treat, co-manage and refer patients diagnosed with ADHD without a comorbidity (ie, anxiety, depression, or conduct, oppositional defiant, tic, language or learning disorder). The frequency of treating and co-managing ADHD patients with a comorbidity is also similar in both survey years. However, in 2005, more pediatricians report referring ADHD patients with a comorbidity to a subspecialist for ongoing care than in 1999. About three-fourths of pediatricians in 2005 and 1999 say the proportion of their patients being treated with medication for ADHD has increased over the past five years.

- In both 2005 and 1999, about one-half of pediatricians (49%, 52%) report always treating patients with ADHD without a comorbidity on their own, about 10% in both years say they always co-manage the ongoing care of the patient with a subspecialist, and about 6% say they always refer to a subspecialist for ongoing care.
- In both 2005 and 1999, about 4% of pediatricians report always treating ADHD patients with comorbidities on their own whereas about 40% say they rarely or never do so. In both survey years, 17% report always co-managing the ongoing care of these patients with a subspecialist. However, in 2005, 27% of pediatricians say they refer ADHD patients with a comorbidity to a subspecialist for ongoing care compared to 18% in 1999 ($p < .001$).
- In 2005, 63% of pediatricians say a larger proportion of their total patient population is being treated with medication for ADHD compared to five years earlier; in 1999, 66% of pediatricians so reported. In 2005, 33% of pediatricians who report an increase in treatment with medication say the reason is because of a decrease in the availability of other psychosocial services in their community; in 1999 only 14% reported this as a reason for increased medication use ($p < .001$).

Attitudes Toward ADHD

In both survey years, most pediatricians feel adequately trained to evaluate and treat children for ADHD without a comorbidity. About 4 out of 10 pediatricians in both survey years say they feel adequately trained to evaluate children for ADHD with a comorbidity; however, fewer pediatricians in 2005 feel adequately trained to treat them. Pediatricians in 2005 are more uncertain than pediatricians in 1999 as to whether ADHD is over-diagnosed in the US.

- In 2005 and 1999, 74% and 73%, respectively, say they feel adequately trained to evaluate children for ADHD without a comorbidity and 79% in both survey years say they feel adequately trained to treat these patients.
- In 2005 and 1999, 39% and 40%, respectively, say they feel adequately trained to evaluate children for ADHD with a comorbidity. However, in 2005, 19% of pediatricians say they feel adequately trained to treat children for ADHD with a comorbidity compared to 27% in 1999 ($p < .05$). A large proportion of pediatricians (>25%) in both survey years are uncertain about the adequacy of their training in both evaluation and treatment of children for ADHD with a comorbidity.
- In 2005, 45% of pediatricians think ADHD is over-diagnosed in the United States and 36% are uncertain; in 1999, 55% thought ADHD was over-diagnosed and 27% were uncertain ($p < .01$).

Familiarity and Use of AAP ADHD Resources, 2005

- Three-fourths of pediatricians say they are very or somewhat familiar with the AAP Guidelines for the Diagnosis and Treatment of Children with ADHD, 53% say they are very or somewhat familiar with the ADHD Resource Toolkit for Clinicians, and only 31% are very/somewhat familiar with the eQUIPP module on ADHD.