

Attention on ADHD

The Value of Improving Care for People with ADHD

ADHD is an under-diagnosed^{1,2} neurodevelopmental disorder that has an unrecognised, but high burden for individuals^{3,4,5} and society.^{6,7} ADHD is often under-diagnosed and under-treated.⁸

There has been a lack of data to illustrate the cost implication that the under-treatment of ADHD has had on health systems and societies,⁹ so it has been difficult for policymakers to demonstrate the budget impact of investment in interventions to improve access to treatment.



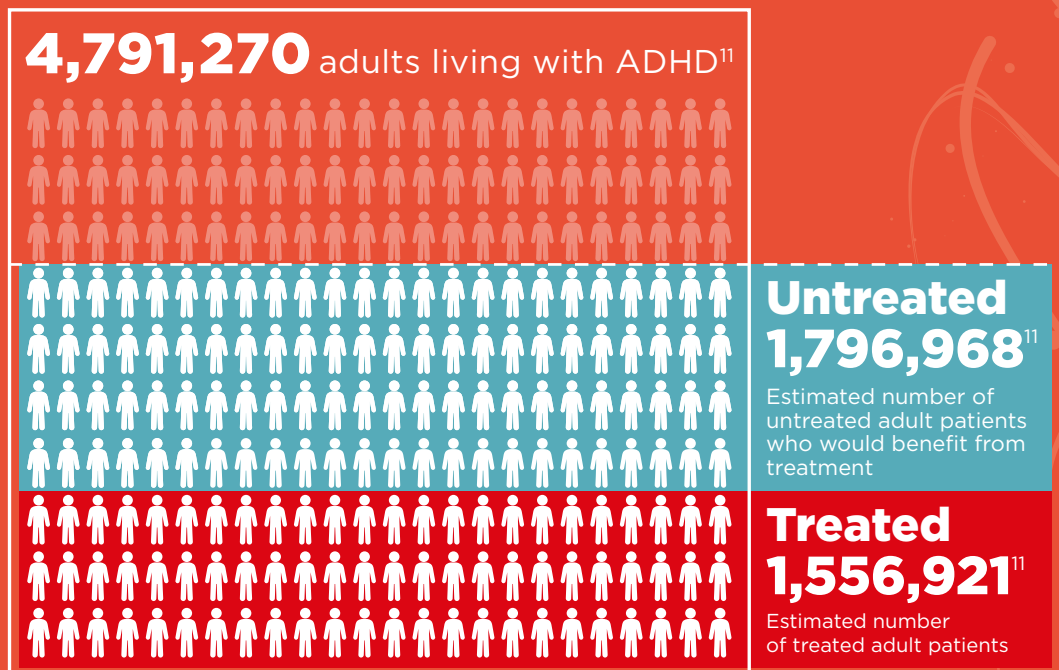
To help address this, Takeda has commissioned a budget impact analysis model, based on work from Biederman et al,¹⁰ which uses aggregated data to estimate the impact of untreated ADHD in 12 countries.



Key findings from budget impact analysis model

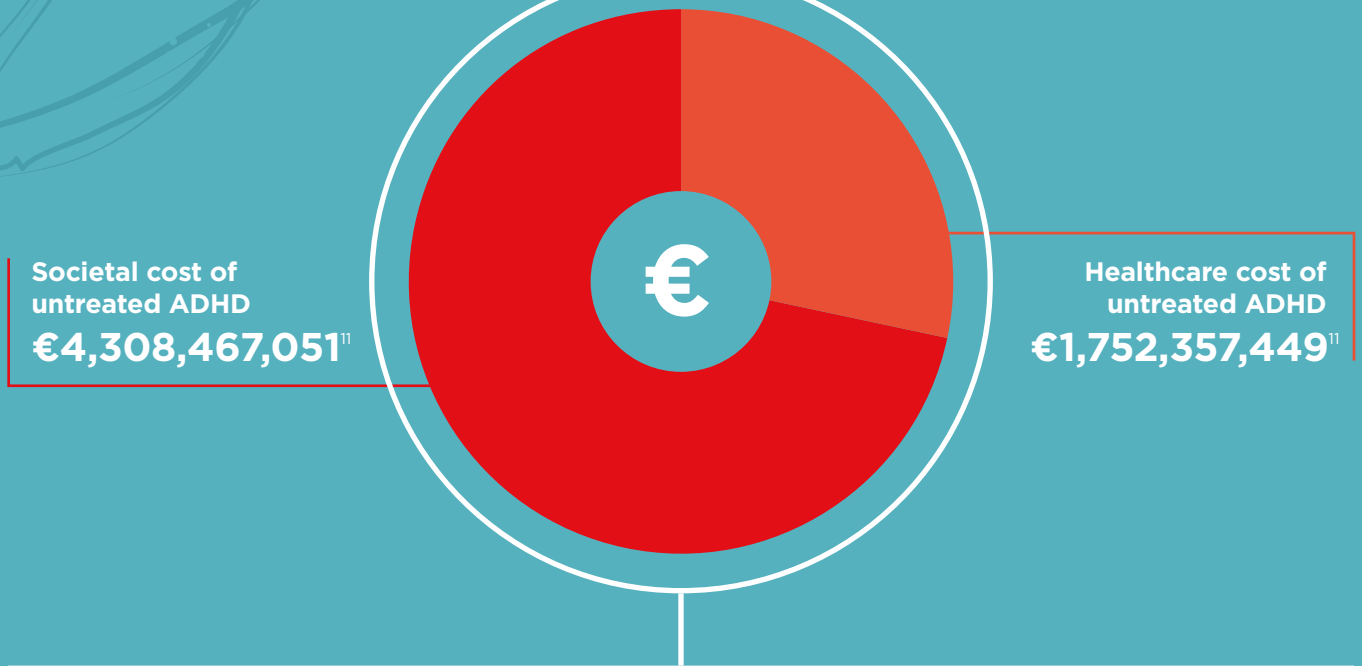
In the 12 countries included in the model, the number of adults living with ADHD who are currently untreated but who would benefit from treatment:¹¹

Number of untreated adults living with ADHD who would benefit from treatment



The figures from the economic modelling data represent aggregated data from the following 12 countries: Belgium, Canada, Denmark, Finland, Germany, Netherlands, Norway, Portugal, Spain, Sweden, Switzerland and the United Kingdom.

The Cost of Untreated ADHD

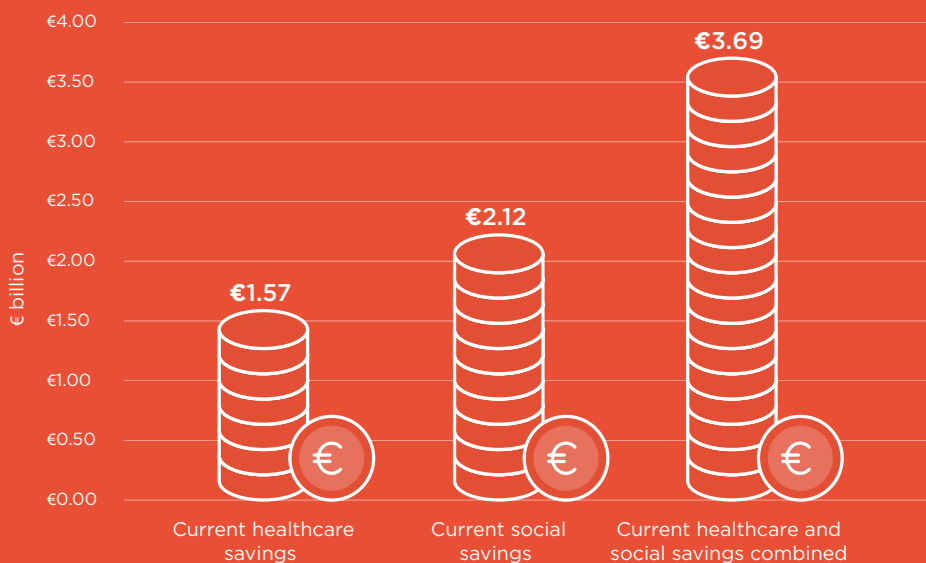


**The total cost of untreated ADHD
= €6,060,824,499¹¹**

for the 12 countries included in the model

Current Cost Savings of Treated ADHD

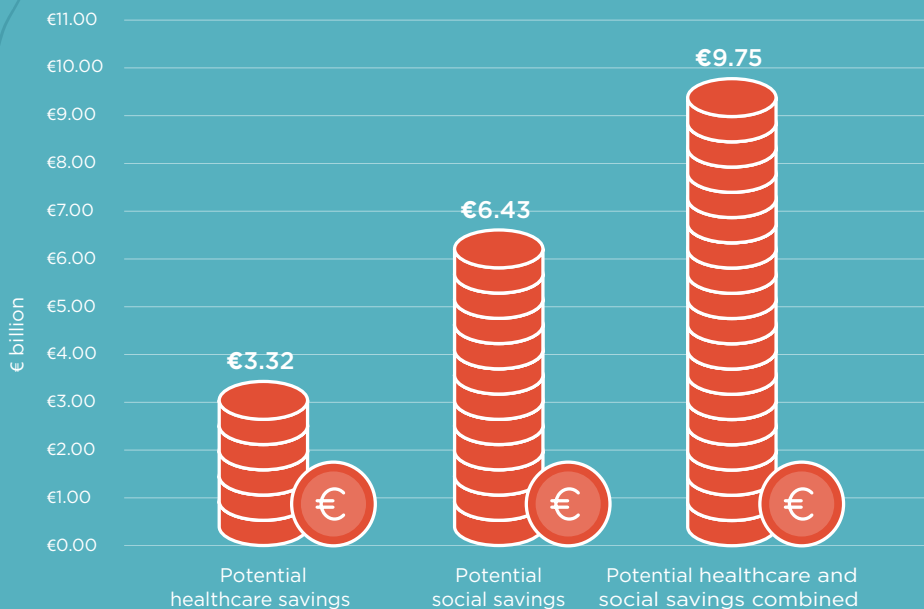
The countries are collectively realising €3.69 billion combined healthcare and social savings by treating ADHD at the current rate, compared to not treating anyone. This is made up of €1.57 billion of healthcare savings and €2.12 billion of social savings¹²



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Potential cost savings of treating to 70%

If the treatment rate were increased to 70% of people living with ADHD across the 12 countries, a total of €9.75 billion healthcare and social savings could be achieved. This would be made up of €3.32 billion of healthcare savings and €6.43 billion of social savings¹³



What can be done?

Takeda recommends that policymakers should consider the following actions to reduce the budget impact of untreated ADHD:



1

Design and deliver healthcare services that enable healthcare professionals to **implement the Updated European Consensus Statement** on diagnosis and treatment of adults with ADHD.¹⁵

2

Collaborate with non-profit support organisations representing persons with lived experience of ADHD and healthcare professional groups to **agree strategies to increase diagnosis and treatment rates** among adults who would benefit.

3

Identify opportunities to **improve local data collection on ADHD** and the positive budget impact of increasing treatment rates.

References

1 Ginsberg, Y., et al (2014). Underdiagnosis of attention-deficit/hyperactivity disorder in adult patients: a review of the literature. *Prim Care Companion CNS Disord*, 16(3). 2 Caci, H., et al (2014). Daily life impairments associated with self-reported childhood/adolescent attention-deficit/hyperactivity disorder and experience of diagnosis and treatment: results from the European Lifetime Impairment Survey. *Eur Psychiatry*, 29(5): 316-23. 3 Gillberg, C., et al (2004). Co-existing disorders in ADHD -- implications for diagnosis and intervention. *Eur Child Adolesc Psychiatry*, 13 Suppl 1: 180-92. 4 Massuti R, Moreira-Maia CR, Campani F, Sónego M, Amaro J, Akutagawa-Martins GC, et al. Assessing undertreatment and overtreatment/misuse of ADHD medications in children and adolescents across continents: a systematic review and meta-analysis. *Neurosci Biobehav Rev*. 2021 Sep 1;128:64-73. 5 Katzman, M., et al (2017). Adult ADHD and Comorbid disorders: clinical implications of a dimensional approach. *BMC Psychiatry*, 17:302. 6 Le, H., et al (2014). Economic impact of childhood/adolescent ADHD in a European setting: the Netherlands as a reference case. *Eur Child Adolesc Psychiatry*, 23(7): 587-98. 7 Telford, C., et al (2013). Estimating the costs of ongoing care for adolescents with attention-deficit hyperactivity disorder. *Soc Psychiatry Psychiatr Epidemiol*, 48(2): 337-44. 8 Ginsberg Y, Quintero J, Anand E, Casillas M, Upadhyaya HP. Underdiagnosis of attention-deficit/hyperactivity disorder in adult patients: a review of the literature. *Prim Care Companion CNS Disord*. 2014;16(3):PCC13r01600. 9 Young, S., et al (2013). ADHD: making the invisible visible. An Expert White Paper on attention-deficit hyperactivity disorder (ADHD): policy solutions to address the societal impact, costs and long-term outcomes, in support of affected individuals. Available at: http://www.russellbarkley.org/factsheets/ADHD_MakingTheInvisibleVisible.pdf [Accessed January 2023]. 10 Biederman J, et al. (2019) Quantifying the Protective Effects of Stimulants on Functional Outcomes in ADHD: A Focus on Number Needed to Treat (NNT) Statistic and Sex Effects. *J Adolesc Health*.65(6):784. 11 Takeda Cost of ADHD Economic Modelling Data, Dec 2022 12 Takeda Cost of ADHD Economic Modelling Data, Dec 2022 13 Takeda Cost of ADHD Economic Modelling Data, Dec 2022 14 Takeda Cost of ADHD Economic Modelling Data, Dec 2022 15 Kooij JJS, Bijaenga D, Salerno L, et al. Updated European Consensus Statement on diagnosis and treatment of adult ADHD. *Eur Psychiatry*. 2019 Feb;56:14-34.

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