Why it makes economic sense to treat adult ADHD

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It is quite rare that healthcare professionals know precisely what a health economics discussion should involve. My experience is that, frequently, assumptions on what health systems should provide differ from paper to paper and the methods of economic analysis vary. Furthermore, for some clinicians, even discussing health economics is seen as unethical and unwelcome. However, as the use of health economics by healthcare commissioning authorities grows, health professionals will have to understand, and be able to respond to, economic analyses.

Healthcare represents a collection of services, products, institutions, regulations and people. In the UK, for the financial year 2010, the expenditure for healthcare is the largest outgoing for government spending at 18% of the total budget (and 8.25% of GDP); that is, three times more than the expenditure for defence. Paradoxically, within such a large budget, the only mechanism of national guidance on how to promote good health and prevent and treat ill health is allocated a mere 0.02% of the funds. Delivering this national guidance is the remit of the National Institute for Health and Clinical Excellence (NICE), which gives advice on the ‘services’ and ‘products’ elements of healthcare (‘regulations’ and ‘people’ fall within the remit of other bodies, while ‘institutions’ are the result of general government policy).

The case for treating adult ADHD

Economics is only one aspect of healthcare systems, which mainly consist of actions and people whose primary purpose is to improve health.

In her introduction to the World Health Report 2000, Gro Harlem Brundtland, the then Director General of the WHO, reflected on healthcare systems: ‘Clearly, their defining purpose is to improve and protect health – but they have other intrinsic goals. These are concerned with fairness in the way people pay for healthcare, and with how systems respond to people’s expectations with regard to how they are treated’. Further on, the report states that health systems have three fundamental objectives:

- Improving the health of the population they serve
- Responding to people’s expectations
- Providing financial protection against the costs of ill-health.

The economic argument for treating adult attention deficit hyperactivity disorder (ADHD) makes the most sense when seen through the broad lens of the WHO framework, as opposed to the narrow lens of microeconomic appraisal, which mostly considers immediate cost-effectiveness, cost–benefit and cost–utility.

Health benefits

There is no doubt that the health of adults who have ADHD is affected by the condition. If they have yet to be diagnosed, they will most likely develop comorbid conditions. Comorbid disorders are common in adult ADHD sufferers and include substance use disorders, depression, anxiety disorders and personality disorders – in particular, antisocial personality disorder. Failure to treat ADHD will negatively affect the resolution of these comorbid conditions and lead to more costs.

Meeting expectations

Treating adult ADHD also responds to the expectations of the population. Surveys estimate the prevalence of ADHD in adults to be 3–4%, and failure to address their needs means failure of the healthcare system. Despite the cost of treating adult attention deficit hyperactivity disorder may be outweighed by the financial benefits to the healthcare system.
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Key points

- The health economics debate is not always clear and some think it is unwelcome, but healthcare professionals need to understand, and be able to respond to, economic analyses.
- There is no doubt that the health of adults who have attention deficit hyperactivity disorder (ADHD) is affected by the condition. If they have yet to be diagnosed, they will most likely develop comorbid conditions.
- Treating adult ADHD is beneficial to the healthcare system in economic terms, and may offer better value for money than treating other mental health conditions.

Healthcare costs and benefits can be direct or indirect. The difference hinges on whether the measure under consideration is directly related to the project’s objective or is a subsidiary consequence of it. Table 1 shows a classification of healthcare costs and benefits according to whether they are direct/indirect and tangible/intangible.

- **Category 1: direct tangible costs and benefits.** Costs and benefits that are closely related to the project objective and can be valued in the market.
- **Category 2: indirect tangible costs and benefits.** Costs and benefits that are not closely related to the project objective and can be valued in the market.
- **Category 3: direct intangible costs and benefits.** Costs and benefits that are closely related to the project objective and are not valued in the market.
- **Category 4: indirect intangible costs and benefits.** Costs and benefits that are not closely related to the project objective and are not valued in the market.

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<td>Direct</td>
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<tr>
<td>Indirect</td>
<td>Category 2: Costs and benefits that are not closely related to the project objective and can be valued in the market</td>
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* Adapted from Mukherjee et al.

References

2. Information from a Freedom of Information request made by Brassey to the National Institute for Health and Clinical Excellence regarding.
the budget for NHS evidence, published on the What do they know? website. www.whatdotheyknow.com/request/budget_for_nhs_evidence (last accessed 08/10/10)


