

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.¹ 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.² 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 health care, and with how systems respond to people's expectations with regard to how they are treated'.³ Further on, the report states that health systems have three fundamental objectives:³

- 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.⁴ Comorbid disorders are common in adult ADHD sufferers and include substance use disorders,⁵ depression,⁶ anxiety disorders⁷ and personality disorders⁸ – in particular, antisocial personality disorder.⁹⁻¹¹ Failure to treat ADHD will negatively affect the resolution of these comorbid conditions and lead to more costs.^{12,13}

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%,^{14,15} and failure to address their needs means failure of the healthcare system. Despite the

The cost of treating adult attention deficit hyperactivity disorder may be outweighed by the financial benefits to the healthcare system



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Table 1. A classification of healthcare costs and benefits*

	Tangible	Intangible
Direct	Category 1: Costs and benefits that are closely related to the project objective and can be valued in the market	Category 3: Costs and benefits that are closely related to the project objective and are not valued in the market
Indirect	Category 2: Costs and benefits that are not closely related to the project objective and can be valued in the market	Category 4: Costs and benefits that are not closely related to the project objective and are not valued in the market

* Adapted from Mukherjee *et al*²⁰

guideline published by NICE,¹⁶ and despite a swell of evidence¹⁷ and the clinical experience of child psychiatrists and paediatricians showing that ADHD does not miraculously disappear when adolescents enter adulthood, adult sufferers in the UK are still struggling to get access to even very basic care specific to their condition.

Financial benefits

My point is that treating adult ADHD is financially beneficial to the healthcare system. Costs and benefits are, after all, two sides of the same coin: in healthcare, if you chose not to spend the money on treatment for one condition, it will be used to fund treatment for another condition.¹⁸

In the UK, because there is a fixed, pre-allocated budget for mental health, adult ADHD does not compete, for its funding, with physical conditions, but with other mental health conditions, such as depression, bipolar disorder and so on. Although this has yet to be examined systematically, I would expect that, because of the high efficacy of the interventions¹⁹ used to treat adult ADHD, choosing to fund these interventions gives better value for money than choosing to fund treatment for some of the other mental health conditions, for which interventions may not be as effective.

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 1²⁰ 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.** For example, in the case of adult ADHD, successful treatment programmes mean savings on future medical expenses; direct and tangible benefits of treating adult ADHD include a reduction in traffic and other accidents,²¹⁻²³ in the treatment of sexually transmitted diseases²⁴ and in the overall number of visits to the doctor.²⁵
- **Category 2: indirect tangible costs and benefits.** Indirect and tangible benefits of treating adult ADHD include the working time gains, for healthcare professionals, resulting from the reduced treatment needs outlined above. The literature in this area is in its infancy, with only a handful of contributions.²⁵⁻²⁸
- **Category 3: direct intangible costs and benefits.** Direct intangible benefits of treating adult ADHD include reduced pain and suffering. Other benefits are a reduction in the costs of adult ADHD for families²⁹ and in the costs of ADHD for society overall (ensuing from criminality^{30,31} and impairments³²).
- **Category 4: indirect intangible costs and benefits.** An indirect intangible benefit of treating adult ADHD could be the aesthetic beauty of a well-planned new treatment centre – although one would not expect to see this very frequently in the NHS.

How one approaches the condition can make a significant difference: the benefits of treating adult ADHD will be much greater if it is accepted that ADHD is a causal factor for the common comorbid conditions, rather than just another co-occurring condition.

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.**

Conclusion

Within the UK healthcare system, where regulation dominates evidence base, it is easy to lose sight of simple arguments. One of them is the health economic argument that the treatment of adult ADHD is beneficial to the healthcare system (even if it means not treating other mental health conditions) and should, therefore, be readily adopted ■

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