

## Media Release

### More needs to be known about ADHD variations

EMBARGOED until Monday, May 8 2017

Physicians from across Australia will convene today to discuss the variation in prescriptions for attention deficit hyperactivity disorder (ADHD), after recent research revealed the area with the highest rate of prescriptions was 75 times more than the area with the lowest rate\*.

The number of dispensed ADHD prescriptions varied significantly both within and across states with New South Wales the highest at 13,588 per 100,000 children (aged 17 or under). South Australia had the lowest usage with 5,541 per 100,000 children. ADHD is estimated to affect seven per cent of all Australian school children.

A focus of day one of the Royal Australasian College of Physicians (RACP) annual Congress event in Melbourne will be a discussion on what is driving these geographical variations with doctors set to discuss patient socio-economic status, health literacy, and beliefs around need for treatment as well as healthcare supply and accessibility, particularly in rural/regional areas.

Professor Harriet Hiscock, Director, Health Services Research Unit, The Royal Children's Hospital Melbourne, will lead today's session following a research project she has commenced on this topic.

"Determining the reasons for variations is always a complex issue, however it appears to be even more challenging as the variation for ADHD is far higher than other conditions," explained Professor Hiscock.

"Often prescribing doctors – in this case paediatricians and child and adolescent psychiatrists – are called out as the key factor as to why variations exist. My research suggests that there are multiple reasons as to why this is happening."

Professor Hiscock and her team have begun researching this issue. Initially focussing on Victoria, they will examine the impacts and outcomes for children and young people with ADHD based on the treatment they receive.

"Until we measure outcomes for children with mental health problems, we cannot say if variation in medication use is a good or bad thing.

"There are international studies which suggest it is worse for kids with severe symptoms not to be on a stimulant medication. Whilst the media likes to talk about 'overprescribing', these medications are designed to improve attention and concentration in the classroom which can prevent delinquency and getting involved in crime later in life.

"In rural and regional areas I am worried there are too many children missing out on the gold standard of care which is medication and psychological support.

"The variation shown by the first Australian Variation in Healthcare Atlas is proof that we need to think carefully about how best to measure outcomes, which measures to use and how best to make them part of standard care," said Professor Hiscock.

Another key focus area for Professor Hiscock's research is grappling with the problem of equity in healthcare; a topic she feels is under discussed in Australia.

“We’re extremely lucky to have a universal healthcare system, but there are so many factors that can change how well you may be able to get appropriate healthcare services,” said Professor Hiscock.

“We want to know why kids miss out on treatment and what factors are associated with this. Is it things like where they live, or how much money their family has, or medical system issues like long waiting times to get in to see someone?”

“The policy debate in Australia needs to focus more on the mental health needs of young people. It is frustrating that children and young people are barely mentioned in the Fifth National Mental Health Plan.

“In Victoria where I work, we are seeing children with mental health problems present more to emergency departments between 10pm and 2am because of a lack of afterhours support,” said Professor Hiscock.

“We’re also hearing about families spacing out visits to see a psychologist because they only get so many free visits a year. It’s just not good enough,” said Professor Hiscock.

*Professor Hiscock will address the topic ‘Variation in ADHD medication prescribing: where, what and why?’ at RACP Congress Monday, 8 May 2017 at Melbourne Convention and Exhibition Centre from 3.30pm to 5pm.*

*More than 1000 physicians will attend RACP Congress 2017 to discuss a broad range of medical issues including ADHD, obesity, mental illness, cognitive bias and medical ethics. There are about 80 sessions/presentations with the full program available [here](#). Media are welcome to attend and audio/video of select sessions is available.*

**Ends**

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\*Figure contained in Australian Atlas of Healthcare Variation: Chapter 4.10, published November 2015, accessible online [here](#).

**About The Royal Australasian College of Physicians (RACP):** The RACP trains, educates and advocates on behalf of more than 15,000 physicians and 7,500 trainee physicians across Australia and New Zealand.

The College represents a broad range of medical specialties including general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, geriatric medicine and addiction medicine. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients.

The College offers 60 training pathways. These lead to the award of one of seven qualifications that align with 45 specialist titles recognised by the Medical Board of Australia or allow for registration in nine vocational scopes with the Medical Council of New Zealand.