Purpose

Under and over reported cases of ADHD amasses a large burden of disease across all nations and socioeconomic circumstances. Variation in knowledge and reporting of the disorder results in conflicting data which renders many countries unable to understand and properly treat ADHD.

By filling knowledge gaps, the global community can greatly increase the quality of life for people living with the disease in areas lacking proper ADHD education and programs. The high costs, both financially and mentally, of unreported/misdiagnosed ADHD can be lowered through further research. Increased knowledge of ADHD will ultimately lead to a healthier global population, lower healthcare costs, and stronger economies.

Background

According to WHO GBD estimates in 2000, mental illness accounts for 30.8% of all years lived with disability (DALYs). A more recent report estimates the global cost of mental illness at nearly $2.5T (66% in indirect costs), with a projected increase to over $6T by 2030. Due to gaps in ADHD research, it is unknown how much this disease contributes to the global cost and DALY’s of mental illness.

Reported cases of ADHD prevalence vary widely among all countries, with a noticeably large gap in ADHD reporting seen concentrated in Africa and Asia. This could stem from lack of resources and reduced emphasis on the importance of diagnosis. However, research suggests prevalence of ADHD should be consistent worldwide.

The predominant treatment plan for ADHD in a country is dependent on the cultural norms, availability of diagnosis and affordability of the prescribed treatment. Countries that report rates of ADHD have varied understandings and methods of treatment for the disease:

• United States: Primarily treat with long-duration, costly medications, often subsidized by insurance
• Brazil: ADHD viewed as a purely psychological, not physical disorder, perpetuating the dismissal of medications as a viable treatment
• Canada: Society views ADHD as a serious, impairing disorder requiring specialized assessments and treatment plans. Nationalized healthcare makes medicinal and therapeutic options easily accessible

Discussion

How can health practitioners and researchers take global examples of successful ADHD programs and use cultural competency to adapt and implement programs in other nations?
Should ADHD be approached as a biological disorder or as a psycho-social disorder?
• Countries using the biological method tend to use medication to treat ADHD
  • Ex. In the US, most of those diagnosed with the disorder are treated with stimulant drugs
  • How do we address cultural and personal concerns of over-medicating while undertreating mental illness?
• Countries using psycho-social methods focus on family life and environmental factors
  • Ex. Brazilian programs wary of medication have found more success with therapies
• Countries with the most success combine biological and psycho-social methods
  • Canada has support networks and ADHD centers to create specialized treatment plans including therapies and pharmaceuticals

Conclusion

Analyzing and adapting successful ADHD programs will lead to an increase in reporting which will subsequently enhance our understanding of the disease across cultures. By taking the knowledge learned from a country and implementing culturally competent programs in low reporting areas, researchers can gather further data on ADHD. Comprehensive knowledge of ADHD is a critical piece in lowering the immense global costs of mental illness, and ultimately, increasing the quality of life for people across all nations and circumstances.

Research Outcomes:
• Short term- collect data and enhance the quality of life of those with ADHD
• Long term- stronger reporting standards, better understanding of disease, more comprehensive treatments

References