Attention-Deficit Hyperactivity Disorder (ADHD) is a behavioral disorder that is commonly associated with inattentiveness, impulsivity, and hyperactivity. ADHD frequently co-occurs with other conditions such as depression, anxiety, and learning disabilities. Even though stimulants have been shown to be the most effective medication for managing ADHD symptoms, questions have arisen about how frequently stimulant prescriptions are written for children. This update summarizes a recent Utah Department of Health (UDOH) study that documented the percentage of Utah children ages 0-18 who had been prescribed stimulant medication for treating ADHD during 2002.

The UDOH analyzed the Utah Division of Occupational and Professional Licensing prescription drug dataset for calendar year 2002 for ages 0-18. The data set contained a total of 138,456 prescriptions. Prescriptions for methylphenidate, amphetamine, and dextro-amphetamine were included in this study.

**Study Findings**

- The unduplicated number of children who were prescribed a stimulant medication at sometime during 2002 was 23,055.
- Figure 1 shows the annual stimulant medication use rate (prescription of a stimulant at any time during the year) by age group.
- The overall annual prescription rate was 2.96%, but the rate differed widely by age group.
- Males were prescribed medication more often than females (see Figure 2).
- Prescription of medication increased with age until about age 10, and declined thereafter.
- The monthly prescription rate is a better indication of the proportion of children on medication for ADHD at any given point in time. Monthly prescription rates for all age groups combined ranged from 1.0% to 1.4% throughout the year.

**Annual Prescription Rate by Age Group and Month**

Figure 3. The Percentage of Children Who Had Been Prescribed Medication for ADHD During the Month by Age Group and Calendar Month, Utah Children Age 0-18. The medication prescription rate varied substantially from month to month especially among 5-15 year olds as shown in Figure 3. The number of prescriptions declined starting in May and continued through July. This decline is most likely due to treatment regimens that include medication only during the school year.

**Prescription Rate by Age Group and Month**

Figure 4. A recent national study published in the journal Pediatrics examined the 1 year prevalence of stimulant treatment for ADHD for 5 to 14 year olds in 33 states and the District of Columbia. Utah was found to have about average rates of prescription claims for ADHD medication (Figure 4). The Pediatrics study used a somewhat different methodology than the Utah study.
Managing ADHD

Many different treatments are available to manage ADHD symptoms. The most common treatments are: parent and teacher education, behavior management at home and school, counseling, and medication therapy. Effective management of ADHD requires an ongoing collaborative effort that includes the parents, the child, the school, and the primary health care provider. A comprehensive evaluation is necessary to establish a diagnosis for ADHD. This evaluation includes a thorough review of the child's medical history; a complete physical, neurological and mental health exam; a review of school records with teacher and parent observations; and, when indicated, standardized tests of specific learning skills.

For a copy of the UDOH report, contact the Utah Department of Health, Division of Community and Family Services at (801) 538-6901.

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**Resources for ADHD**

- **Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)**
  - [www.chadd.org](http://www.chadd.org)

- **Community and Family Health Services, Children with Special Health Care Needs**
  - 801-584-8284
  - [www.health.utah.gov/cschn/cdc](http://www.health.utah.gov/cschn/cdc)

- **Centers for Disease Control and Prevention**
  - [www.cdc.gov/ncbddd/adhd](http://www.cdc.gov/ncbddd/adhd)

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**33 States and D.C. Ranked by National Study**

*Figure 4. The Rank Order of States and District of Columbia on Annual ADHD Stimulant Prescription Claims, Pediatrics Study*¹

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<th>Highest Rates</th>
<th>Middle Group</th>
<th>Lowest Rates</th>
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<td>Wisconsin</td>
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</tbody>
</table>

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**Highest Rates**

Louisiana
North Carolina
Missouri
Alabama
South Carolina
Ohio
Michigan
Georgia
Virginia
Texas

**Middle Group**

Arkansas
Indiana
Kentucky
Oklahoma
Maryland
Tennessee
Mississippi
West Virginia
Illinois
Kansas
Arizona
Florida
Pennsylvania
Wisconsin

**Lowest Rates**

Utah
Connecticut
Massachusetts
Washington
New York
New Jersey
California
Colorado
Nevada
Dist of Columbia

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