

Attention Deficit and Hyperactivity Disorder Management; a systematic review on economic evaluation evidence of non-pharmacological interventions

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Background: Attention Deficit and Hyperactivity (ADHD) is a common cognitive and psychological disorder among children that could last to adolescent. Failure in educational and working achievements, and having major problems for quality of life of the diagnosed people and their households are two adverse effects of ADHD. Over the past decades some pharmacological therapies have been developed to manage ADHD. However, in many cases it seems the pharmacological interventions are not effective and cost-effective for addressing the problem. So, in recent years the non-pharmacological management of the problem has taken attraction. It includes a range of psychological, cognitive and mental remedies that could be recommended independently or as a part of pharmacological interventions. Given the growing attention to these sorts of interventions, the cost-effectiveness considerations of such procedures needs to be addressed for health policy makers and planners.

Objective: To summarize and synthesize current evidence on cost-effectiveness of non-pharmacological interventions for managing ADHD among children and adolescents.

Methods and Materials: This is a systematic review study that has been done through running the appropriate search strategies in MedLine, Embase, PsychoInfo, and Web of Sciences via Ovid platform. The records in forms of papers, reports and have been initially assessed by PICO criteria, and remained studies went under critical appraisal through Drummond's Economic Evaluation Checklist. A narrative approach was used to synthesize the evidence.

Results: 115 records were retrieved from searching in mentioned databases. Of them, 4 studies went ahead for quality (critical) appraisal. Based on Drummond's checklist all of them were high level evidence. Behavioral therapy in forms of intensive ones, was the main non-pharmacological in two studies, and community based treatment, and parental behavior treatment were other investigated intervention in two remained studies. The target population was children with age range between 7-11 years old. The longest time horizon for economic evaluation was 14 months and shortest 6 months.

Conclusions: The evidence shows medicine based interventions are probably more cost-effective than behavioral or cognitive therapy for ADHD. Anyway, for children with comorbid disorders the combination of medicines with behavioral and cognitive interventions are more likely to be cost-effective. In addition, because of short term time frame of the studies, the results are required to be extrapolated for lifetime to have more robust conclusions.

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Biography

Seyran Naghdi is a PhD candidate in Health Policy from Iran University of Medical Sciences. She is interested in making evidence through Systematic Review and Qualitative Methods for health policy makers and planners. Her thesis is on developing a model for financing Orphan Drugs and Rare Diseases Services in Iran through a Systemic Review and Qualitative method. She has a passionate on research about children health and well-being and try to expand her background in such area regarding to prevalent health disorders in children and also rare diseases among this vital part of population.