• The economic burden of ADHD is high for affected individuals, their families, and society 6,7. A recent study of 8-year longitudinal follow-up data on 585 adolescents in the UK who had been diagnosed as children found the annual mean total direct and indirect costs associated with ADHD, even for stable responders on their first pharmacotherapy. The sample differs from clinical trials in its higher prevalence of comorbid conditions. There is substantial 1-year mean cost associated with pediatric ADHD, even for stable responders on their first pharmacotherapy.

• AUTOR extends the existing literature 6,7 on the cost of ADHD by including non-pharmacological costs, such as problems with schools and authorities2, and is often associated with other psychiatric comorbidities, such as oppositional defiant disorder, anxiety disorders, depression, social dysfunctions, and poor self-esteem2,9.

• The total cost of treating pediatric emotional and behavioral disorders is £2119 (4911.2) indirect costs (28%). After 1 year, 82 patients (12%) had completed their 1-year visit or discontinued. At baseline, patients must have had ADHD and at least one comorbid condition.

• AUTOR is a European observational study investigating factors associated with ADHD severity changes across a 2-year follow-up period in pediatric patients that are responders and stable on their first pharmacotherapy. At baseline, patients must have had ADHD and at least one comorbid condition. There is substantial 1-year mean cost associated with pediatric ADHD, even for stable responders on their first pharmacotherapy. AUTOR extends the existing literature on the cost of ADHD by including non-pharmacological costs, such as problems with schools and authorities2.

• The estimated total cost of treating ADHD responders on AUTOR is at the lower end of what was found in literature for the published total cost of treating pediatric emotional and behavioral disorders or schizophrenia: £5579.68 to £68495.52, converted to 2011 values.

• The AUTOR sample differs from clinical trials in its higher prevalence of comorbid conditions. There is substantial 1-year mean cost associated with pediatric ADHD, even for stable responders on their first pharmacotherapy.

• Country differences will be investigated as next step.

• The estimated annual direct and treatment cost of treating ADHD responders from AUTOR is similar to the published direct and treatment costs of treating adolescents in the UK derived from resource utilization data collected in the CLASS study, converted to 2011 values2,8.

• The proportion of patients receiving atomoxetine (56%) was much higher than one would expect from clinical practice.

• Only 1% of patients received combination therapy, which might be an underestimation of the prevalence of prescribing combination therapy in clinical practice.

• For those patients who were lost to follow-up or dropped out of the study, analyses included all data up to the point of their last data collection. Thus, costs for some patients are underestimated. There is little information in literature about how many patients introduce a bias in estimating true ADHD total 1-year costs. Future work will include analysis of resource utilization by country. Country differences will be investigated as next step.

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REFERENCES

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