

Conflict of interest statement

- JS – employee of Otsuka Pharmaceutical Development & Commercialization, Inc.
- MC, MGL, RB, AG – employees of Analysis Group, Inc., a consulting company that has provided paid consulting services to Otsuka Pharmaceutical Development & Commercialization, Inc., which funded the development and conduct of this study and poster.
- AC – Research support: Allergan, Takeda (Shire), Emalex, Akili, Arbor, Ironshore, Aevi Genomic Medicine, Neos Therapeutics, Otsuka, Pfizer, Purdue, Rhodes, Sunovion, Tris, KemPharm, Supernus, U.S. Food and Drug Administration; Advisory board – Takeda (Shire), Akili, Arbor, Cingulate, Ironshore, Neos Therapeutics, Otsuka, Pfizer, Purdue, Adlon, Rhodes, Sunovion, Tris, Supernus, Corium; Consultant: Arbor, Ironshore, Neos Therapeutics, Purdue, Rhodes, Sunovion, Tris, KemPharm, Supernus, Corium, Jazz, Tulex Pharma; Speaker: Takeda (Shire), Arbor, Ironshore, Neos Therapeutics, Pfizer, Tris, Supernus; Writing support: Takeda (Shire), Arbor, Ironshore, Neos Therapeutics, Pfizer, Purdue, Rhodes, Sunovion, Tris

Reasons for Treatment Changes in Children and Adolescents With Attention-Deficit/Hyperactivity Disorder (ADHD): A Chart Review Study

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Conference: ISPOR 2022, May 15-18, 2022

Background



Attention-deficit/hyperactivity disorder (ADHD) is one of the most common childhood disorders



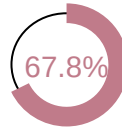
Outcomes in ADHD rely on several factors, including the type of treatment as well as adherence and persistence to treatment

- A recent study based on US claims data¹ found that **most patients experienced a treatment change over a 12-month period**

CHILDREN



ADOLESCENTS



ADULTS



A question remains: **why** do patients change treatment?

Objectives

1

To identify ADHD treatment patterns and reasons for treatment changes in pediatric patients

2

To assess the proportion of pediatric patients receiving ADHD treatment who experienced ADHD/treatment-related complications

3

To describe physicians' perspective on adherence to ADHD treatment

Study design and data source

- Retrospective **panel-based chart review** completed by patients' treating physicians
- Physicians were recruited from M3 Global Research's panel (08/27/2021 - 09/16/2021)

Electronic case report form (eCRF) design:

Physician screener	Physician survey	Patient screener	Patient case report
■ Treated pediatric patients with ADHD in the US	■ Physician perspective on patient adherence	■ Aged 6-17 years old ■ Diagnosed with ADHD ■ Initiated a treatment for ADHD	■ Patient characteristics ■ ADHD treatment patterns ■ Reason for treatment changes ■ ADHD/treatment-related complications

Patient information was extracted for a **randomly selected index treatment regimen** initiated between 1 and 5 years prior to the date of chart abstraction

Results – Physician characteristics

A total of 156 physicians were recruited

- Number of patient charts contributed: **434** (**235** children, **199** adolescents)
- Average number of charts per physician: **2.8**

Physician specialty

Psychiatry	62.8%
Pediatrics	20.5%
Family medicine	16.0%
Internal medicine	0.6%

Number of years in practice

≤ 5	15.4%
6 - 10	21.2%
11 - 15	23.1%
16 - 20	16.7%
≥ 21	23.7%

Practice type

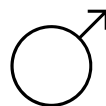
Private/community practice	75.6%
Institutional academic	17.3%
Institutional non-academic	7.1%

Results – Patient characteristics

A total of **434** pediatric patient charts were abstracted



Mean age of
11.3 years



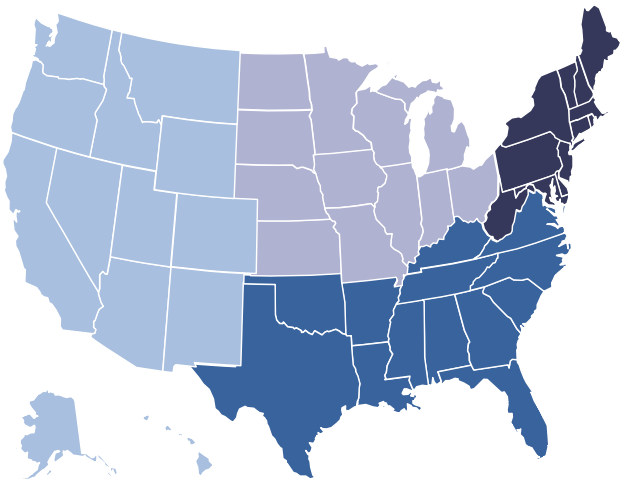
68.7%
Male



71.4%
Caucasian

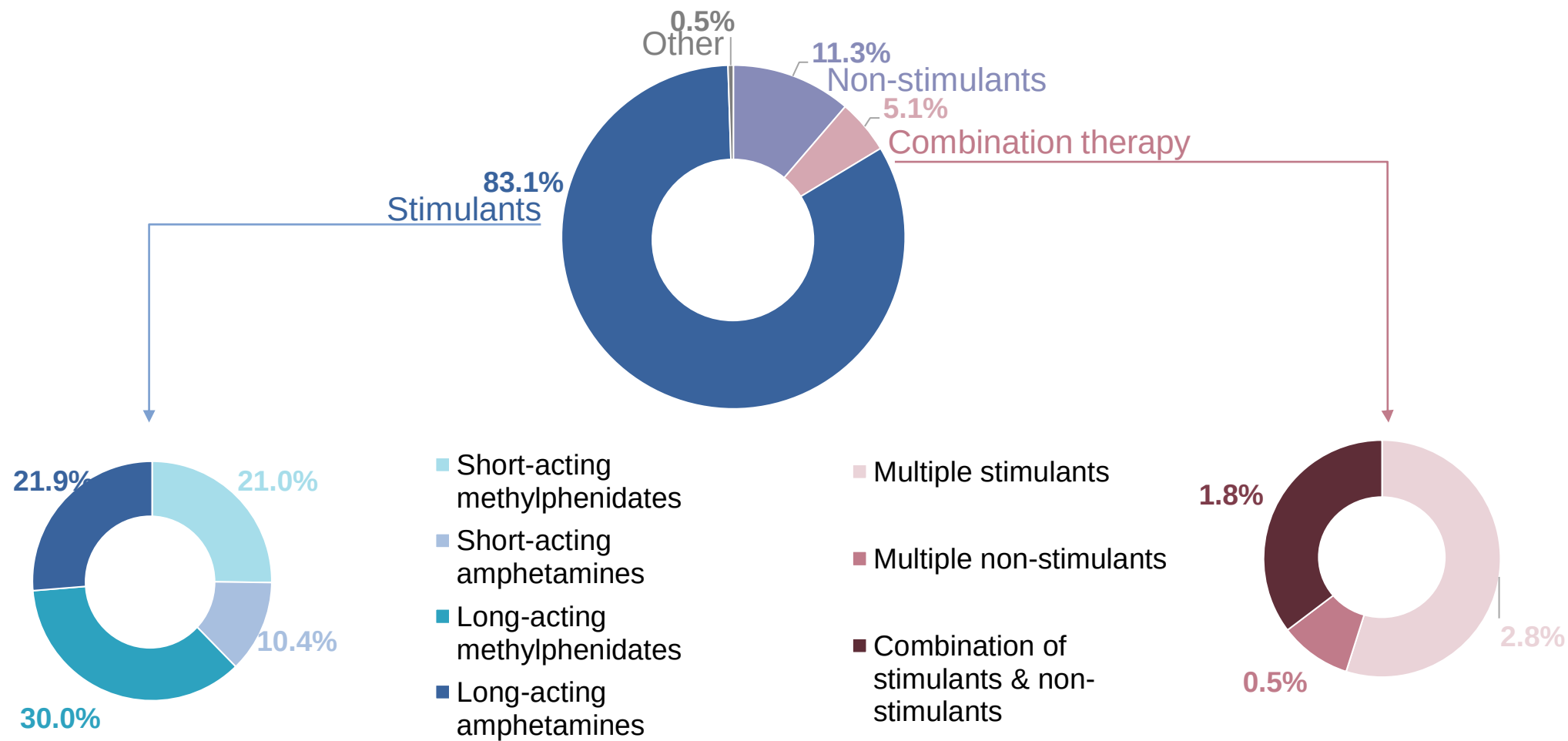


70.3%
Commercial insurance
(21.9% Medicaid)

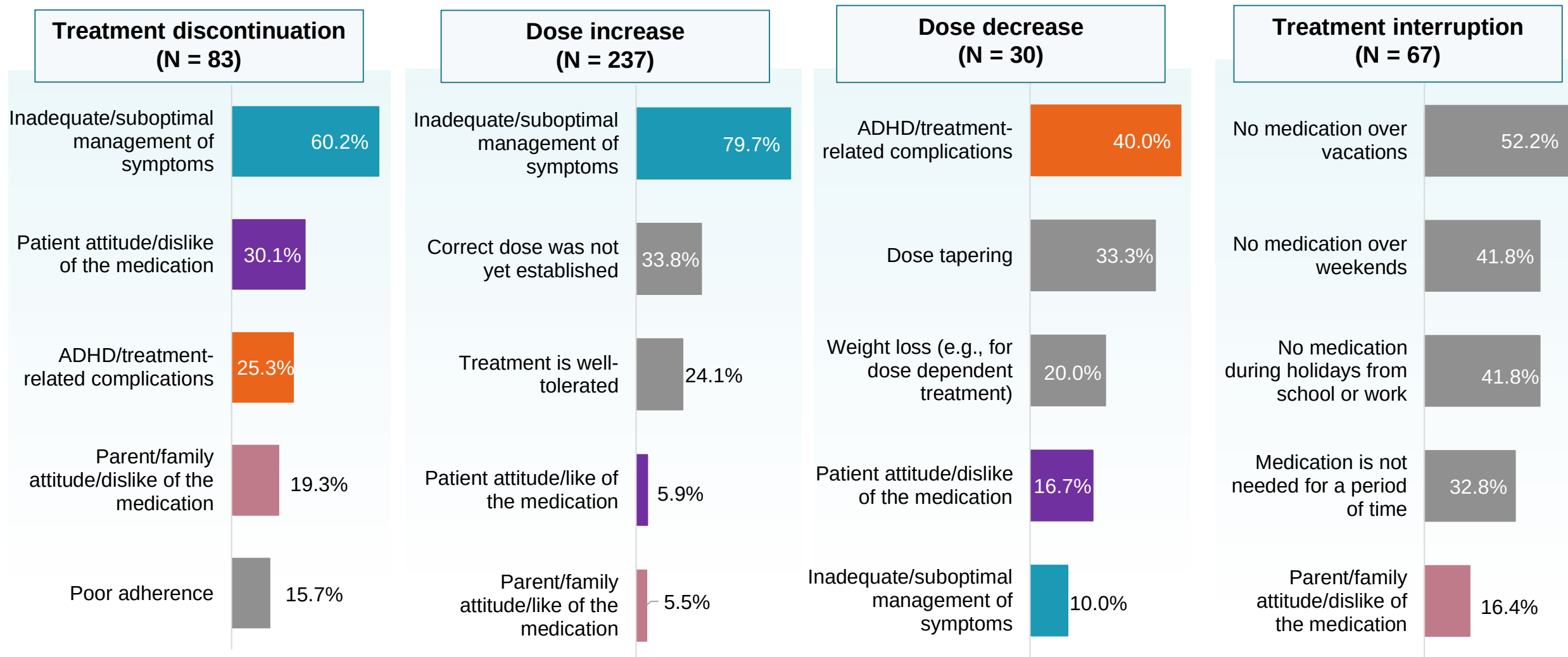


Northeast	28.1%
South	24.9%
West	23.7%
Midwest	23.3%

Results – Index treatment

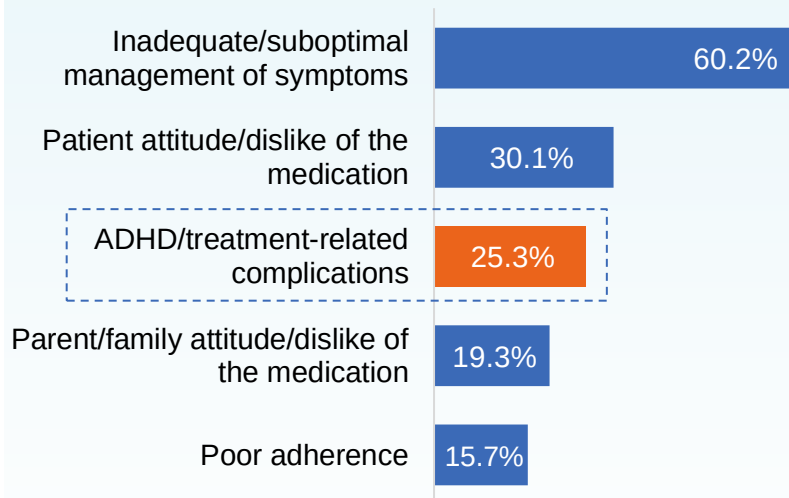


Results – Most common reasons for treatment changes

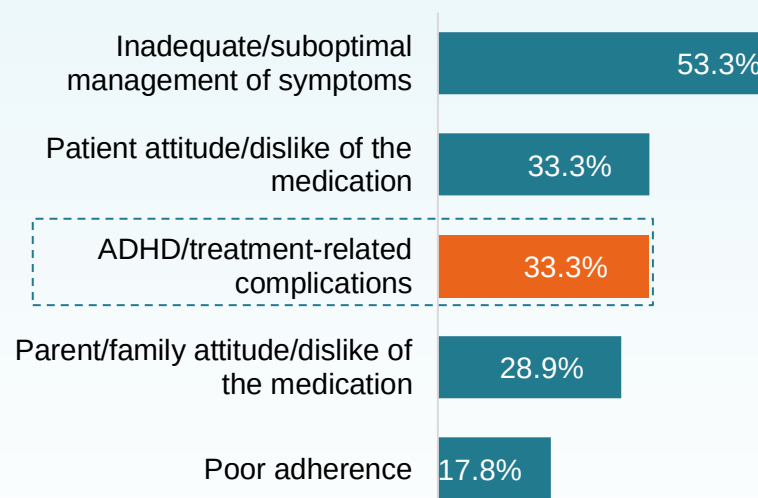


Results – Most common reasons for treatment discontinuation

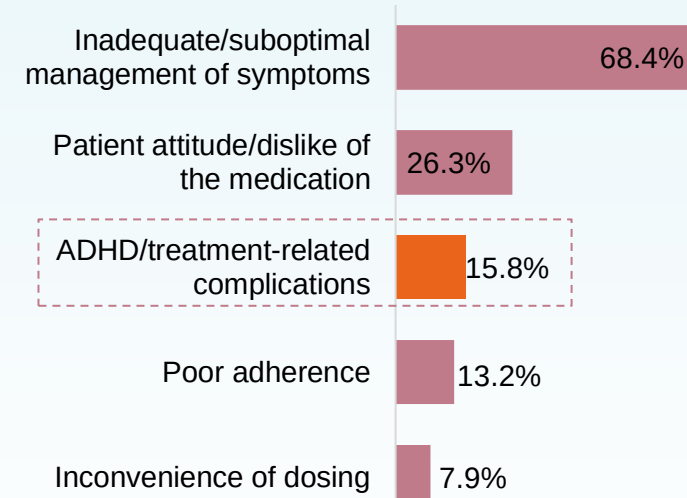
Overall (N = 83)



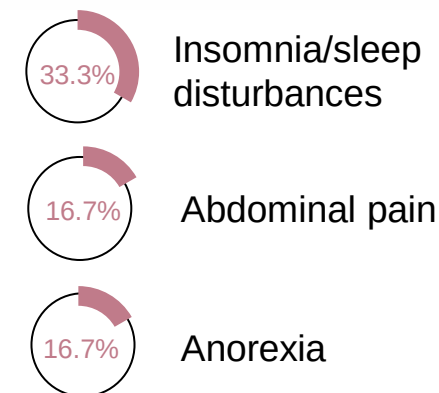
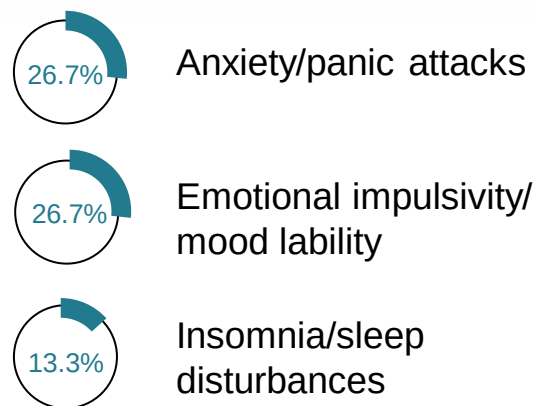
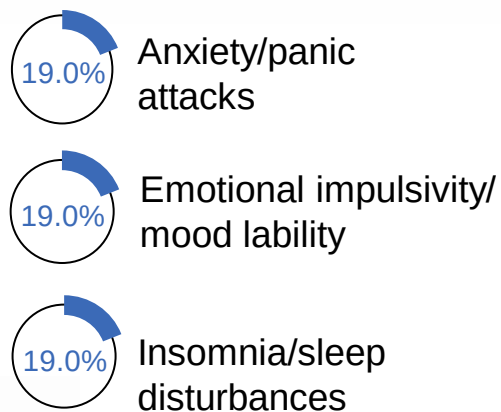
Children (N = 45)



Adolescents (N = 38)



Most common ADHD/treatment-related complications leading to discontinuation



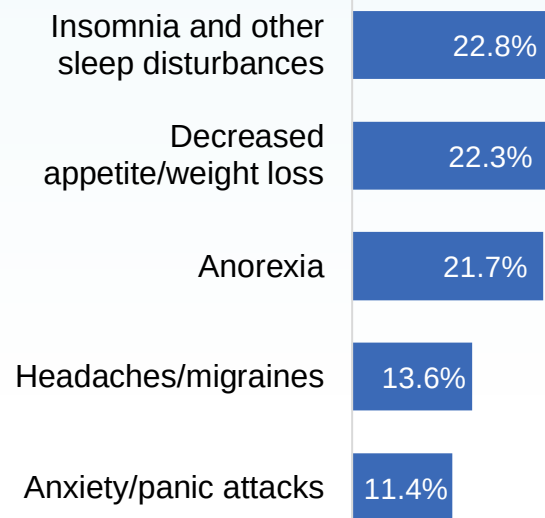
Results – ADHD/treatment-related complications

Overall (N = 434)

42.4%
experienced ≥ 1
ADHD/treatment-related
complication

Most common ADHD/treatment-related complications among those with ≥ 1 complication

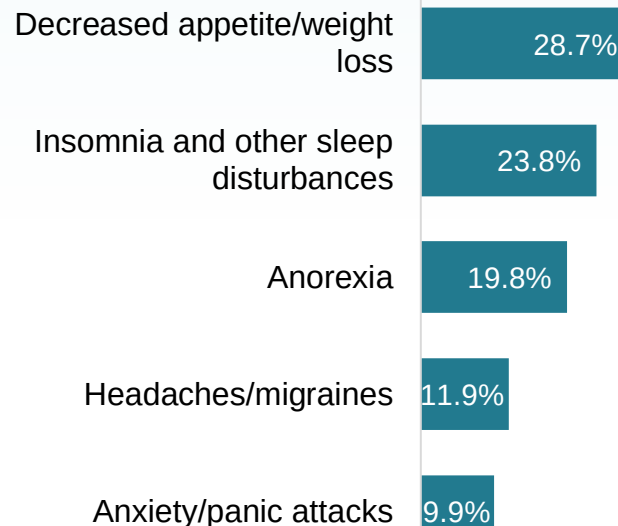
(N = 184)



Children (N = 235)

43.0%
experienced ≥ 1
ADHD/treatment-related
complication

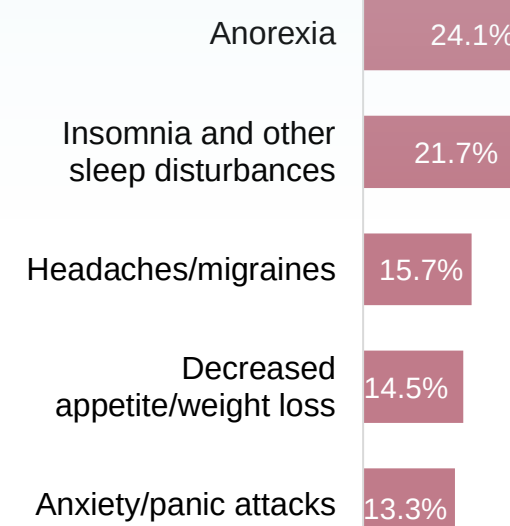
(N = 101)



Adolescents (N = 199)

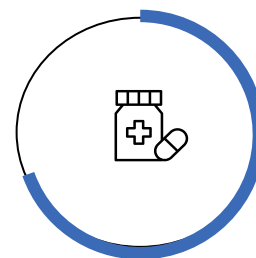
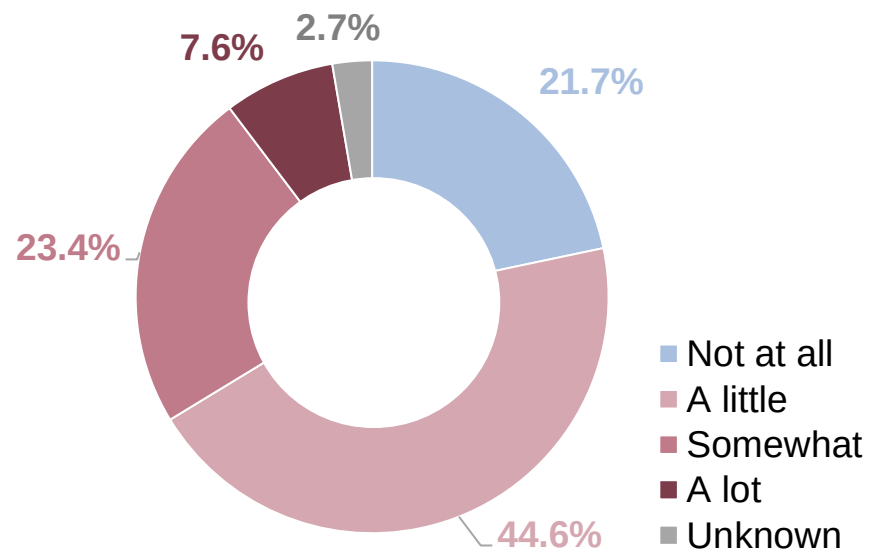
41.7%
experienced ≥ 1
ADHD/treatment-related
complication

(N = 83)



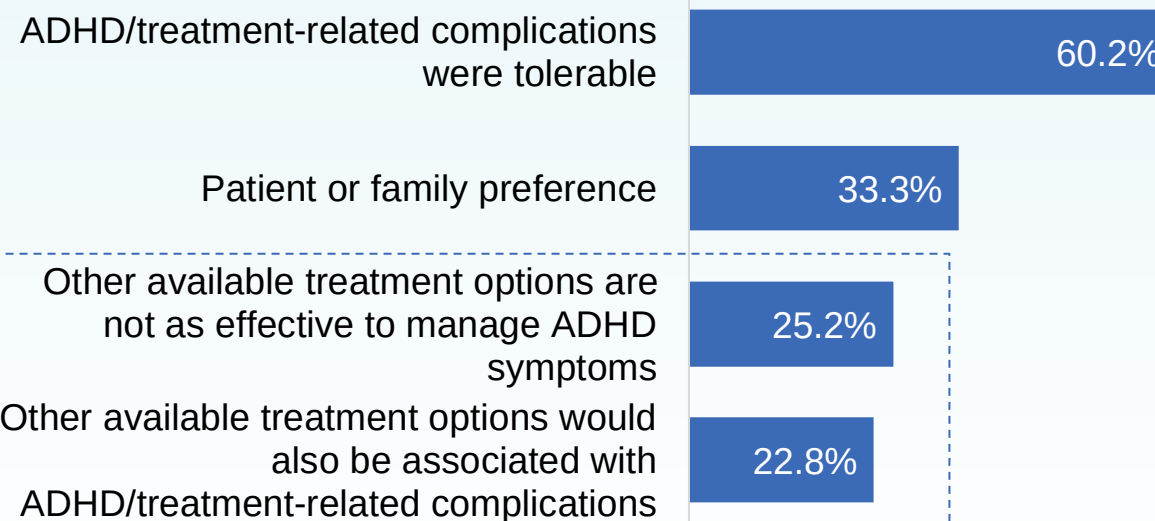
Results – ADHD/treatment-related complications – adherence and persistence

ADHD/treatment-related complications (or fear of experiencing) had **a negative impact on adherence to treatment** for more than **3 in 4** patients with ≥ 1 complication
(*N* = 184)



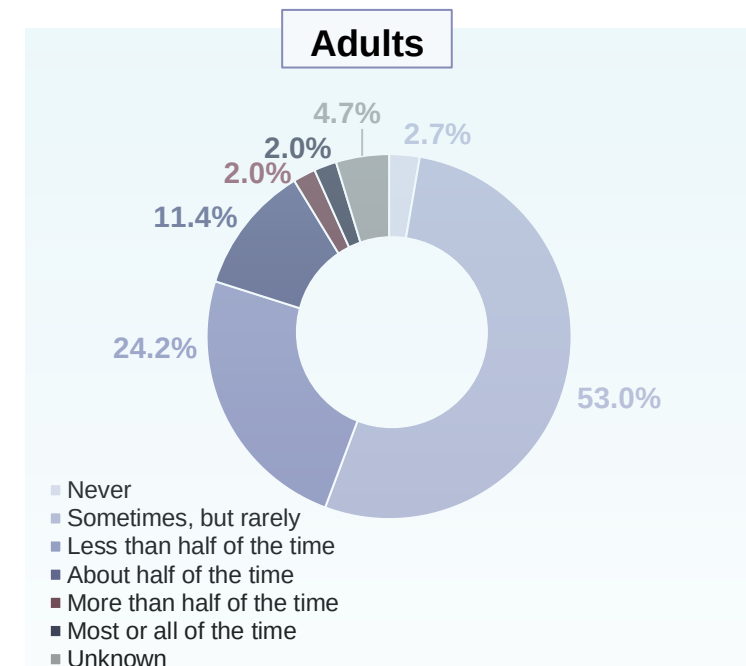
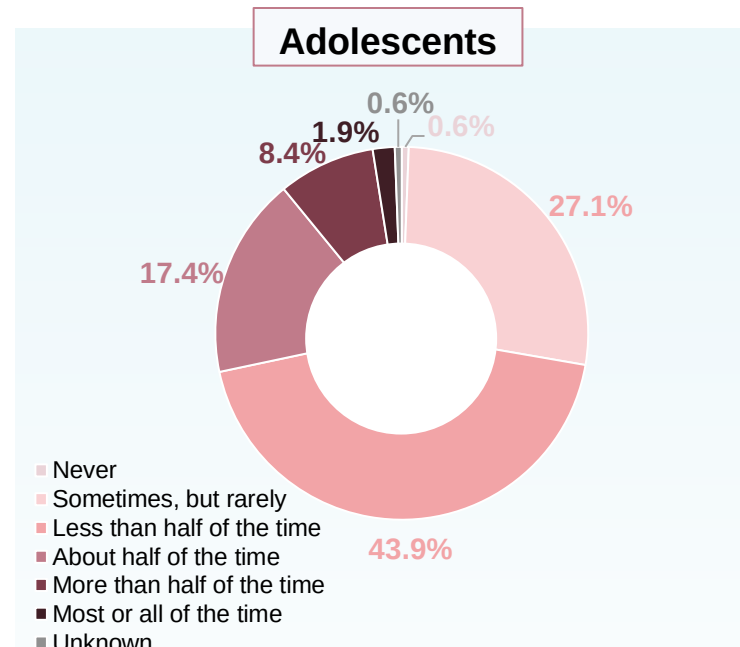
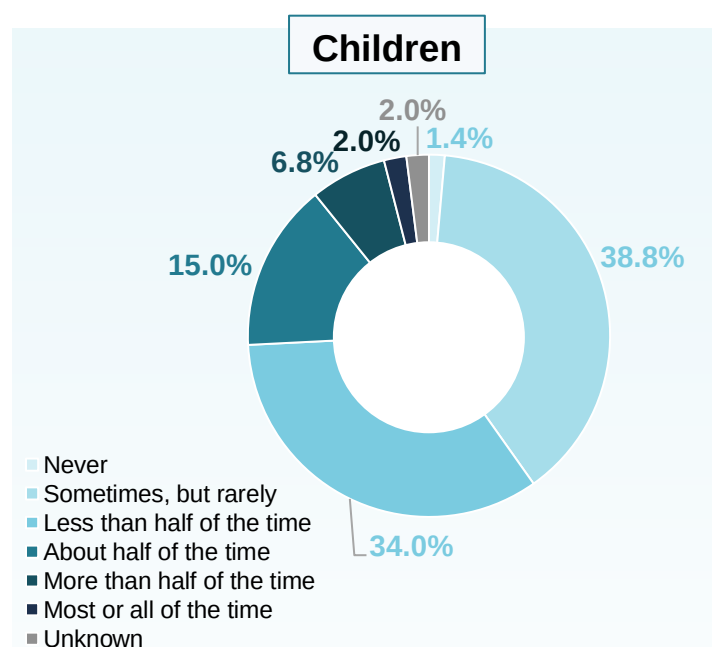
66.8%
of patients with ≥ 1 ADHD/treatment-related complication **remained on treatment** despite the complications

Most common reasons for continuing treatment despite the presence of ADHD/treatment-related complications (*N* = 123)

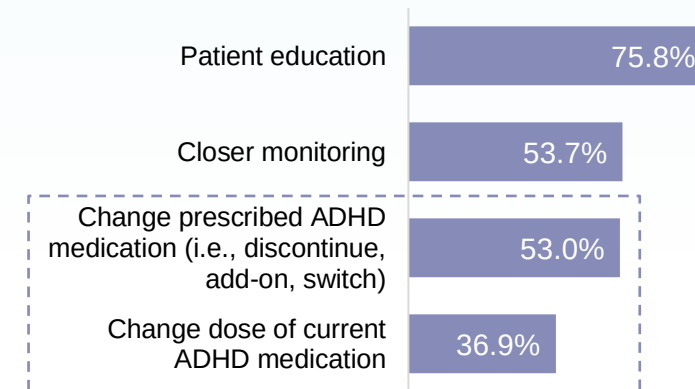
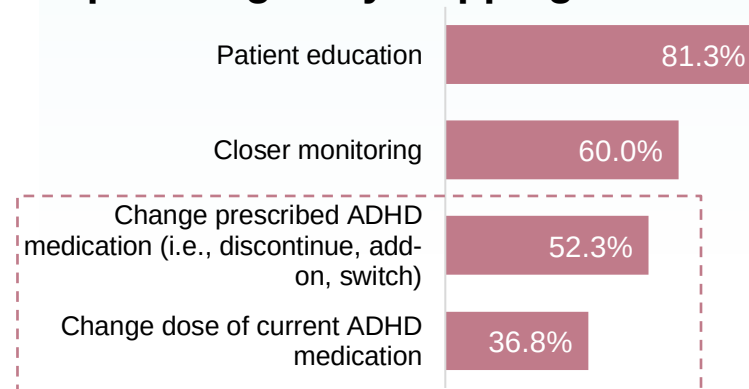
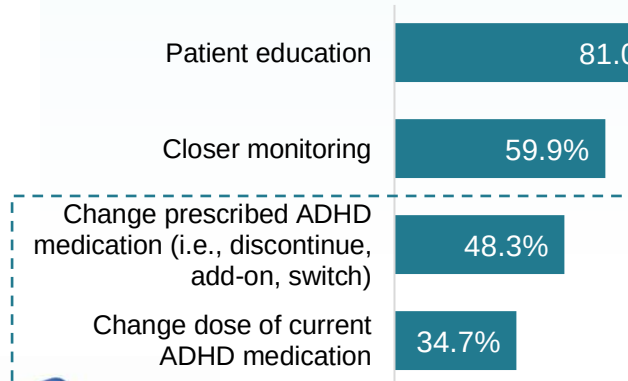


Results – Physician survey

Physicians' perspective on the frequency patients skip or miss planned doses of ADHD treatment



Actions taken when a patient reports regularly skipping or missing doses of ADHD treatment



Limitations

- 1 Information captured was limited to information available in the patients' medical records held by the physicians participating in the study. Thus, information on healthcare services received outside of the physician's care setting that were not recorded in the medical chart were not available for this study

- 2 The study included only physicians accessible through the M3 panel who wished to participate in this study; accordingly, the sample may not be representative of the US physician population treating children and adolescents with ADHD. Furthermore, although participating physicians were instructed to select patients at random, selection bias may still exist (e.g., selection of patients recently seen or with certain outcomes)

- 3 The conclusions of this study may be limited by the low frequencies reported for some index treatment regimens, patterns, and certain ADHD/treatment-related complications

Conclusions

Findings from this study highlight the **unmet need** in children and adolescents treated for ADHD with prescription medication

ADHD/treatment-related complications were common among child and adolescent patients, prompting many to have treatment changes and suboptimal adherence to their treatment; both factors may lead to lower effectiveness

Overall, lack of effectiveness and ADHD/treatment-related complications are important reasons for treatment changes among children and adolescents with ADHD, highlighting the **need for more effective and tolerable treatments** to mitigate the burden of ADHD

References

¹Schein, J., Childress, A., Adams, J., Cloutier, M., Gagnon-Sanschagrin, P., Maitland, J., Bungay, R., Guerin, A., & Lefebvre, P. (2021). Treatment patterns among adults with attention-deficit/hyperactivity disorder in the United States: a retrospective claims study. *Curr Med Res Opin*, 37(11), 2007-2014. <https://doi.org/10.1080/03007995.2021.1968814>

Sponsorship

- Design, study conduct, and financial support for the study were provided by **Otsuka Pharmaceutical Development & Commercialization Inc.**; **Otsuka Pharmaceutical Development & Commercialization Inc.** participated in the interpretation of data and production of the abstract; all authors contributed to the development of the publication and maintained control over the final content.

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