

Budgetary Impact of Treatments for Attention-Deficit/Hyperactivity Disorder (ADHD) in Germany: Increasing Relevance of Health Economic Evidence

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Like many third-party payers in health care, the German sick funds (statutory health insurance, SHI) suffer from financial constraints. Against this background, economic criteria are taken into account in various ways when medical interventions undergo prioritization. Objective: To estimate, from the SHI perspective, the economic relevance, i.e., the potential future budgetary impact of ADHD treatments in Germany. Methods: Based on a review of the literature on prevalence, resource utilization, and economic implications of ADHD, epidemiological data were combined with three scenarios extrapolating current trends to project future diagnosed prevalence, treatment prevalence, assumed acceptance (share) of novel drug treatments (methylphenidate modified-release products and atomoxetine), and unit costs in children and adolescents aged 6–18 (total population: 10.8 million). Results: The tabulations indicate that annual direct SHI pharmacotherapy expenditures for ADHD may rise from 23.7m€ in 2002 up to 175m€ in 2009 (low case: 70.7m€; for comparison: assuming a treatment prevalence similar to that reported for the US (Safer et al. 1996) gives an annual drugs bill of 338.8m€). This dramatic increase results from the multiplicative effects of three variables, increased awareness / rate of diagnosed cases, growing acceptance of pharmacotherapy, and higher unit costs for novel medications. – Currently, no reliable data are available in Germany on ADHD-related physician services, behavioral or psychological interventions. Discussion: From the SHI perspective, the opportunity cost caused by ADHD treatments may escalate over the next decade. While medication costs are likely to represent a major cost driver, they are just a fraction of the total cost associated with ADHD. It is anticipated that, in the foreseeable future, reimbursement of therapeutic options will require evidence of an acceptable cost-effectiveness ratio. Providers of care in this area will have to meet new challenges in the fields of health economics and medical ethics.

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