

**Age and Gender Specific Comorbidity Profiles in Patients
with a Diagnosis of Attention-Deficit/Hyperactivity Disorder (ADHD):
Administrative Data from Nordbaden, Germany**

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The presence of a wide range of coexisting conditions has been recognized as one of the key clinical aspects of ADHD. However, few data are available on patterns of comorbidity by age and gender. **Purpose:** To use the comprehensive medical claims database from Nordbaden, Germany, (covering a population of 2.238 insured patients in 2003) to determine the administrative prevalence of coexisting conditions in ADHD patients by age and gender. **Methods:** 11,845 patients with a diagnosis of ADHD (coded as hyperkinetic [conduct] disorder, HK[C]D, F90.0 or F90.1 according to ICD-10) were identified and matched with a non-ADHD control group on a 1:1 ratio based on age and gender. Coexisting conditions were categorized into diagnosis clusters, rates of occurrence of which were compared between groups using Chi-square statistics to explore levels of significance. **Results:** The most frequent psychiatric comorbidities included conduct and personality disorders (39.3% among children and adolescents; 33.2% among adults age 20 years or older), mood and affective disorders (38.0%; 61.8%), specific developmental disorder (37.4%; 3.8%), adjustment disorders (8.3%; 18.9%), sleep disorders (4.5%; 11.3%), disorders due to substance abuse (0.4%; 7.8%), and disorders due to brain damage (1.8%; 5.1%). Also somatic comorbidity was broadly increased among patients with ADHD, including diseases of the upper respiratory tract (40.1%; 33.7%), the skin (32.4%; 22.4%), and the ear (31.3%; 16.0%), as well as infectious diseases (31.2%; 22.9%), and gastrointestinal disorders (30.4%; 41.1%). For many somatic conditions, relative risk of patients with a diagnosis of ADHD tended to increase with age, compared to controls. Further age and gender specific findings will be presented. **Conclusions:** ADHD is associated with substantial comorbidity in children, adolescents, and adults. Some emerging age and gender specific patterns will be discussed, keeping the limitations of claims database analyses in mind.

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