

ADHD Research Paper

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Submission date: 22-Apr-2020 11:42PM (UTC-0500)

Submission ID: 1305273378

File name: ADHD_Research_Revised.docx (30.76K)

Word count: 3839

Character count: 20734

ADHD Research: How Many People have been diagnosed with Attention-deficit/hyperactivity disorder (ADHD) by primary care physicians instead of psychiatrists?

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Abstract

Background Information

¹⁰ Attention-deficit/hyperactivity disorder (ADHD) is one of the common neuropsychiatric disorders that affects up to 12% of the children of school-going age. The disease is characterized by a triad of symptoms and is associated with considerable psychiatric comorbidities that negatively affect the health and quality of life of the affected individuals. The disease is now shown to develop into adulthood and as affecting the adult population with no gender predilection. The diagnosis of the disease is ²¹ based on the criteria that are outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) which does not provide a clear basis for diagnosing the disease in the adult population. The consequences of this lack of clearly set out criteria for diagnosing the disease in the adult population includes disparity in the level of diagnosis and management of the disease between the primary care physicians and psychiatrists. This disparity is brought about mainly by the poor educational background and experience with ADHD among the primary care physicians.

Objective

To determine how many patients have ⁵ been diagnosed with ADHD by primary care physicians instead of psychiatrists as a bases to deduce the knowledge bases of the primary care physicians with regards to ADHD.

Significance of the Study

The findings of this research will be an invaluable addition to the knowledge available on the important ⁷ role that primary care physicians play in the diagnosis and management of ADHD

and in helping to identify key areas that could be amended in an attempt to take the quality for care in the primary care setups to the next level and especially for neuropsychiatric disorders such as ADHD.

Methods

The research will be carried as a survey that will employ ³⁸ the use of formal standardized questionnaires in the collection of relevant data. The data collected will be analyzed using measures of central tendencies and statistical tests: Spearman correlation test.

How Many People have been diagnosed with Attention-deficit/hyperactivity disorder (ADHD) by primary care physicians instead of psychiatrists?

Background Information

Attention deficit/hyperactivity disorder (ADHD) is one of the most common neurobehavioral disorders that present in children and adolescents. It is a neurobehavioral disorder that is often chronic and whose prominent symptoms and impairment develop on into adulthood (Wilens & Spencer, 2010). The prominent symptoms of this disorder tend to overlap with those of many different neurobehavioral disorders as those of anxiety and bipolar disorder. These symptoms include the typical cognitive and hyperactive/impulsive features as those occurring in bipolar disorder with social, generalized or panic-like symptoms as those occurring or demonstrated by patients suffering from anxiety (Wilens & Spencer, 2010). This overlap in symptoms tends to explain the co-occurrence of ADHD with other neurobehavioral disorders such as anxiety and bipolar disorder. However, the core symptoms that denote underlying ADHD include a triad of inattention, hyperactivity, and impulsivity.

The disorder occurs in association with co-occurring disorders such as the likes of oppositional defiant disorder (ODD), mood and anxiety disorders, and substance abuse (Wilens & Spencer, 2010). The co-occurrence of psychiatric comorbidity with ADHD has been depicted to involve higher rates of childhood conduct disorder among children with ADHD and adult antisocial disorder occurring in adults with ADHD (Wilens & Spencer, 2010). Some of these psychiatric comorbidities are as a consequence of the disease itself or develop as side effects or adverse drug effects of the medication being used in the management of these patients. Among the psychiatric comorbidities associated with ADHD, it is reported that ADHD increases the

likelihood of developing depressive disorder by at least two-fold (Wilens & Spencer, 2010) and that the associated anxiety develops as a consequence of use of stimulants to manage this disease. Research indicates considerable number of patients, 57% to 98% of children with bipolar as developing ADHD and that 22% of children and adolescents with ADHD tend to develop bipolar disorder (Wilens & Spencer, 2010).

³¹ ADHD affects approximately 4% to 12% of children of school-age worldwide with ²⁶ subsequently 4-5% of college aged students and adults having ADHD (Wilens & Spencer, 2010). This new insight into the fraction of the population that is affected by this disease derives from extensive research into this area the efforts of which are augmented by the fact that the ³⁰ recognition and diagnosis of ADHD in adults has increased significantly over the few years. The treatment of this disease in the adult population that is suffering from this disease, however, lags behind substantially as compared with that being offered to children. This is one of the concerning issues associated with this disease. In addition, there is the social and societal cost that are associated with these untreated cases of ADHD which are considerable and tend to ¹⁸ include academic and occupational underachievement, delinquency, motor vehicle safety, and difficulties with personal relationship (Wilens & Spencer, 2010).

The diagnosis of this disease depends on the review of the symptoms and the impairments that a patient presents with and this diagnosis is augment and ³ supported by genetic testing, neuroimaging, neurochemistry, and neuropsychological data (Wilens & Spencer, 2010). The process of coming up with a diagnosis for this disease involves making considerations of all aspects of the patient's life as the lifestyle depicted by the patient is an essential aspect that will dictate the manner in which treatment modalities are going to be adhered to. The current ²⁰ guidelines applied in the diagnosis of this disorder are as outlined in the Diagnostic and

Statistical Manual of Mental Disorders (DSM-IV-TR) that outlines the baseline criteria that patients should meet to warrant the diagnosis of ADHD. The limitation of using this guide in the diagnosis of ADHD derives from the fact that the criteria as outlined in this document was² derived from youths to age 17 years and, hence, these guidelines were not specifically tailored to adults and consequently may not always “fit” adults with the disorder (Wilens & Spencer, 2010). This compounds the issue of treatment of ADHD in the adult population as most cases are not even recognized.

The available treatment options for this disease involve the application of multimodal treatment that encompasses educational,³⁷ family, and individual support (Wilens & Spencer, 2010). The conventional treatment of this disease involves the use of² stimulants, noradrenergic agents, alpha agonists, and antidepressants²⁴ which come in handy in the long-term management of ADHD that is instituted across the lifespan of the patient (Wilens & Spencer, 2010). In addition, psychotherapy alone or²⁹ in combination with medication is helpful in the management of the ADHD and its related comorbid problems (Wilens & Spencer, 2010). In terms of gender predilection, ADHD tends to affect more boys than it does girls but as the population ages, the gender disparity in term of occurrence and prevalence rates of this disease in the adult population tends to level off with¹ an equal number of men and women with ADHD presenting for diagnosis and treatment (Wilens & Spencer, 2010).

Statement of the Problem

The biggest problem which is associated with³⁶ Attention-Deficit/Hyperactivity Disorder (ADHD) is centered on the controversies that are rooted in the baseline diagnosis criteria for this disease. Given the shortcomings of the lack of a clearly set out guidelines that can be used in the

diagnosis of ADHD in adults, there are a number of other issues that have come up following this shortcoming. The main issue that is as a consequence of the lack of clearly outlined diagnosis criteria in adults includes the lack of prompt diagnosis of ADHD in adults who continue to suffer the social and societal costs that are associated with this disease. In addition, these unidentified and undiagnosed cases go unmanaged for so long with significant morbidity and poor quality of life for the affected individual and their care givers. This is, however, not the only issue, despite being a significant cause for concern that has come up from the lack of a clearly set diagnosis. There is research evidence that depicts worrying trends in the manner in which diagnosis of ADHD is made between psychiatrists and primary care physicians. These shreds of evidence depict the primary care physician as demonstrating lower levels of confidence when it comes to making diagnosis of ADHD in adults (Brown, Goodman, Surman, Scherer, & Salinas, 2012). This is as was demonstrated by an online survey involving 1,924 physicians: 1,216 primary care physicians and 708 psychiatrists (Brown et al., 2012). The causes of this disparity have been identified as the limited experience with ADHD diagnosis among the primary care physicians as compared to their psychiatrists' counterparts which is one of the biggest barriers in primary care than in psychiatry (Brown et al., 2012). The other causes include the lack of actualization of a mean score of 12 evidence-based questions that are vital in coming up with a definitive diagnosis of ADHD among the suspected cases which is characteristic for the primary care physician's practice as compared to that by the psychiatrists (Brown, et al. 2012). This can explain their, the primary care physicians, lower levels of confidence in making ADHD diagnosis and subsequent treatment of the diagnosed cases (Brown et al., 2012). In addition, the awareness of adult ADHD prevalence and substance use disorder comorbidity is lower among primary care physicians explaining their lower index of suspicion in their making

of their diagnosis of psychiatric disorders (Brown et al., 2012). These factors highlight the need for further education for the primary care physicians in dealing with adult ADHD as a conscious action in trying to improve the quality of care being offered to these patients at their level of care. The implications of these statistics draw from the fact that limited experience with adult ADHD diagnosis and treatment poses a significant limitation to adequate care in both primary care and psychiatry practice, and difficulty distinguishing ADHD from other disorders is a significant barrier to ADHD management (Brown et al., 2012). This is augmented the need to subject all patients with significant mental health symptoms to evaluation for ADHD, and this need is informed by the high prevalence rate of ADHD in the general population and the high rate of comorbid psychiatric disorders as was established earlier on.

The extent of this problem can be understood by taking a deeper look into the role of primary care physicians in the diagnosis and management of ADHD. Being the primary care giver in a primary care setup, it is essential that these physicians should develop and demonstrate adequate competencies in the diagnosis and management of ADHD. This is so since ADHD is one of the three most common chronic disorders that are witnessed in and encountered in primary care settings, with significant negative implication in the lives of the patients suffering from these diseases (Leslie, 2002). Secondly, the primary care physicians are the reference point for which teachers and parents will go to have their children or any member of their families evaluated for ADHD (Leslie, 2002). Incompetence and lack of proficiencies in dealing with ADHD will subsequently lead to misleading information and conclusions that would negatively affect the lives of these patients (Leslie, 2002). It is essential, therefore, that the primary care physician be informed adequately where diagnosis and management of ADHD is concerned so that they can best help their patients when need arises.

Hypothesis

The number of patients correctly ⁵ diagnosed with ADHD by their primary care physician, demonstrates the knowledge base of these physicians in regarding ADHD.

Background of the Study

This research will be carried in a healthcare delivery setup with main its main target being the adult population who are affected by ADHD. The research will assume the form of a survey that will seek to deduce, by the use of questionnaires, the knowledge bases of the ¹⁴ primary care physicians in the diagnosis and management of patients with ADHD by way of determining how such diagnoses of adult ADHD were made by the primary care physicians.

Objective

Main Objective

1. To determine how many patients have ⁵ been diagnosed with ADHD by primary care physicians instead of psychiatrists.

Specific Objectives

- i. To determine how many patients have been correctly ³⁵ diagnosed with ADHD by primary care physicians
- ii. To deduce the knowledge bases of primary care physicians in dealing with ADHD
- iii. To determine the prevalence rates of ADHD in the different racial subgroups of the population
- iv. To depict the gaps in knowledge bases needed to improve care for the patients with ADHD in the primary care settings.

Significance of this Research

The research is essential as it will help in determining the knowledge gaps that do exist in practice by primary care physicians in dealing with ADHD. It will help in bringing to light the kind of intervention programs that can be employed in improving the diagnosis and management of ADHD among the primary care physicians. The fallacies that will be identified as part of misdiagnosis by the primary care physicians will help place sharp focus on what needs to be done in helping to improve healthcare for patients suffering from ADHD. In addition, the prevalence rates of ADHD among the different racial subgroups will lead to a better understanding of the key issues facing the different members of the population how best to address these issues. The findings of this research will be an invaluable addition to the knowledge available on the important role that primary care physicians play in the diagnosis and management of ADHD and in helping to identify key areas that could be amended in an attempt to take the quality for care in the primary care setups to the next level and especially for neuropsychiatric disorders such as ADHD.

Theoretical Framework

The theoretical and empirical question that this experiment addresses revolves around the knowledge bases of primary care physicians in the diagnosis and management of patients with ADHD. How many patients have correctly been diagnosed with ADHD by primary care physicians instead of psychiatrist? This question is important as it helps to identify the knowledge gaps in the practice by the primary care physicians which if consciously amended will help in making significant improvement to the care of patients suffering with ADHD among other neuropsychiatric disorders. This theoretical question relates to the quality of care that is

accorded to the adult population suffering from ADHD in addition to relating to the experience and skills sets that are demonstrated by the primary care physicians in the management of patients with neuropsychiatric disorders. The results from this research will help identify the knowledge gaps that are evident in the practice by primary care physicians with regards to ADHD and hence help to single out the key areas that need to be improved to significantly improve quality of healthcare for this target population. The major psychological theory being tested includes the behavioral theory that was developed through the work of *John B. Watson*. This theory suggests that all human behavior can be explained by the learning processes (Cherry, 2020) and this prediction by this theory can be applied to the healthcare delivery systems. This is by way of making the prediction that improving the knowledge bases of primary care physicians through comprehensive educational interventions and later using real life scenarios to up their experiences and skills can help improve the quality of care that is demonstrated by these practitioners with regards to ADHD among other neuropsychiatric disorders.

Methods

Participants

Research Settings

This research will take place in healthcare delivery facilities around the state. Five of the most populated primary care facilities or those with an extremely large catchment area will be identified from the National Demographic and Health Surveys and marked for use as the Centres where the research will be conducted. These healthcare facilities will be prepared for the research in terms of being equipped with researchers and the key data collection tools that will come in handy in completing the study.

Research Design

This research will employ the use of a survey ³⁴ research design that will employ the use of a survey (formal standardized questionnaire) to collect the relevant data. The choice of this research design derives from the fact that it is an excellent research design that can be employed in the determination of prevalence rates of diseases in the chosen population (Ponto, 2015). This is supported by shreds of evidences that depict surveys as being excellent in providing prevalence estimates of exposure and disease of a well-defined population. The other strengths of this study design include the fact that it is relatively inexpensive and easier to perform than studies requiring follow up, it can be applied in the measurement of multiple risk factors and ¹⁹ health outcomes at the same point in time, it may identify groups of persons at high or low risks for the variable being measured, and that it can be used to generate hypothesis about association between predictive factors an disease outcomes (Gordis, 2014).

Research Participants

This research will make use of adult participants who have been diagnosed with ADHD. The target study population will include individuals aged 30 to 50 years of age, with a valid diagnosis of ADHD. These target population will involve all members of the population of all races, with no zeroing in on a particular race or majority or minority group so that a highly representative sample can be sought out for this study. In addition, the trends for the different groups categorized by race can be calculated to depict the different trends in prevalence rates of the disease among the different sub-groups of the population.

Sample Size and Sample Selection

The study will involve a sample size of 100 participants, with equal proportions between male and female genders (50 Male and 50 female). In selecting the study participants, the research will make use of simple random sampling in which case the sample selection process will be completed in two phases. In the first phase, the primary healthcare settings that will act as the access point to this group will be selected randomly out of the total health care setups available in the region. A possible number of 5 primary care settings will be identified and from each a total of 20 participants will be sought from each of point of care. The target population will be notified of the point of care where the research will be conducted and invited to participate. Out of the total number of possible participants who will turn out for the research, the sample size of 20 per each primary care setting will be derived through simple random sampling. The use of the probability sampling technique is informed by the need to accord each potential participant equal and fair chances of taking part in the study. This sample selection technique is also known to reduce the chances for selection bias that will otherwise complicate the internal and external validity of this research.

Stimuli

The stimulus to be employed in this study will include the diagnostic experience that the participants had at first contact with their primary care physician in relation to the symptoms that they were experiencing at onset of concern or suspicions of ADHD. The stimulus will be applied in the form of questions that prompt the patient to recall their experience with their primary care physician around the time that they were diagnosed with ADHD. The events and outcomes of this experience will be evaluated for the knowledge bases as demonstrated by the primary care physician with regards to the basis of the diagnosis and management of the patients.

Procedure

Data Collection

Relevant data will be collected by use of a formal standardized questionnaire that will be administered to the study participants. The questionnaire will inquire on how the patients received their definitive diagnosis as a comparative basis to gauge the knowledge basis of the primary care physicians in dealing with ADHD. The questionnaire will be centered on a key central theme of who made the final and definitive diagnosis, if the primary care physician was the first choice of healthcare professional to be consulted on the symptoms depicted by the patients, and on whether the participant sought out second opinion for their diagnosis from a psychiatrist, and if yes, the reason behind their decision to seek second medical opinion from a specialized healthcare professional. Also, the research will be interested to know how the diagnosis was made, the events that transpired on the day that the diagnosis was made and whether the participant was educated on their ideals of their diagnosis, and if yes, what was it they were informed about it.

The use of survey in determining trends in the general population is not a new concept. These data collection tools have received wide application throughout the different fields including that of research and especially market researches by the many business organizations that are driven to derive public opinion on a number of issues affecting them and their products. There is extensive use of questionnaires in the field of research as the main data collection tool that is well studied for its effectiveness and appropriateness in data collection. It is often used a vital component of survey research the purpose of which is to obtain information describing the characteristics of large sample of individuals of interest and relatively quickly (Ponto,

2015). There are, however, several reliability and validity issues that are associated with the use of questionnaires in research and these stem from the structure of the questions that are asked within the questionnaires. The potent way of addressing these is by use of multimode design in ensuring that the survey research is inclusive to all participants, making use of clearly identified population of interest, with application of very diverse participant recruitment strategies, a large sample and random selection of the participants, making use of valid and reliable instruments, with pretest questions, in addition to employing a user-friendly survey design (Ponto, 2015).

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Data Analysis

The data collected via the questionnaire will be subjected to statistical analysis tools including measures of central tendencies including means and standard deviations and correlation statistical tests that include Spearman Correlation test as it is best used to test for the strength of the association between two ordinal variables and it does not rely on the assumption of normally distributed data (Allen, 2017).

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References

- Allen, M. (2017). Correlation, Spearman. In *The SAGE Encyclopedia of Communication Research Methods*. SAGE Publication.
- 25
Brown, J. J., Goodman, W. D., Surman, B. C., Scherer, B. P., and Salinas, D. G. (2012).
15
Assessment of Physician Practices in Adult Attention-Deficit/Hyperactivity Disorder.
Prim Care Companion CNS Disord., 14(4): PCC. 11m01312
- 13
Cherry, K. (2020). The Purpose of Psychology Theories. Retrieved from
<https://www.verywellmind.com/the-purpose-of-psychology-theories-2795084>
- Gordis, L. (2014). *Epidemiology*. 5th Edition. Elsevier Saunders
- 11
Leslie, L. K. (2002). The Role of Primary Care Physicians in Attention Deficit Hyperactivity
Disorder (ADHD). *Pediatr Ann.*, 31(8): 475-484
- 1
Ponto, J. (2015). Understanding and Evaluating Survey Research. *J Adv Pract Oncol.*, 6(2): 168-
171
- Wilens, T. E. & Spencer, J. T. (2010). Understanding Attention-Deficit/Hyperactivity Disorder
from Childhood to Adulthood. *Postgrad Med.*, 122(5): 97-109

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and misuse of stimulant medication as reported
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