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ADHD Clinic Outcomes: Assessing Dose Response Over Time

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**ADHD Clinic Outcomes:
Assessing Dose Response Over Time**

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Describe role of Submitting/Presenting Trainee in this project (limit 150 words):

I have participated in the literature review, data entry, and currently the data cleaning process. I plan to assist with running data analyses, preparing the manuscript for publication, and submitting the submission for presentation at the November 2019 ABCT conference.

Background, Objectives/Goal, Methods/Design, Results, Conclusions limited to 500 words

Background: Based on the 2016 National Survey of Children's Health, 9.4% of children ages 2-17 in the United States have been diagnosed with Attention-Deficit/Hyperactivity Disorder (ADHD; Danielson et al., 2018). Left untreated, ADHD is associated with negative outcomes such as decreased academic achievement, early mortality, unemployment, and peer problems (American Academy of Pediatrics [AAP], 2011; Barbarisi et al., 2013; Fredriksen et al., 2014). The AAP recommends behavioral therapy for preschool children, followed by medication if therapy is not effective. For school-aged children and adolescents, behavioral therapy and/or medication is recommended, with the combination being the preferred treatment.

Objectives/Goal: The first objective is to describe the patient population within the College Boulevard ADHD Specialty Clinic with regard to demographic information, presence of comorbid diagnoses, type of appointment (medication, behavioral, or combined) and number of appointments kept. The second objective is to identify whether the services in the clinic are aligned with the best practice recommendations of the AAP. The third objective is to examine treatment outcomes as measured by changes in Vanderbilt Scores and Clinical Global Improvement Scale Scores and whether these treatment outcomes vary as a function of age, type of appointment, or comorbid diagnoses.

Methods/Design: The current study is a retrospective chart review of 1269 patients over 5809 encounters (July 2011 to February 2018). Patient information, including appointment date and type, Vanderbilt Scores, Clinical Global Improvement Scale (CGIS) Scores, diagnoses, and demographics was generated from Cerner and CHADIS. Missing data were entered manually through medical record review. To meet objective one of the study, descriptive analyses will be presented describing the overall population and types of appointments kept in the clinic. To meet objective two of the study, descriptive statistics will be

presented reflecting the types of appointments (medication, behavioral, or combined) kept based on the age group of the patient. Last, to meet the third objective of the study, multiple regression will be used to examine whether the type and number of appointments varies as a function of demographic variables or comorbid diagnoses. In addition, multiple regression will also be used to examine whether treatment outcomes, as measured by the Vanderbilt Scores and CGIS Scores vary as a function of age, type of appointment or presence of comorbid diagnoses. To date, all data have been gathered and are currently being cleaned in preparation for analyses. Analyses will be complete by the 2019 GME Research Days.

Results: It is expected that the services provided in the clinic will align with what is recommended by the AAP. Specifically, it is expected that preschool aged children will have more behavioral only visits and school-aged children/adolescents will receive combined behavioral and medication treatment. In addition, it is expected that participants with comorbid diagnoses will receive combined treatment and will attend more appointments.

Conclusions: The current study will contribute important information for the evaluation of the clinic services. In addition, findings will provide insight into the treatment of ADHD and the outcomes associated with receiving the three treatment types.