



THE PRIMARY CARE COMPANION FOR CNS DISORDERS

Supplementary Material

Article Title: The Burden of Attention-Deficit/Hyperactivity Disorder in Adults: A Real-World Linked Data Study

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Supplementary Table 1. Outcome measures

Outcomes	Description	Data Source
Medication use	<ul style="list-style-type: none"> Information on medication use for ADHD (IR, ER, combination [ER+IR] and unmedicated ADHD) and concomitant medications for associated comorbidities 	Pharmacy claims database
Demographics/Socioeconomic/Health characteristics	<ul style="list-style-type: none"> Assessed factors like age, gender, race/ethnicity, marital status, education, household income, employment status, insurance status, region, CCI³⁷, BMI³⁸, smoking and alcohol consumption, and exercise behavior 	NHWS
Health and economic outcomes		
HRQoL	<ul style="list-style-type: none"> Assessed using SF-36v2³⁹ Comprised of 36 questions mapped onto eight health domains* and two component summary scores** A norm-based scoring algorithm was used to calculate each domain and summary score so that all measures were interpreted relative to the US general population value† 	NHWS

WPAI	<ul style="list-style-type: none"> Assessed using WPAI questionnaire⁴⁰ – a six-item validated instrument used to measure work productivity and activity impairment Consists of four metrics: absenteeism[‡], presenteeism[§], overall work productivity loss[¶], and activity impairment[#] 	NHWS (Data on absenteeism, presenteeism, and overall work impairment included only NHWS respondents who reported being full-time or part-time; activity impairment included all NHWS respondents)
HRU	<ul style="list-style-type: none"> Assessed number of traditional healthcare provider visits and specialist visits (i.e., psychologists, psychiatrists, neurologists), the number of visits for behavior therapy, the number of emergency room visits, and the number of 	Claims database

	<p>times hospitalized per year of follow-up</p> <ul style="list-style-type: none"> • Direct economic costs were estimated using medical claims data (based on diagnosis codes and procedure codes) and MEPS data. 	
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[†]Physical functioning, physical role limitations, bodily pain, general health, vitality, social functioning, emotional role limitations, and mental health.

^{**}Mental component summary scores (MCS) and physical component summary scores (PCS).

[†]The mean of 50 was considered as the population mean for the US population where the deviation from this mean was tested with one-sample t-test, when relevant comparator groups were unavailable.

[‡]Percentage of work time missed because of one's health in the past seven days

[§]Percentage of impairment experienced while at work in the past seven days because of one's health

[¶]An overall impairment estimate that is a combination of absenteeism and presenteeism

[#]Percentage of impairment in daily activities outside of work because of one's health in the past seven days

ADHD, attention deficit hyperactivity disorder; BMI, body mass index, CCI, Charlson Comorbidity Index, ER, extended release; IR, immediate release; HRQoL, health-related quality of life; HRU, health resource utilization; MEPS, medical expenditure panel survey; NHWS, National Health and Wellness Survey; SF-36v2, medical outcomes study 36-item short form; WPAI, work productivity and activity impairment.

Supplementary Table 2. Work productivity and activity impairment outcomes in respondents not reporting diagnosis of ADHD vs. respondents self-reporting diagnosis of ADHD – NHWS Sample

Variables	Overall	
	Respondents not reporting diagnosis of ADHD (n=273,936)	Respondents self-reporting diagnosis of ADHD (n=8432)
Absenteeism, Mean (SD)	5.87 (\pm 16.7)	10.7 (\pm 22.2)
Presenteeism, mean (SD)	18.0 (\pm 26.1)	28.4 (\pm 27.7)
Overall work Productivity loss, mean (SD)	19.9 (\pm 28.3)	31.6 (\pm 30.3)
Activity impairment, mean (SD)	23.3 (\pm 28.2)	36.5 (\pm 30.2)

ADHD, attention deficit hyperactivity disorder; NHWS, National Health and Wellness Survey; SD, standard deviation.