

# Looking at AD/HD Prevalence A Chat with Tanya Froehlich, MD

**IN SEPTEMBER**, the *Archives of Pediatric and Adolescent Medicine* released the findings of research done by Tanya Froehlich, MD, on the prevalence of attention-deficit/hyperactivity disorder (AD/HD) in children aged eight to fifteen. Many of results from Froehlich's study were similar to the results of other studies published by the Centers for Disease Control and Prevention and the Mayo Clinic. Both print and broadcast media reported on Froehlich's findings, which counter the notion that AD/HD is overdiagnosed. E. Clarke Ross, DPA, CHADD's CEO, took part in radio interviews springboarding off the research to educate the public about the importance of seeking a proper evaluation and receiving treatment for AD/HD. The interview with Ross was broadcast by radio stations across the country and reached over two million listeners. Froehlich, a developmental and behavioral pediatrician, is a faculty member at Cincinnati Children's Hospital.



Tanya Froehlich, MD

**Your research looks at the prevalence of AD/HD. There have been other studies on this topic, but your study really got the media's attention. Out of all of the things to research that involve AD/HD, why were you interested in this topic?**

I was interested in getting a "gold standard" look at national AD/HD prevalence because of the widespread fears that the condition is overdiagnosed.

**So, exactly what were the findings?**

We found that about nine percent of children age eight to fifteen years old, which is equivalent to 2.4 million children, meet criteria for AD/HD. It seems that only about half the kids who met the AD/HD diagnostic criteria had been previously diagnosed with the disorder by a doctor or health professional.

**A lot of people say the United States seems to have a high percentage of people with AD/HD. Do you think this is true?**

The prevalence of AD/HD in the United States is pretty much in the middle when compared with studies around the world that have used diagnostic criteria from the DSM-IV. I am happy that the U.S. rates are in keeping with what has been found in other countries, since there is a perception that AD/HD is an "American" made-up disease.

**As we know from the CDC and various other sources, the diagnosis rate varies widely by geography. I assume your study did not find any geo-**

**graphic variability. If so do you think the differences in diagnosis rates are due to public misunderstanding of AD/HD or is it related to medical practices and misunderstanding?**

In my study, I didn't look at geography, but I suspect it to be a factor. To the extent it is, I think that lack of diagnosis is due to a combination of family and medical practice factors. If families don't really understand AD/HD, they won't know to ask the doctor about their child's symptoms.

**Any ideas on how we tackle the problem of children going undiagnosed and undertreated?**

Yes. Families who suspect that there's a problem need to feel comfortable about asking their doctors for a full diagnostic assessment. If families don't really understand AD/HD, they won't know to ask the doctor about their child's symptoms. Also, doctors, because of low reimbursement rates by insurance plans, often don't ask the behavior-related questions that would draw out the family's concerns about AD/HD.

**What did your study show about girls who have AD/HD?**

The study showed that girls with AD/HD are less likely than boys to be diagnosed with the disorder. This could be because society thinks of AD/HD as a disorder that only affects boys. Girls may be less troublesome in the presentation of their symptoms, so there's less of an incentive to seek medical treatment for them.

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**Talk about some other areas involving AD/HD that you're interested in researching.**

I am very interested in finding genetic factors that will help us treat the disorder with the least number of side effects. It's frustrating, for example, that we determine the appropriate dosage for medication using trial and error. We are able to look at genetic makeup by taking a cheek swab or saliva sample. If we find the relevant genetic factors, future planning of AD/HD treatment may involve a lab test. I hope that in the future our genetic tests will allow us to go straight to the right AD/HD medication and dose for a given individual, instead of having to try a few medications at multiple doses before we find the right one. 🗨️