Reviewer’s report

Title: Is primary care ready to take on Attention Deficit Hyperactivity Disorder?

Authors:

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Reviewer: Prof Eric Taylor

Level of interest: A paper of considerable general medical or scientific interest

Advice on publication: Accept after discretionary revisions

Dr and Professor Thaper have raised a clinically important question in a concise and well-argued way. The paper is of considerable general medical interest, going well beyond the confines of child mental health to influence the practice of every primary care team.

The only revisions suggested are discretionary, and are on points of detail; the clinical issues are addressed well and should be published in this form. (1) A consistent style of presenting references should be adopted, and the references should be numbered as well as the text citations. "Care" is misspelled as "Car". (2) Psychiatrists in learning disability should be regarded as specialists able to initiate medication, in addition to child and adolescent psychiatrists and paediatricians with a special interest. (Indeed forensic psychiatrists and general adult psychiatrists are likely to find themselves increasingly called on to continue, and even to initiate, treatment in adult life). (3) The confidence limits for the prevalence of ADHD have been narrowed by the national morbidity survey of Meltzer et al (referenced by the authors) --the severe form of ADHD ("hyperkinetic disorder") affects about 1.5% of children and many more will have milder forms. (4) Behaviour therapy, as well as stimulant medication, has an evidence base; advice to children, families and teachers is recommended by all guidelines; and the need for these psychological interventions adds to the case for clear and evaluated guidelines for shared care.

The issues raised by the Thapars deserve careful consideration. Practice guidelines need to be worked out; the interface with education is only beginning to be addressed. Demonstrations of good practice and systematic evaluations are required. Research is pressingly needed about the long-term effects of medication (to guide decisions on length of treatment and therefore service organisation), the identification of cases in primary care, and the economic and clinical impact of service to outcome. The increased needs stem from scientific recognition that severe ADHD is a chronic disability for those affected and not merely a nuisance for their caregivers. The paper is therefore timely and publication in this form is recommended.

Competing interests:

I have received reimbursements for talks to postgraduate symposia that were sponsored by several pharmaceutical companies, including Janssen-Cilag and Eli Lilly.