Reviewer’s report

Title: Persistence of pharmacological treatment into adulthood, in UK primary care, for ADHD patients who started treatment in childhood or adolescence

Version: 2 Date: 18 September 2012

Reviewer: Jan Froelich

Reviewer’s report:

Principally the topic of adherence to pharmacologic treatment in ADHD, especially during adolescence is of high interest and so far this manuscript could be an important contribution to this issue. Unfortunately the paper contains a number of serious deficits in substance and methods that restricts its meaningfulness.

The Background section

- contains statements being not empirically demonstrated, e.g. “there are two populations of adults with ADHD; those who are recognized for the first time to have ADHD-associated impairment in adulthood,…..” . Actually the diagnostic criteria of ADHD still require a symptom onset during childhood before or 7 years and even the awaited DSM V only considers a symptom onset of 12 years.

- almost only considers data originating from the U.K. . Comparable international study results are essential to cite. As for treatment guidelines not only NICE should be cited but also European and American treatment recommendations. Long-term follow-up studies as the MTA Study at 8 years give us important informations being essential for the subject of this paper.

The Method section lacks of specifity in the data extraction

a. No differentiation between patients with or without F 90.0 or F 90.1 diagnosis is given but for the interpretation of the results this information is essential.

b. Neither informations are given about comorbidities of the study sample nor any socio demographic descriptions though these conditions essentially affect the course and prognosis of the disorder and consequently contribute to the indication of an ongoing pharmacologic treatment.

c. No differentiation is given concerning used medication. Due to different efficacy of stimulant and non-stimulant medication in ADHD differences concerning treatment adherence can be expected between the two treatment groups.

d. One more important deficit of the study is the fact that no informations are given if the patient group underwent any regular diagnostic work-up during the development from childhood to adolescence. The reader must rely on informations about the medical status assuming that this fact correlates with the diagnostic stability of ADHD.
e. For the reviewer it is not clear why patients with multiple treatment episodes were excluded from the analysis as this practice describes the natural treatment course in ADHD.