



CHADD's Advocacy & Public Policy Committee Lunch and Learn Webinar Series

THE STAKES FOR AMERICANS WITH ADHD ARE HIGHER THAN EVER ADHD Policy Briefing: The Impact of Federal Proposals on People with ADHD

ADHD is Public Health Concern

"Overall, ADHD is one of the best-researched disorders in medicine, and the overall data on its validity are far more compelling than for many medical conditions."¹ ADHD is the most prevalent neurodevelopmental psychiatric disorder in children and often persists into adulthood.² The cause of ADHD is mainly heredity, with environmental factors also playing a role.³

ADHD is best managed through a combination of approaches. For many, that may include lifestyle support, behavior management or parent training, academic or workplace accommodations, therapy, and/or medication. Every person's treatment plan should be tailored to their specific needs, and not every plan will include all the listed approaches.⁴

ADHD treatment—including prescription stimulant medications, which are the most effective and commonly prescribed medications for the treatment of ADHD⁵—*can be life-sustaining in the short term and lifesaving in the long term.*⁶

Research shows that, compared to the general population, people with **untreated** ADHD have a **shorter lifespan** and **higher rates** of severe accidental injuries, driving accidents, substance use disorder, suicide, unwanted pregnancies, obesity, diabetes II, coronary heart disease, and other significant health problems. See these studies:

- The longest follow-up study of children with ADHD into midlife found that nearly twice as many had died by age 41 as the control group without ADHD (7.2% vs. 2.8%).⁷
- Multiple epidemiological studies of populations in the United States,⁸ Denmark,⁹ Sweden,^{10,11} and Taiwan¹² show that *compared to the general population*:
 - ◇ Children with ADHD are nearly twice as likely to die in childhood.
 - ◇ Adults with ADHD are three to nearly five times more likely to die in adulthood by midlife.
 - ◇ During any four-year period, adults with ADHD in the US are almost twice as likely to die.

In these studies, accidental injury and, in a significantly smaller proportion of cases, suicide are the leading causes of early mortality.¹³

- The risk of a shorter lifespan was found in the genome-wide study of ADHD genetics and its relationship to medical and psychological factors in affected patients and families where the parents of people with ADHD also were more likely to experience earlier mortality.
 - Having ADHD in childhood predicts a significantly reduced estimated life expectancy (ELE) of about nine years by adulthood that is further reduced to about twelve years by having ADHD at adult follow-up.¹⁴ This study recognizes that research has already shown:
 - ◇ ADHD to be associated with increased risk of earlier mortality due largely to a higher risk for accidental injury and, to a lesser extent, for suicide.
 - ◇ Various adverse medical conditions occur more often in people with ADHD.
 - ◇ Losing weight, increasing exercise, and quitting smoking are examples of health maintenance activities believed to improve ELE.
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Thus, this study demonstrates the importance of adding recommendations for health and lifestyle improvements to the usual package of ADHD management tools.

- Reduced life expectancy for adults with diagnosed ADHD compared to the general population of 6.78 years for males, and 8.64 years for females.¹⁵ The above-mentioned studies in Denmark and Taiwan discussed similar findings and possible reasons, e.g. poorer diagnosis and treatment of females.

The **markedly high costs associated with untreated ADHD**—ranging from \$143 to \$266 billion annually (the adult impact of \$105 to \$194 billion accounting for most of these costs)—make ADHD *far too costly a disorder to leave untreated*.¹⁶ For example, for untreated individuals with ADHD, employment reduction is between 10 and 14 percentage points, and the earnings reduction is approximately 33 percent.¹⁷

Clearly, untreated ADHD is a public health concern.

References:

1. Statement of the American Medical Association's Council on Scientific Affairs in 1998; See *Practice Parameters for the Assessment and Treatment of Children and Adolescents with Attention-Deficit/Hyperactivity Disorder*, 46:7 Journal of the American Academy of Child and Adolescent Psychiatry 894 (2007), available at http://www.aacap.org/App_Themes/AACAP/docs/practice_parameters/jaacap_adhd_2007.pdf
2. Jalpa A. Doshi., et al., *Economic Impact of Childhood and Adult Attention-Deficit/Hyperactivity Disorder in the United States*, 51:10 Journal of the American Academy of Child and Adolescent Psychiatry 990 (2012).
3. CHADD.org, About ADHD, The Science of ADHD/Causes and Brain Chemistry. <https://chadd.org/about-adhd/the-science-of-adhd/>
4. See, The MTA Cooperative Group, *A 14-Month Randomized Clinical Trial of Treatment Strategies for Attention-Deficit/Hyperactivity Disorder*, 56:12 Journal of the American Medical Association (1999), available at <http://archpsyc.jamanetwork.com/article.aspx?articleid=205525> ; Also see, CHADD, Understanding ADHD, About ADHD <https://chadd.org/about-adhd/treatment-of-adhd/>
5. See Footnote 4.
6. Faraone, Stephen V. et al., *The World Federation of ADHD International Consensus Statement: 208 Evidence-based conclusions about the disorder*, Neuroscience and Biobehavioral Reviews, 128, Pages 789-818 at pages **802-803** (2021) **SEE PDF at** <https://www.sciencedirect.com/science/article/pii/S014976342100049X> ; Also see *The Adverse Health Outcomes, Economic Burden, and Public Health Implications of Unmanaged Attention Deficit Hyperactivity Disorder (ADHD): A Call to Action to Improve the Quality of Life and Life Expectancy of People with ADHD*, Proceedings of the ADHD Public Health Summit Washington, DC October 7, 2019.
7. Klein, R. G., Mannuzza, S., Olazagasti, M. A. R., Roizen, E., Hutchinson, J. A., Lashua, E. C., & Castellanos, X. (2012). Clinical and functional outcome of childhood attention-deficit/hyperactivity disorder 33 years later. *Archives of General Psychiatry*, 69, 1295- 1303.
8. London, A. W. & Landes. S. D. (2016). Attention deficit hyperactivity disorder and adult mortality. *Preventive Medicine*, 90, 8-10.
9. Dalsgaard, S., Ostergaard, S. D., Leckman, J. F., Mortensen, P. B., & Pedersen, M. G. (2015). Mortality in children, adolescents and adults with attention deficit hyperactivity disorder: a nationwide cohort study. *Lancet*, 385, 2190-2196.
10. Virtanen, M. et al. (2018). Work disability and mortality in early onset neuropsychiatric and behavioural disorders in Sweden. *European Journal of Public health*, 28, 32.
11. Sun, S. et al. (2019). Association of psychiatric comorbidity with the risk of premature death among children and adults with attention-deficit hyperactivity disorder. *JAMA Psychiatry*, 2019;76(11):1141–1149. [doi:10.1001/jamapsychiatry.2019.1944](https://doi.org/10.1001/jamapsychiatry.2019.1944)
12. Chen, V.C.H., et al. (2019). Attention-deficit/hyperactivity disorder and mortality risk in Taiwan. *JAMA Network*.2019 Aug 2;2(8):e198714. [doi: 10.1001/jamanetworkopen.2019.8714](https://doi.org/10.1001/jamanetworkopen.2019.8714).
13. Demontis, D., Walters, R.K., Martin, J. et al. Discovery of the first genome-wide significant risk loci for attention deficit/hyperactivity disorder. *Nat Genet* 51, 63–75 (2019). <https://doi.org/10.1038/s41588-018-0269-7>.

14. Barkley, R. A. & Fischer, M. (2019). Hyperactive child syndrome and estimated life expectancy at young adult follow-up: The role of ADHD persistence and other potential predictors. *Journal of Attention Disorders*, 23, 907-923.
 15. O’Nions E, El Baou C, John A, et al. Life expectancy and years of life lost for adults with diagnosed ADHD in the UK: matched cohort study. *The British Journal of Psychiatry*. Published online 2025:1-8. [doi:10.1192/bjp.2024.199](https://doi.org/10.1192/bjp.2024.199)
 16. Jalpa A. Doshi., et al., *Economic Impact of Childhood and Adult Attention-Deficit/Hyperactivity Disorder in the United States*, 51:10 *Journal of the American Academy of Child and Adolescent Psychiatry* 990 (2012).
 17. Fletcher, Jason M., *The effects of childhood ADHD on adult labor market outcomes*, *Health Econ.* Feb;23(2):159-81 (2014), abstract available at <https://pubmed.ncbi.nlm.nih.gov/23427026/>
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