

CMSScript

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Member of a medical scheme? Know your guaranteed benefits!



CMS

Council
for Medical Schemes

Attention Deficit Hyperactivity Disorder

This edition of CMSScript will focus on Attention Deficit Hyperactivity Disorder. The condition is not included in the Prescribed Minimum Benefits, but the CMSScript editorial team took a decision to discuss the topic due to the high number of enquiries and complaints the CMS receives on this topic.

Background

Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder (disorder of brain function) that typically starts in childhood. The condition may extend into adulthood, however adult ADHD is less common. Statistics indicate that 30 to 50 percent of those diagnosed with ADHD in childhood will continue to display symptoms into adulthood.

The condition is sometimes referred to as Attention Deficit Disorder (ADD), a term used to refer to someone who has trouble concentrating on one thing for a long period, but is not hyperactive. The American Psychiatric Association released the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) in May 2013. The DSM-5 changed the criteria to diagnose someone with ADHD. According to the DSM-5, ADHD occurs in about 5% of children and 2.5% of adults worldwide.

ADHD is usually characterised by hyperactivity (being abnormally and/or extremely active), difficulty paying attention and impulsive and/or disruptive behaviour. Symptoms generally set in between the ages of 5 and 12 years but may also occur at ages younger or older than this, and even during adulthood. The causes for ADHD are not clear, although experts believe that the condition could be triggered by a combination of genetic, developmental and environmental factors, resulting in chemical imbalances or neurological changes in the brain.

What is ADHD?

ADHD is usually characterised by hyperactivity (being abnormally and/or extremely active), difficulty paying attention and impulsive and/or disruptive behaviour.

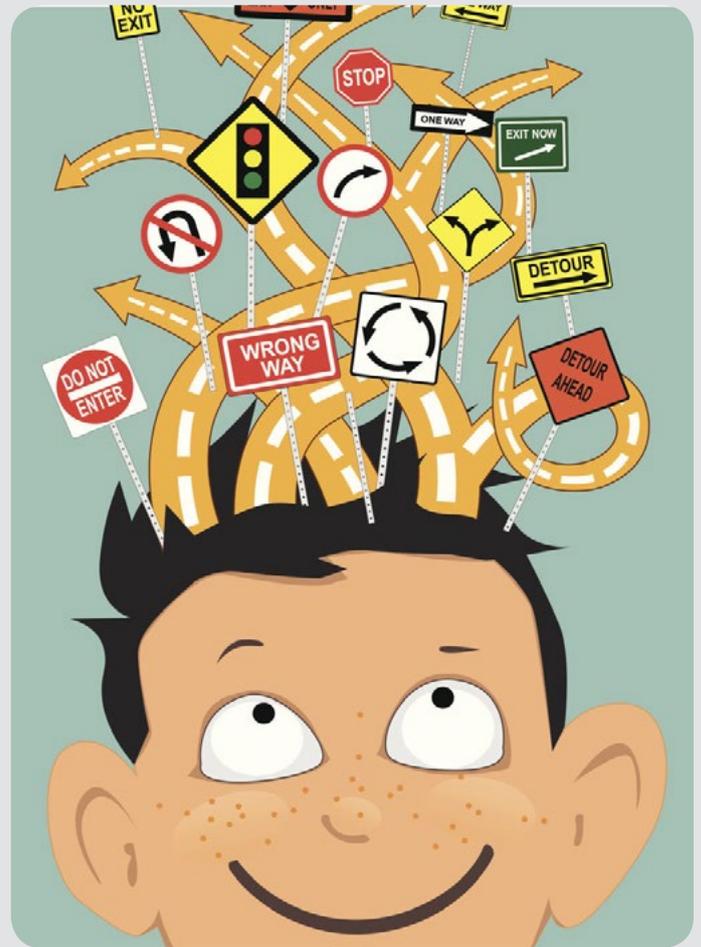


Figure 1: This is how a ADHD head feels

Symptoms generally set in between the ages of 5 and 12 years but may also occur at ages younger or older than this, and even during adulthood. The causes for ADHD are not clear, although experts believe that the condition could be triggered by a combination of genetic, developmental and environmental factors, resulting in chemical imbalances or neurological changes in the brain.

Types and Symptoms of ADHD

Three types of ADHD have been identified:

1. Inattentive ADHD

Inattentive ADHD is the condition previously referred to as ADD (Attention Deficit Disorder). A person shows symptoms of inattention (easily distracted) but is not hyperactive or impulsive.

The symptoms for this group include:

- Easy distraction
- Forgetfulness, even regarding daily routine activities
- Inability to pay close attention to details relating to work or other activities
- Careless mistakes
- Struggle keeping attention on tasks or activities
- Ignores or appears not to listen to a speaker, even when spoken to directly
- Fails to follow instructions
- Fails to finish schoolwork, work assignments or chores
- Experience trouble with organisation
- Dislikes and avoids tasks that require long periods of mental effort, such as homework and assignments
- Lose items needed for tasks or activities, for example, toys, school assignments, pencils etc

2. Hyperactive/impulsive ADHD

A person has symptoms of hyperactivity and impulsivity but not inattention.

The symptoms for this group include:

- Appears to be on the go all the time
- Talks too much
- Has trouble waiting for their turn
- Fidgets, taps their hands or feet
- Struggles to stay seated, always restless
- Runs around or climbs in inappropriate situations
- Has trouble playing or doing an activity quietly
- Blurts out an answer and interrupts others constantly
- Interrupts or intrudes on other people's conversations or activities
- Impulsive
- Inappropriate outbursts

3. Combination type

The combination type of ADHD is the most common. Symptoms of both inattention and hyperactivity are equally present. Adult ADHD may also present with:

- Disorganisation
- Difficulty in prioritising tasks
- Relationship problems
- Difficulty to relax
- Constantly being late
- Risky behaviour

Risk Factors for ADHD

Several factors may contribute to ADHD, such as:

- A strong genetic component. Parents, siblings and children of people with ADHD have a 3 to 5 times increased risk
- Exposure to environmental toxins, such as high levels of lead
- Smoking and the use of alcohol and drugs during pregnancy
- Low birth weight

Complications of ADHD

ADHD may cause great difficulty in the lives of children and adults. Children diagnosed with ADHD often struggle in school which may lead to academic failure and judgement by classmates, other children, and adults.

Adults and children suffering from ADHD further tend to have more accidents and injuries, have a poor self-esteem, have difficulty in socialising and interacting with their peers, and have a higher risk of alcohol and drug abuse as well as criminal behaviour.

ADHD sufferers also have a high risk to develop depression. The rate of major depression in children with ADHD is approximately 5 times more likely than in children without ADHD. Up to 31% of adult ADHD cases have been identified to also suffer from major depression.

Coexisting conditions

ADHD does not cause other mental health or developmental problems but some people with ADHD are more likely to suffer from the following conditions:

- Learning disabilities – problems with understanding and communicating.
- Anxiety disorders – overwhelming stress and nervousness.
- Depression – feelings of sadness and/or a loss of interest in activities.
- Disruptive mood dysregulation disorder – irritability and problems tolerating frustration.
- Oppositional defiant disorder (ODD) - generally defined as a pattern of negative, defiant and hostile behavior toward authority figures.
- Conduct disorder – antisocial behavior such as stealing, fighting, destroying property, and harming people or animals.
- Bipolar mood disorder – depression and manic behavior.
- Tourette syndrome – a neurological disorder characterized by repetitive muscle or vocal tics.

ADHD Diagnosis

There is no specific diagnostic test to diagnose ADHD. The treating doctor will use the following to diagnose the condition:

- Medical examination to exclude other causes of the symptoms.
- Detailed history gathering that will include a medical history, family medical history and school records.
- Interviews and questionnaires with the patient, family, school teachers and other people who know the person well.
- ADHD criteria from the DSM-5.

ADHD treatment

ADHD treatment includes medication, psychotherapy (talking about your condition and your moods, feelings, thoughts and behaviours) and behavioural therapy (helping a person understand how changing their behaviour can lead to changes in how they feel). A combination of the treatment methods is often required.

ADHD and Prescribed Minimum Benefits

ADHD is not included in the Prescribed Minimum Benefits. This means that the medical scheme is not legally required to fund the diagnosis, treatment or care claims for the condition.

The scheme rules and limits apply regarding the funding of treatment for the condition.

It is therefore important that you find out if your medical scheme covers funding for ADHD. Ask the following questions to make sure that you understand your benefits:

- Is ADHD covered by the medical scheme?
- If your medical scheme covers the condition:
- Is there a financial limit that apply to the cover and how much is this?
- Is there a specific list of doctors in your area that should be used?
- Does the cover include medication and psychotherapy?
- Is there a specific medicine list (formulary) that determines what medicine will be funded?
- How many psychotherapy sessions are covered?
- Are other services such as occupational therapy covered and how many sessions?

If your medical scheme does not fund ADHD, find out what the medicine and therapy will cost before you get the services, so that you are prepared for the financial implications.

References

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WHAT ARE PRESCRIBED MINIMUM BENEFITS?

Prescribed Minimum Benefits (PMBs) are defined by law. They are the minimum level of diagnosis, treatment, and care that your medical scheme must cover – and it must pay for your PMB condition/s from its risk pool and in full. There are medical interventions available over and above those prescribed for PMB conditions but your scheme may choose not to pay for them. A designated service provider (DSP) is a healthcare provider (e.g. doctor, pharmacist, hospital) that is your medical scheme's first choice when you need treatment or care for a PMB condition. You can use a non-DSP voluntarily or involuntarily but be aware that when you choose to use a non-DSP, you may have to pay a portion of the bill as a co-payment. PMBs include 270 serious health conditions, any emergency condition, and 25 chronic diseases; they can be found on our [website](#)

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