

Despite typically being categorized as a childhood condition, attention-deficit/hyperactivity disorder (ADHD) affects plan members of all ages. In addition to being unrecognized and underdiagnosed in older patient demographics, ADHD features several characteristics that contribute to suboptimal outcomes and a significant burden of illness in managed care. The disorder presents differently in every age group and is frequently associated with psychiatric comorbidities, making accurate diagnosis difficult for primary care physicians who are often ill-equipped to identify and treat neurobehavioral conditions due to a lack of formal training in behavioral health. As a means of overcoming these challenges, managed care organizations have a number of potential interventions at their disposal that may be applied in the primary care, pharmacy, and healthcare administrative settings. Education serves as the foundation of these initiatives, fostering awareness of ADHD among providers and patients alike, but with different goals in mind. Proven assessment scales and evidence-based treatment algorithms can help to educate and assist providers in diagnosing and treating the condition, with which they may lack familiarity. Conversely, patient educational initiatives help improve treatment adherence by promoting realistic expectations and making patients aware of potential adverse events associated with pharmacotherapy. Further interventions, such as pharmacy database monitoring and the prescribing of extended-release formulations of stimulants, may also be employed to promote treatment adherence and alleviate concerns over drug diversion and abuse. This supplement reviews the clinical characteristics, diagnosis, and treatment of ADHD in plan members of all ages, in addition to discussing managed care initiatives for improving therapeutic adherence and optimizing patient outcomes.