Breaking Barriers: Exploring ADHD Care For Spanish-Speaking Families

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Background

- Of the 7 million children diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) in the United States, non-Latinx children are **more often diagnosed with ADHD** compared to Latinx children[1]
- However, Latinx children have **similar rates of ADHD symptoms** compared with non-Latinx children, suggesting that this population is being **underdiagnosed**[2]
- A small clinical study found that of those who are diagnosed, minoritized children are **less likely to begin and more likely to cease ADHD treatment**[3]
- Barriers to care may be related to **psychosocial concerns**, which are identified more often in other-language families than in English-speaking families[4]
- **Language barriers** are another area of exploration, as there are limited studies that investigate interpreter perspectives in a pediatric setting[5,6]

Objectives

- Analyze the difference in rates of ADHD diagnosis and ADHD medications prescribed based on language
- Analyze correlation between ADHD symptoms and psychosocial barriers
- Explore themes that contribute to communication barriers from the interpreter perspective and identify potential solutions

Methods

- Participants were youth (N=999) between the ages of 6-18 who received care at the **Children's Colorado Child Health Clinic** and had **any concerns about ADHD symptoms**
- **ADHD diagnosis and prescription rates** were based on flowsheets from **Project CLIMB** (Consultation Liaison in Mental Health and Behavior), which provides integrated behavioral health services to children and families in a pediatric primary care clinic (N=438)
- Electronic medical records (2018-2019, and 2021-2023) and behavioral health flowsheets yielded visit data including psychosocial determinants of health and demographics
- Chart reviews were conducted using CLIMB flowsheet data to identify children prescribed medication (N=90)
- ADHD diagnosis demographics and psychosocial screener were analyzed using Chi-Square Tests
- Medication use was analyzed using Independent T tests
- The psychosocial screener was categorized into three sections: Questions 1-8 for **family navigation** in socioeconomic and educational resources, Questions 10-13 for **social work** in mental health, substance abuse, or safety, and Question 14 for **caregiver mental health** needs
- Exploratory analysis was conducted through an **informational interview** with 3 Spanish interpreters

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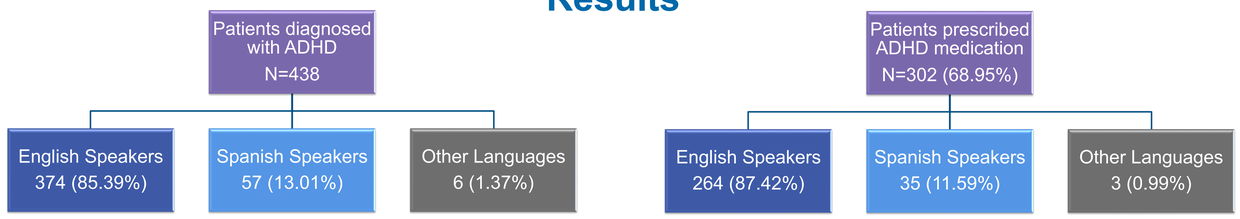
Results



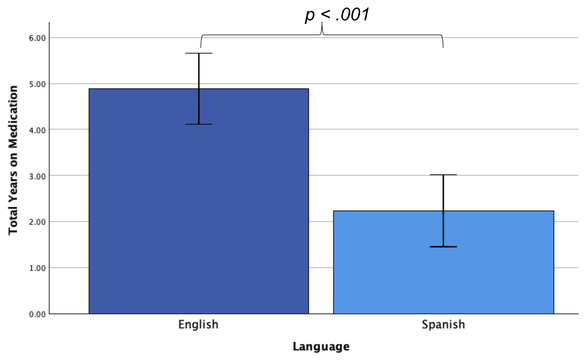
No statistically significant differences were found in rates of ADHD diagnosis to ADHD medication prescribed through CLIMB. (p>0.5)

Families Who Identified Needs for Psychosocial Resources by Language

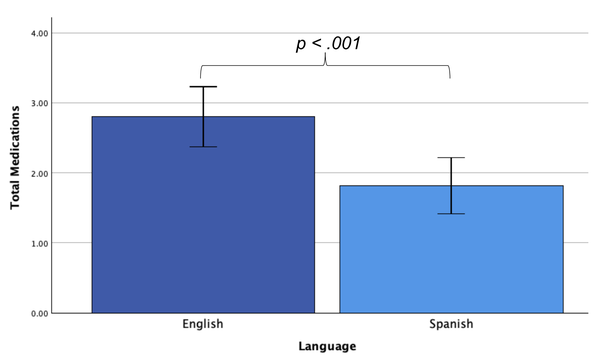
	Q1-8: Family Navigation		Q10-13: Social Work		Q14: Caregiver Mental Health		Positive for any Q1-14	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
English	238	87.18%	38	77.55%	58	86.57%	255	87.03%
Spanish	35	12.82%	11*	22.45%	9	13.43%	38	12.97%

- N=999 patients who had any concerns of ADHD symptoms
- * indicates statistical significance, $X^2 = 17.142$, $p = .006$

Total Time on ADHD Medication by Language



Variety of ADHD Medications Tried by Language



- N=90, 55 randomly selected English-speaking patients and all 35 Spanish-speaking patients who were prescribed ADHD medication
- Errors bars represent 95% confidence interval
- Disclaimer: Total length of prescription time was measured from first to last prescription date, not accounting for informal pauses from medication

Insight from the Spanish Interpreters

"If patients experience problems with their pharmacy or insurance, they don't follow up with the clinic. They just stop taking the medication."

Common themes:

- Patients are **hesitant** to voice concerns
- **Cultural misconceptions** of medication addiction
- Careful word choice
- Cultural emphasis on **family support**
- Patients build more rapport with interpreters than with providers

"We can't assume that everyone has the same educational background. We must establish how patients learn best and **meet them where they're at** to ensure higher success rates."

Discussion

- **No differences** in ADHD diagnosis and medication prescription rates through CLIMB
- Spanish-speaking patients with ADHD symptoms demonstrate a higher need for **social work resources** than other psychosocial resources
- Despite similar diagnosis and prescription rates, Spanish-speaking patients take medication for an average of 2.24 years, compared to 4.89 years for English-speaking patients. Additionally, Spanish-speaking patients try an average of 1.82 types of ADHD medications, while English-speaking patients try 2.80 types.
  - This suggests that many **Spanish-speaking patients stop medication use** when any barriers come up:
    - Possibly at the **first sign of side effects** without contacting clinic to try alternatives
    - **National Stimulant shortage** may have had a disproportionate impact on Spanish-speaking patients
  - This could be due to a lack of education on this topic, resulting in **fear of medication addiction**
  - **Language barriers** also contribute to this issue, as patients hesitate to voice concerns[6]

Potential solutions to address barriers:

- **Consistent follow-up** with patients to ensure concerns are addressed and they are receiving medication
- Focus on addressing social work needs for Spanish-speaking families
- Create **simple** informational pamphlets, videos, etc. about diagnosis and medication for patients and families who have **different learning styles** in **different languages**
- Leverage interpreters' rapport with patients by having providers regularly consult interpreters for insights

Limitations:

- Relying on PCP to enter in correct billing diagnosis and distribute psychosocial screener, and CLIMB providers to fill out flowsheets
- EPIC Medical Record System and chart reviews **don't** accurately reflect if patients pick up medication prescription
- Not all families feel comfortable **filling out** the psychosocial screener, or **may not be given it** at every appointment
- Data only includes **first 11 visits** per patient

Implications

- Future studies may include interviews with **families** about their experiences with ADHD diagnosis and treatment
- **Compare** CLIMB chart reviews with PDMP (Prescription Drug Monitoring Program) to confirm which patients are receiving their medication
- Use the interpreters' insight to create simple educational resources about ADHD to take home and **increase health literacy**, and analyze changes in how long Spanish-speaking patients stay on medications

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