Cultural Attitudes & Perceptions about Attention Deficit Hyperactivity Disorder

HarrisInteractive
CULTURAL ATTITUDES & PERCEPTIONS ABOUT
ATTENTION DEFICIT HYPERACTIVITY DISORDER
(ADHD)

Conducted on behalf of:
CONCERTA® (methylphenidate HCl) CII
for McNeil Consumer & Specialty Pharmaceuticals

Fieldwork:
May 21, 2002 to July 9, 2002

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Harris Heritage. Interactive Power.
INTRODUCTION

Cultural Attitudes & Perceptions About Attention Deficit Hyperactivity Disorder (ADHD) was conducted by Harris Interactive on behalf of CONCERTA® (methylphenidate HCl) CII for McNeil Consumer & Specialty Pharmaceuticals. CONCERTA is a prescription medication for the treatment of ADHD (see Appendix D for important safety information and full U.S. Prescribing Information). The purpose of this study was to learn about attitudes toward, perceptions of and experiences with ADHD from individuals with different racial or ethnic backgrounds.

This report highlights findings among a nationally representative sample of respondents with at least one child between the ages of 6 and 17. This study compares and contrasts findings among sub-populations of African American, Hispanic, and “other race/ethnicity” adults. Topics covered in this survey include adults’:

- Familiarity with ADHD
- Personal experiences with ADHD
- Observations and opinions about ADHD
- Cultural perceptions and beliefs about ADHD
- Perceived barriers to evaluation and treatment
- Awareness of ADHD treatments
- Suspicions that their child might have ADHD
- Knowledge of sources of information about ADHD

Note on Race/Ethnicity categories

Since a primary objective of this study is to explore “cultural differences” among respondents, three comparison groups have been defined, based on responses to questions about race and ethnicity. These three groups are “Hispanic,” “African American,” and “Other.” The
“Hispanic” group includes all respondents who indicated that they are of Hispanic origin such as Latin American, Mexican, Puerto Rican or Cuban. The “African American” group consists of all non-Hispanic respondents who indicated they are either Black or African American. The “Other” group consists of all respondents not included in the first two groups and includes respondents who identify themselves as white (the vast majority of “Other” respondents, making up approximately 95% of this group), Native American or Alaskan Native (2% of this group), “mixed” racial background (1%), Asian or Pacific Islander (1%), or “other race” (1%).

To simplify the reporting of results, the three groups will be referred to throughout this report as “Hispanic,” “African American” and “Other” respondents. The category names are not intended to imply or conform to any biological, anthropological, geographic or genetic criteria – they are based entirely upon how survey respondents have chosen to classify themselves.

Survey Method and Sample

Harris Interactive surveyed a nationally representative cross section of 3,346 adults with at least one household member between the ages of 6 and 17 during May, June, and July 2002. Online interviews averaging approximately 18 minutes in length were conducted with 2,720 adults from June 11 – July 9. Telephone interviews utilizing an analogous questionnaire and averaging approximately 24 minutes in length were conducted with 626 adults from May 21 – June 24. Telephone interviews were conducted in either English or Spanish, depending on the preference of the respondent. One in three (33%) Hispanic telephone respondents completed the interview in Spanish.

A detailed survey methodology appears in Appendix B and the survey questionnaire in Appendix C of this report.

Notes on Reading Tables

An asterisk (*) on a table signifies a value of less than one-half percent (0.5%). Percentages may not always add up to 100% because of computer rounding or the acceptance of multiple answers from respondents. The base for each question is the total number of respondents
answering that question. In some cases results may be based on small sample sizes. Caution should be used in drawing any conclusions from results based on these small sample sizes.

**Project Responsibility**

The Harris team responsible for the design of the study, management of the project and analysis of the results included Peter Risher, *Senior Project Director* and Vincent Fitts, *Senior Research Associate*. Harris Interactive was responsible for final question wording, collection of the data, and analysis and interpretation of the findings.

**Public Release of Survey Findings**

All Harris Interactive surveys are designed to comply with the code and standards of the Council of American Survey Research Organizations (CASRO) and the code of the National Council of Public Polls (NCPP). Because data from the survey may be released to the public, release must stipulate that the complete report is also available.
SUMMARY OF MAJOR FINDINGS

I. FAMILIARITY WITH ADHD

1. Although the vast majority of respondents say that they are at least “somewhat” familiar with Attention Deficit Hyperactivity Disorder, sometimes known as ADHD or ADD, African Americans and Hispanics are more likely than Others to say that they are “not at all familiar” with ADHD. And, although respondents in each of these three groups think that ADHD is a serious condition and have similar views about who is likely to be affected by it, African Americans and Hispanics are more likely than Others to consider ADHD “very serious.”

• The vast majority of respondents (85%) say that they are at least “somewhat familiar” with ADHD. However, African American (10%) and Hispanic (8%) respondents are more likely than Other (2%) respondents to report being “not at all familiar” with ADHD.

• While an overwhelming majority of respondents in all three groups agree that ADHD is at least a “somewhat serious” condition, Hispanic (35%) and African American (36%) respondents are more likely than Other (28%) respondents to consider ADHD a “very serious” condition.

• Most respondents (63%) think that ADHD affects both adults and children equally. Approximately one in three respondents think ADHD affects mostly children (36%).

• Respondents are almost evenly split on whether ADHD affects mostly boys (51%) or boys and girls equally (46%). African American and Hispanic respondents are less likely than Other respondents to believe that ADHD affects mostly boys. Only a tiny fraction of respondents (1%) in any of these groups believe that ADHD affects mostly girls.

II. PERSONAL EXPERIENCES WITH ADHD

1. Most respondents report knowing someone who has been diagnosed with ADHD. Hispanic and African American respondents are less likely than Other respondents to report knowing someone with ADHD.
• Almost three out of four respondents (72%) report knowing someone who has been diagnosed with ADHD by a doctor or other health care professional. Hispanic (60%) and African American (56%) respondents are less likely than Other (78%) respondents to report knowing someone who has been diagnosed with ADHD.

• Among those who do know someone who has been diagnosed with ADHD the most common relationship is either a friend or acquaintance (42%), followed by son (16%), niece or nephew (14%), and daughter (6%).

• Only a small fraction of respondents report having ADHD themselves (3%).

2. Among respondents with a child who has been diagnosed with ADHD, a majority report that their child is receiving treatment for the disorder and is taking medication on a regular schedule.

• Among respondents with a child who has been diagnosed with ADHD, a majority (58%) report that their child is receiving treatment for the disorder. Other (62%) respondents are more likely than Hispanic (52%) and African American (42%) respondents to say that their sons are receiving treatment for ADHD.

• Among respondents with a child who is receiving treatment for ADHD, most (58%) say their child is receiving a combination of prescription medication and behavioral therapy. One out of three (33%) say their child is being treated with prescription medicine only. About one in ten (8%) say their child is being treated with counseling or behavior therapy only. There are no apparent differences between sons and daughters.

• Virtually all respondents (98%) report that their daughters take their ADHD prescription medication on a regular schedule (as opposed to only as needed). Four out of five (79%) say their daughters take their ADHD medication every day and one out of five (20%) say their daughters take their ADHD medicine only five times a week (i.e., not on weekends).

• One in four (26%) respondents are not sure what prescription medicine their daughters are taking. Medications respondents are most likely to say their daughters take are Concerta® (16%), Adderall XR™ (15%), Adderall® (15%), and Ritalin® (14%).
• A large majority of respondents (83%) report that their sons take their ADHD prescription medication on a regular schedule. Seven in ten (71%) say their sons take their ADHD medication every day, while three in ten (29%) report that their sons take their ADHD medicine only five times a week (i.e., not on weekends).

- One in ten (9%) respondents are not sure what prescription medicine their sons are taking. Medications respondents are most likely to say their sons take are Concerta® (25%), Ritalin® (21%), Adderall® (20%) and Adderall XR™ (13%).

3. The vast majority of parents/caregivers with a child who takes prescription medication for ADHD say that the medication has helped improve the child’s ADHD-related symptoms at least “somewhat”. Over half say that the medication has helped “very much”. Improvement is reported in a variety of areas.

• The vast majority (96%) of parents/caregivers who have a child that takes prescription medication for ADHD say that the medication has helped improve the child’s ADHD-related symptoms at least “somewhat”. Over half (61%) say that the medication has helped improved the child’s symptoms “very much”.

III. OBSERVATIONS AND OPINIONS ABOUT ADHD

1. A substantial majority of respondents were able to identify certain types of symptoms generally associated with ADHD. In most instances, African Americans and Hispanics were less likely than Others to identify symptoms generally associated with ADHD.

• At least seven out of ten respondents recognized “easily sidetracked; starts one activity and then switches to another” (76%), “constantly moving around, talking, or making noise; can’t sit still for long” (76%), and “easily distracted by movement of people or objects” (70%) as ADHD symptoms.

• At least six out of ten respondents recognized “difficulty in getting started on homework or assigned tasks” (64%) and “easily irritated or impatient in response to apparently minor
frustrations” (62%) as symptoms.

- Little more than half recognized “acting before thinking” (55%), “often appears to be daydreaming” (51%), and “doesn’t stop soon enough when fooling around, arguing or complaining, even when asked to stop” (52%) as symptoms.

2. **Respondents, on the whole, believe that ADHD is a medical condition that should be treated by a physician, that most children with ADHD would benefit from treatment, and that children who do not receive treatment can have serious problems as adults. Still, one in three believe that ADHD is a condition that children outgrow.**

- Nine out of ten respondents believe that ADHD is a medical condition (19%) or both a medical condition and a behavioral problem (70%). Fewer than one in ten (8%) believe that ADHD is simply a behavioral problem.

- Nine out of ten respondents (93%) feel that a person with ADHD should see a medical doctor or other health care professional.

- Nearly eight in ten respondents (78%) agree that most children with ADHD would benefit from being treated by a physician. African Americans (72%) are slightly less likely than Hispanics (77%) and Others (79%) to hold this view.

- Although a majority of respondents believe that children with ADHD who are not diagnosed can have serious problems as adults (71%), one in three respondents (33%) believe that ADHD is a condition that children outgrow.

3. **Respondents are, for the most part, reasonably well-informed about the causes of ADHD. Although a sizable minority of respondents believe that ADHD can be prevented by special diets, only small minorities believe that ADHD is the result of poor parenting or a lack of discipline. And, a majority of respondents believe that ADHD is a diagnosis used for difficult or very active children, or an excuse for inappropriate behavior in a child.**

- Only a small minority of respondents believe that ADHD is the result of poor parenting (10%) or a lack of discipline (15%). These beliefs are consistent among African Americans, Hispanics, and Others.
• Although most respondents in all three groups “strongly disagree” that children with ADHD are not as smart as children who do not have ADHD, African Americans (57%) and Hispanics (57%) are less likely than Others (71%) to “strongly disagree” with this statement.

• Two out of three respondents (68%) believe that ADHD is “a diagnosis used for difficult or very active children.”

• Approximately two in three respondents (65%) agree that parents “use ADHD as an excuse for the inappropriate behavior of their child.” However, African American (54%) and Hispanic (59%) respondents are less likely than Other (69%) respondents to agree with this statement.

IV. CULTURAL PERCEPTIONS AND BELIEFS ABOUT ADHD

1. African Americans are much more likely than Others and somewhat more likely than Hispanics to believe that minority children are more apt to be told that they have ADHD and are more often misdiagnosed with ADHD than children of other ethnic groups. Hispanics are somewhat more likely than Others to hold this view. At the same time, African American and Hispanic respondents are less likely than Other respondents (most of whom identified themselves as “White”) to believe that ADHD primarily affects “Anglo” or “Caucasian” children.

• African Americans (41%) are much more likely than Others (13%) -- and Hispanics (24%) are somewhat more likely than Others -- to believe that African American children are more likely to be misdiagnosed with ADHD than children of other ethnic groups. African Americans (39%) are also much more likely than Others (14%) -- and Hispanics (23%) somewhat more likely than Others -- to believe that Hispanic children are more likely to be misdiagnosed with ADHD than children of other ethnic groups.

• African Americans (33%) are much more likely than Others (8%) -- and Hispanics (15%) are somewhat more likely than Others -- to believe that African American children are told they have ADHD more than children of other ethnic groups. African Americans (28%) are also much more likely than Others (8%) -- and Hispanics (16%) somewhat more likely than
Others -- to believe that Hispanic children are told they have ADHD more than children of other ethnic groups.

- African Americans (45%) are much more likely than Others (12%) -- and Hispanics (25%) are somewhat more likely than Others -- to believe that if a child is having learning or behavior problems a teacher is more likely to say that the child has ADHD if the child is African American than if the child is of some other ethnic group. African Americans (41%) are also much more likely than Others (12%) -- and Hispanics (25%) somewhat more likely than Others -- to believe that if a child is having learning or behavior problems a teacher is more likely to say that the child has ADHD if the child is Hispanic than if the child is of some other ethnic group.

- Most (54%) respondents disagree that ADHD is a condition that primarily affects Anglo (Caucasian) children, with Hispanic (37%) and African American (39%) respondents even more likely than Other (26%) respondents to “strongly disagree.” A substantial portion (37%) of Other respondents are “not sure” whether ADHD is a condition that primarily affects Anglo (Caucasian) children.

2. Most respondents believe that people with ADHD are more likely than people who do not have ADHD to get into fights, be disorganized, drop out of school, or be depressed. However, far fewer are aware that people with untreated ADHD are at greater risk of becoming substance abusers, having an unwanted pregnancy, or contracting an STD. African American, Hispanic, and Other respondents are about equally aware of the risks faced by people with ADHD.

- A substantial majority of respondents -- at least seven out of ten -- believe that people with ADHD are more likely than people who don’t have ADHD to get into fights (80%), be unorganized (77%), drop out of school (72%) or be depressed (70%). Most respondents also believe that people with ADHD are more likely than other people to have marital problems (64%), and to need emergency medical services (55%).

- Fewer than half of all respondents believe that people with ADHD are more likely than others to get a traffic ticket (47%), to become a drug addict or alcoholic (39%), or to have an
unwanted pregnancy or a sexually transmitted disease (23%).

V. PERCEIVED BARRIERS TO EVALUATION AND TREATMENT OF ADHD

1. Three out of four respondents say that they would not be concerned about what others might think if their child was diagnosed with ADHD. At the same time, most also assert that parents’ decisions about whether or not to have their child evaluated and treated for ADHD are “often” affected by concern about what others might think. African American and Hispanic respondents are more likely than Other respondents to say that they would be “very concerned” about what others might think.

- Half of all respondents (50%) believe that parents’ decisions about whether or not to have their child evaluated for ADHD by a doctor or other health care professional are often affected by their concerns about what others might think.

- Almost half of all respondents (45%) believe that parents’ decisions about whether or not to have their child treated for ADHD by a doctor or other health care professional are often affected by their concerns about what others might think.

- Overall, fewer than one in ten respondents say that they would be “very concerned about what others might think” if their child was diagnosed with ADHD. African American (13%) and Hispanic (10%) respondents are somewhat more likely than Other (5%) respondents to say that they would be “very concerned.”

2. Concern that their child will be “labeled” and “not having enough information about ADHD” are most likely to be perceived by respondents as major barriers to children receiving appropriate treatment for ADHD. And, although far fewer respondents overall believe that it’s a barrier, more than one in three African Americans think that “parents’ concern that treatment is based on their child’s racial or ethnic background” prevents children with ADHD from getting proper treatment “a great deal.”

- Just over half (53%) of respondents think that parents’ concern that their child will be “labeled” prevents children with ADHD from getting appropriate treatment “a great deal.” African Americans (57%) are more likely than Hispanics (51%) -- and the data suggests that
they are more likely than Others (52%) -- to view this concern as a barrier to treatment.

- Just over half (53%) of respondents also think that “parents not having enough information on ADHD” prevents children from getting appropriate treatment “a great deal.” African Americans (58%) and Hispanics (57%) are more likely than Others (51%) to view this concern as a barrier.

- African American (36%) respondents are far more likely than Hispanic (19%) and Other (13%) respondents to believe that “parents’ concern that treatment is based on their child’s racial or ethnic background” keeps them from getting proper treatment “a great deal” of the time.

3. **Respondents also believe that the cost of treatment, parents not wanting their child to take medication, access to health care professionals knowledgeable about ADHD, and language difficulties are additional barriers to treatment**

- About half (48%) of respondents think that the cost of treatment prevents children with ADHD from getting appropriate treatment “a great deal.” African Americans (52%) and Hispanics (53%) are more likely than Others (48%) to view this concern as a barrier.

- Slightly less than half (46%) of all respondents believe that parents’ not wanting their child to take medication prevents children from receiving proper treatment “a great deal.” There were no significant differences among the populations surveyed.

- More than four out of ten respondents (39%) believe that access to health care professionals knowledgeable about ADHD prevents children from receiving appropriate treatment “a great deal.” African Americans (44%) are slightly more likely than Others (38%) -- and the data suggests, more likely than Hispanics (39%) as well -- to cite this as a barrier to treatment.

- About one in three Hispanics (32%) acknowledged that language barriers between parent/child and doctor/healthcare professional prevent children from getting appropriate treatment “a great deal.” Slightly more than one in four African Americans (28%) -- and slightly less than one in four Others (23%) -- also identified language barriers as preventing
VI. AWARENESS OF ADHD TREATMENTS

1. Although the vast majority of respondents say that they are aware of treatments that help improve the symptoms of ADHD, African Americans are much less likely and Hispanics are somewhat less likely than Others to be aware of such treatments. Most respondents in each of these groups believe that a combination of prescription medicine and counseling or behavior therapy is the most effective way to treat ADHD.

- The vast majority of respondents (80%) say that they are aware of treatments that help improve the symptoms of ADHD. However, African Americans (66%) are much less likely and Hispanics (74%) are somewhat less likely than Others (84%) to be aware of such treatments.

- Nearly half of respondents believe ADHD is treated with prescription medicine most (41%) or all (6%) of the time. Slightly fewer think that ADHD is treated with counseling or behavioral therapy most (36%) or all (6%) of the time.

- Three out of four respondents (77%) believe that a combination of prescription medication and counseling/behavior therapy is the most effective treatment for ADHD. Only about one in ten (11%) think that counseling or behavioral therapy alone is the most effective treatment, and an even smaller percentage (2%) that prescription medication alone is most effective.

2. Most respondents believe that many of the actions associated with ADHD can be improved with medication, counseling, or behavior therapy. Although African Americans -- and Hispanics to a lesser degree -- are a bit less likely than Others to believe in the effectiveness of treatment, most respondents in all groups believe that treatment can help alleviate a variety of traits generally associated with ADHD. Only a fraction of respondents believed that none of the symptoms mentioned could be improved by treatment.
• Nearly three out of four respondents believe that treatment with medication, counseling or behavior therapy could improve relationships with peers (74%) and family (73%).

• Overall, more than seven out of ten respondents feel that treatment could improve behavior in school (77%) and at home (76%).

• Almost four out of five (78%) respondents believe that treatment could improve an ADHD patient’s ability to focus on homework, work, household chores, or other activities.

• Seven out of ten (68%) believe that organizational skills can be improved by treatment with medication, counseling or behavior therapy.

• Three out of four (74%) respondents believe that treatment could improve academic performance in school.

• Seven out of ten (72%) believe that ADHD treatment can improve a patient’s self-esteem.

• Only half of respondents (52%) agreed that the risk of substance abuse disorder could be improved by treatment. African Americans (44%) were less likely than either Hispanics (50%) or Others (54%) to believe this.

VII. SUSPICIONS THAT THEIR CHILD MIGHT HAVE ADHD

1. Overall, about one in three respondents say that a child of theirs has been suspected of having ADHD. Respondents most often identified a school professional as the person who suspected that their child might have ADHD, but nearly half of parents/caregivers said they suspected it themselves. Most of these parents/caregivers said they sought help -- typically from a physician.

• One out of three (35%) respondents have either themselves suspected or been told by someone else that they suspected that their child might have ADHD. There were no significant differences among the populations surveyed.

• In most cases, the “suspecting person” was a school professional (62%), but often it was the parent/caregiver themselves (45%). Less frequently, parents/caregivers were told by a
doctor or medical professional (30%) or by a friend or family member (25%) that their child could have ADHD.

- Among parents/caregivers who were told that their child might have ADHD, approximately four in five (79%) sought help for their child (82% of African Americans; 79% of Hispanics, and 79% of Others said they sought help.)

Among parents/caregivers who did not seek help (21%), common reasons for not seeking help included not believing that their child had ADHD; believing that their child “would outgrow it;” the parent feeling that they could manage it themselves at home; the desire not to put the child on medication; the belief that the behaviors exhibited by their child were “part of being a child” or “part of being a boy;” not trusting the opinion of the person who told them that they suspected the child had ADHD; having a second opinion from a trusted source (e.g., teacher, doctor) that their child didn’t have ADHD; and the belief that their child’s problems in school resulted from some sort of “non-ADHD” issue or situation at school, such as a conflict with their teacher.

- Most frequently (92%), respondents who sought help turned to a doctor or other medical professional. However, school professionals (43%), social workers/counselors (36%) and books and magazines (27%) were also frequently turned to for help. Hispanics (88%) and African Americans (86%) were less likely than Others (94%) to seek help from a doctor or other medical professional.

2. Most parents/caregivers who visited a doctor or other medical professional said that the person consulted was knowledgeable and believed that ADHD requires medical treatment.

- Among those who sought help from a doctor, three out of four (74%) report that the doctor believed that ADHD requires medical treatment. The data suggests that African Americans (68%) are less likely than Other (75%) and Hispanic (76%) respondents to say that their doctor believed ADHD requires medical treatment.

- Most respondents found the doctor they consulted to be either “very” (62%) or “somewhat”
(30%) knowledgeable about ADHD.

3. Among respondents whose child has not been suspected of having ADHD, most say they would be “very likely” to seek help if it were suspected that their child had ADHD.

- Among those who have never suspected that their child might have ADHD, approximately three in four (74%) reported they would be “very likely” to seek help if they began to suspect their child has ADHD (78% of African Americans; 76% of Hispanics, and 73% of Others say they would be “very likely” to seek help).

- Among those who have never been told by someone else that their child might have ADHD, approximately two out of three (67%) report that they would be “very likely” to seek help if someone else suspected their child might have ADHD.

- Though a majority of all respondents (57%) report they would be “very concerned” if a physician or other health care professional diagnosed their child with ADHD, African American (71%) and Hispanic (61%) respondents were more likely than Other (53%) respondents to say that they would be “very concerned.”

- If a physician recommended that their child take ADHD prescription medication, 38% of all respondents say they would be “very likely” to consider having their child take the medication. There were no significant differences among the populations surveyed.

VIII. KNOWLEDGE OF SOURCES OF INFORMATION ABOUT ADHD

1. Most respondents say that they would know where to go for help if their child were diagnosed with ADHD.

- Three out of four (75%) respondents say they would know where to go for help if their child was diagnosed with ADHD. However, African American (64%) and Hispanic (69%) respondents are less likely than Other (79%) respondents to report that they would know where to go.

2. If their child were suspected of having ADHD, most say that they would turn to a physician for help.
• Among respondents at least somewhat likely to seek help if either they or someone else suspected that their child might have ADHD, the sources most likely to be turned to are physicians (93%), organizations devoted to ADHD (52%) school professionals (46%), social workers or counselors (38%), and the Internet (37%). African American (31%) and Hispanic (33%) respondents are less likely than Other (39%) respondents to report that they would seek help on the Internet. African American (16%) respondents are more likely than both Hispanic (10%) and Other (8%) respondents to say that they would turn to a religious leader for assistance.

3. Fewer than half of respondents have ever received information about ADHD. Among those who have received information, a physician was the most common source of this information.

• Fewer than half (45%) of all respondents report ever receiving information about ADHD. African American (38%) and Hispanic (42%) respondents are even less likely than Other (47%) respondents to report having received information about ADHD.

• Among those who have received information about ADHD, the most frequent source mentioned is a doctor or other medical professional (62%). Additional sources frequently mentioned include books or magazines (53%), school professionals (46%) and the Internet (38%). African American (19%) and Hispanic (19%) respondents are significantly less likely than Other (28%) respondents to report receiving information about ADHD from friends or family members.