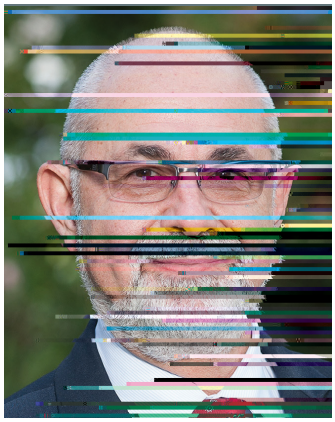
Attention deficit hyperactivity disorder (ADHD) might be the most controversial of psychiatric labels, and one that challenges many sectors of western society, including the insurance industry. The concept i

Importance for Life Insurers



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Perhaps the most concerning studies pertain to the mortality data. In a study of all 32,000 Danish people born between 1980 and 2011, and diagnosed with ADHD, a mortality risk ratio of 2.21 was demonstrated across the 13 years of the study.[12] This was mostly attributable to accidental death, and was particularly significant in the adult group (18 or older), where the risk rose to 4.25. Much of this was related to comorbidities, yet even when the statistic was reassessed with the comorbidities controlled, the mortality risk ratio (MRR) was 1.5. The risk was significantly greater for females, and associated with comorbidities and later diagnosis; this gender disparity may relate to the severity and nature of an ADHD, which remains undiagnosed in childhood yet is sufficiently severe as to attract clinical attention in adulthood. The findings of this study raise a lot of questions, and it is suggested that the high rate for females relates to the relative ease with which a more severe illness may go undetected in a young female, whereas affected males with similar severity are more likely to demonstrate unacceptable behaviour.

The implications of ADHD for product design and underwriting are challenging. The data is concerning, yet no differentiation of outcomes has been made according to whether the individuals are medicated. A reasonable assumption is that chemicals (medications) would lessen or improve the deficits and the outcomes, but there is limited data, and we have inconsistent data regarding the risk of ADHD sufferers having a motor accident while using a stimulant medication.[13,14] Management of claims related to affected individuals must incorporate an insight into the disorder, its management and the common comorbidities if outcomes are to be optimised. ■

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