Attention Deficit Hyperactivity Disorder in Metropolitan Western Australian Aboriginal Children.
Background

“..age-inappropriate levels of inattention, hyperactivity or impulsiveness that cause impairment in all areas of life” (Castle et al, 2007).

• Impairment is lifelong in ~ 30% of cases.

• Increased rates of criminality, substance use/abuse and mental health problems.
Background

• Worldwide prevalence of about 5%
  – Ranges from 1 – 20% depending on study.
  – Different measures
    • Eg. Conners, ATBRS, SWAN, SDQ
  – Different classification
    • Eg. ICD-10, DSM-IV-TR
Background

• Most common mental disorder in 4 – 17 year olds in Australia

• Australian Institute of Health and Welfare 2008 report
  – 13% in 6 – 14 yrs
  – Next most common is depression at 3%
  – 77% of affected 5 – 19 year-olds need special assistance at school
Background

Background

• WA corrective services report 2007/2008
  – Aboriginal people make up only 3% of the general population but:
    • 42% of adult prison population.
    • 70% of juvenile detention population.
Previous Australian studies

- Wood & Daly, 2007
  - 3.3% prevalence in WA
  - “representative of the Western Australian child population as a whole but may not be representative of minority groups such as Aboriginal children…”

- Sawyer et al, 2000
  - 11% in 4 – 17 year olds
  - “…a different type of study using culturally sensitive methods may be required to assess problems in this population”.
Previous Australian studies

- Zubrick et al, 2004
  - WA Aboriginal Child Health Survey.
  - Used SDQ to assess hyperactivity.
  - 15.8% in Aboriginal vs 9.7% in non-Aboriginal.
  - Higher risk in metropolitan as opposed to rural.
Previous Australian studies

• Westerman, 2002
  – Impulsivity in Indigenous youth predictive of suicidal behaviours.
Proposed work

The short version:
• Create a valid measure of ADHD.
• Use the measure to assess ADHD.

• Seems pretty simple doesn’t it…..
Proposed work

• Create a valid measure of ADHD
  – Two problems
    • No currently available culturally sensitive measures.
    • No-one knows whether ADHD-like symptoms are perceived the same as in non-Indigenous population or if they even exist.
Proposed work

• Create a valid measure of ADHD
  – Solutions
    • Qualitative work (of which I know nothing).
    • Cultural consultation.
Proposed work

• Use the measure
  – Zubrick et al 2004 estimates 10,000 children between 4 and 18 in WA.
  – Aim for 1,000
    • Zubrick got 66% response rate so would expect at least that using correct engagement practices.
  – Administer the measure
Proposed work

• Use the measure
  – Use data linkage to health, prescription and maybe justice records.
  – Check family histories for patterns and compare to non-Indigenous data.
Funding the work

- NHMRC CDA application
- Curtin SRF application
- Results of both should be known by the end of the year.
Collaborations

- NDRI
- NDARC
- Kulunga
Collaborations

YOU LOVELY PEOPLE
The End