



The University of
Nottingham

Relative age and ADHD symptoms, diagnosis and medication: a systematic review

Holland, J. & Sayal, K. Eur Child Adolesc Psychiatry
(2018). <https://doi.org/10.1007/s00787-018-1229-6>

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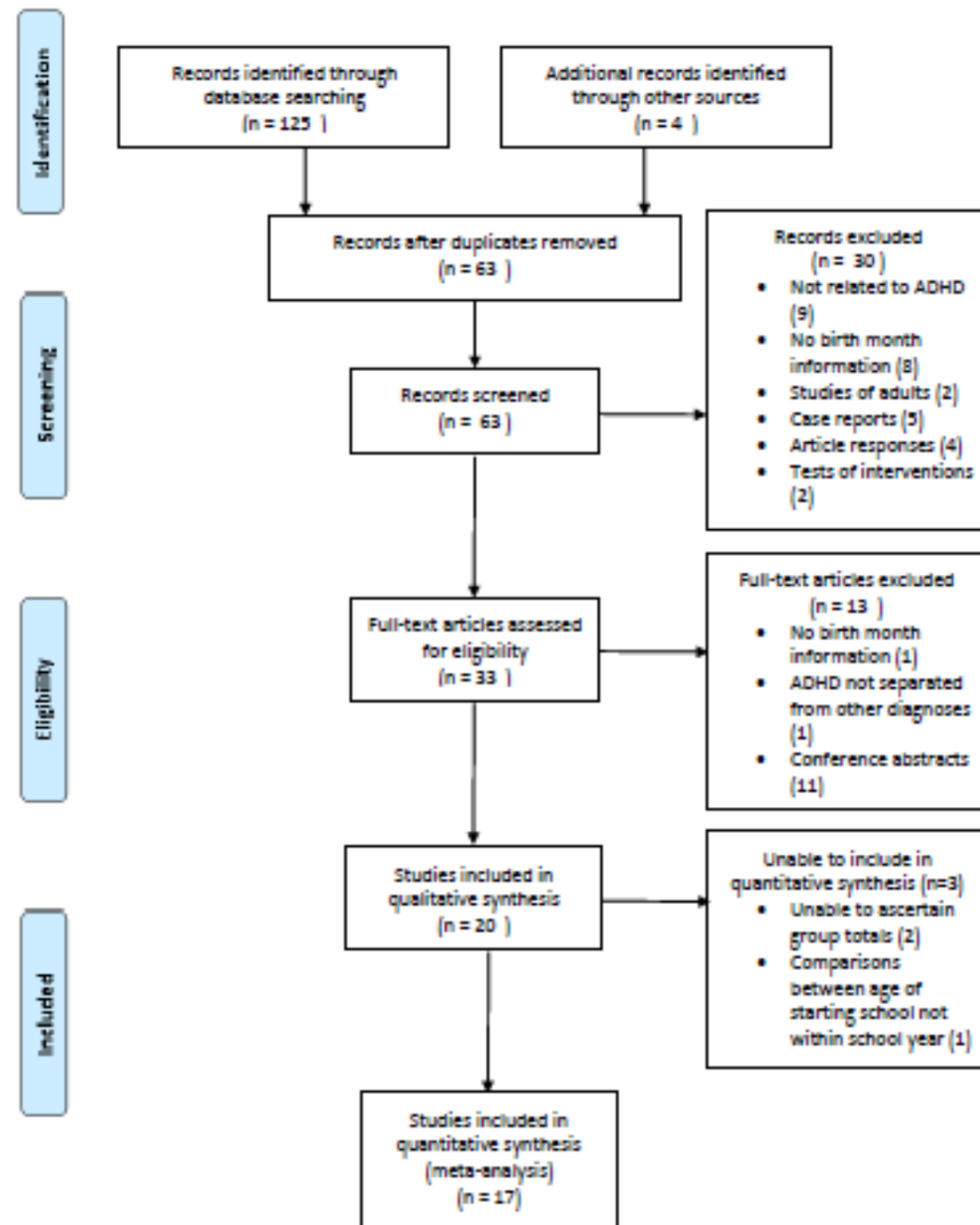


Background

- Relative age, what is it?
- Growing international literature
 - Mainly from high prescribing countries
- First systematic review of this topic

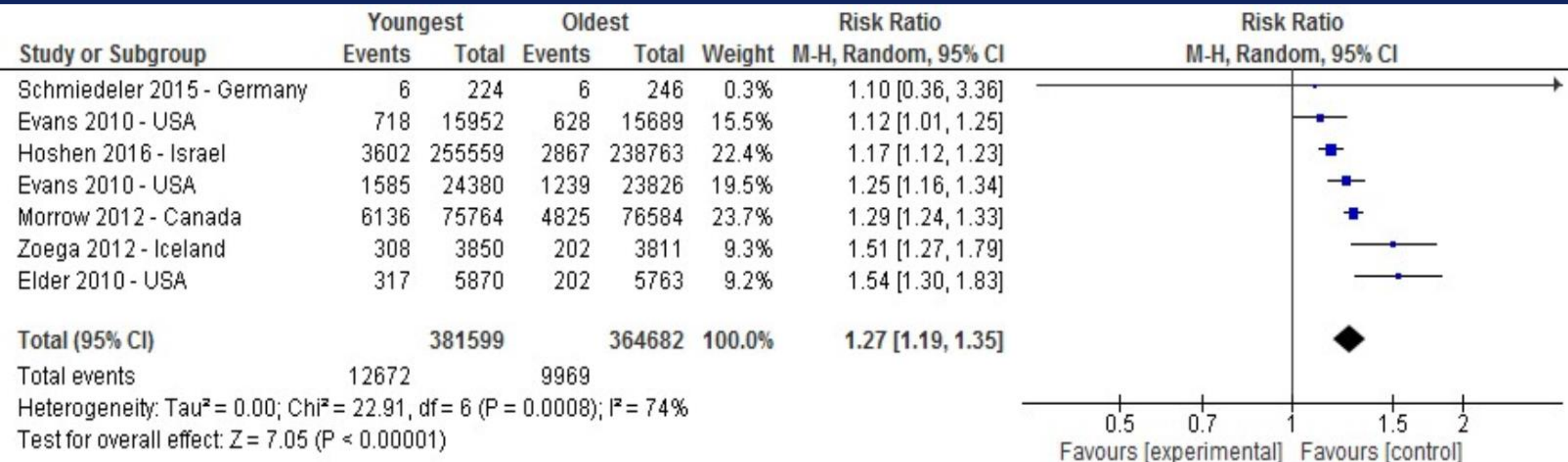


- Systematic searches of 7 databases
- 20 papers included in the review
- 17 papers included in the meta-analysis



Results

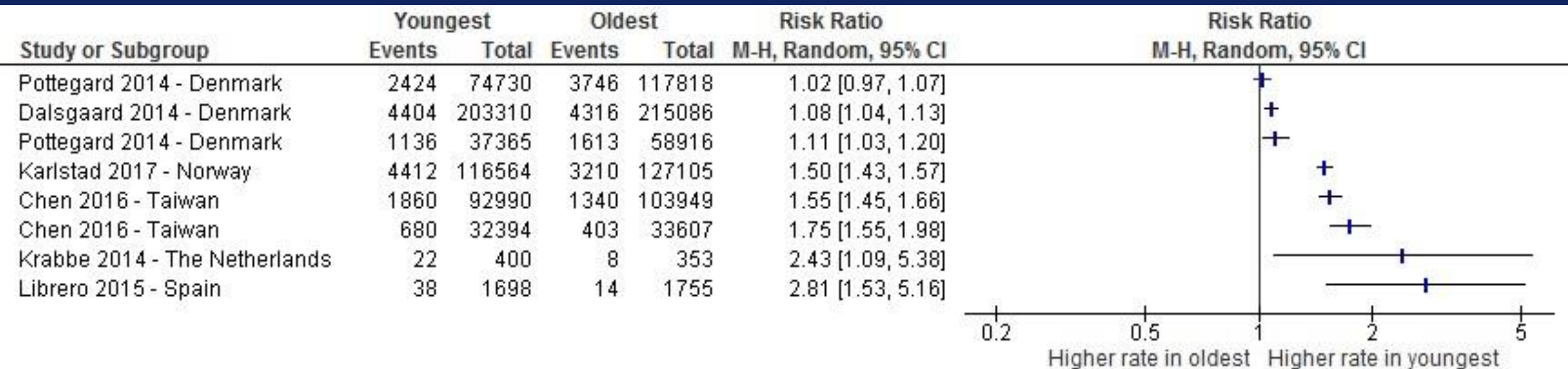
- Sixteen (of 20) papers reported a significantly higher proportion of relatively younger children being diagnosed with ADHD and/or receiving medication for this.
- Meta-analyses involving 17 of these 20 papers revealed a modest relative age effect in countries with higher prescribing rates, risk ratio = 1.27 (95%CI 1.19-1.35) for receipt of medication.





Results

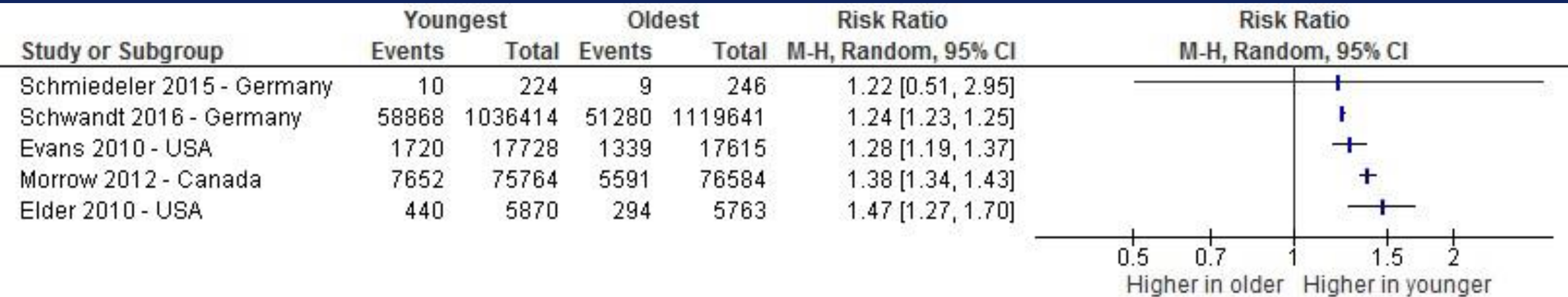
Medication, other countries





Results

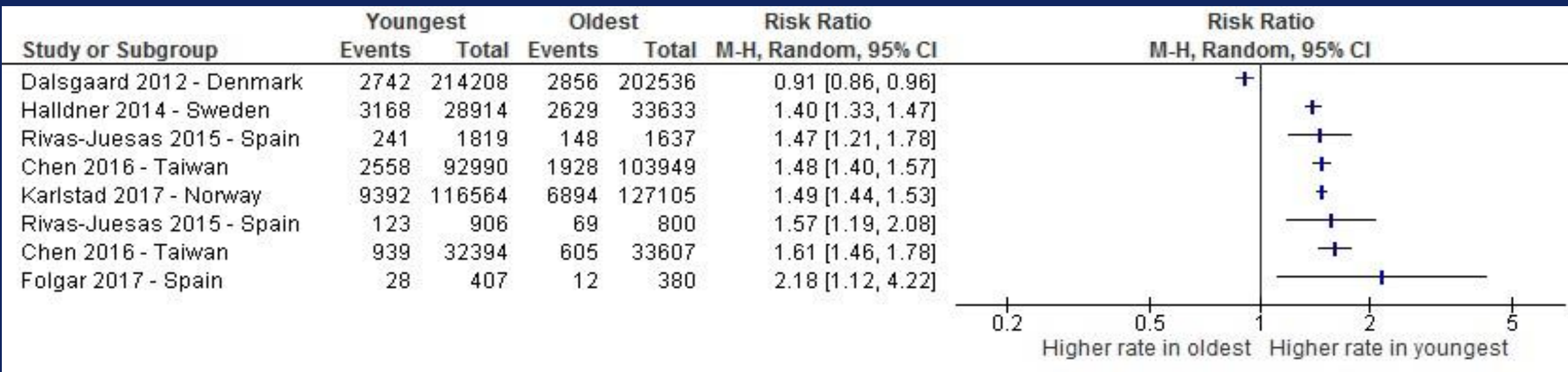
Diagnosis high prescribing countries





Results

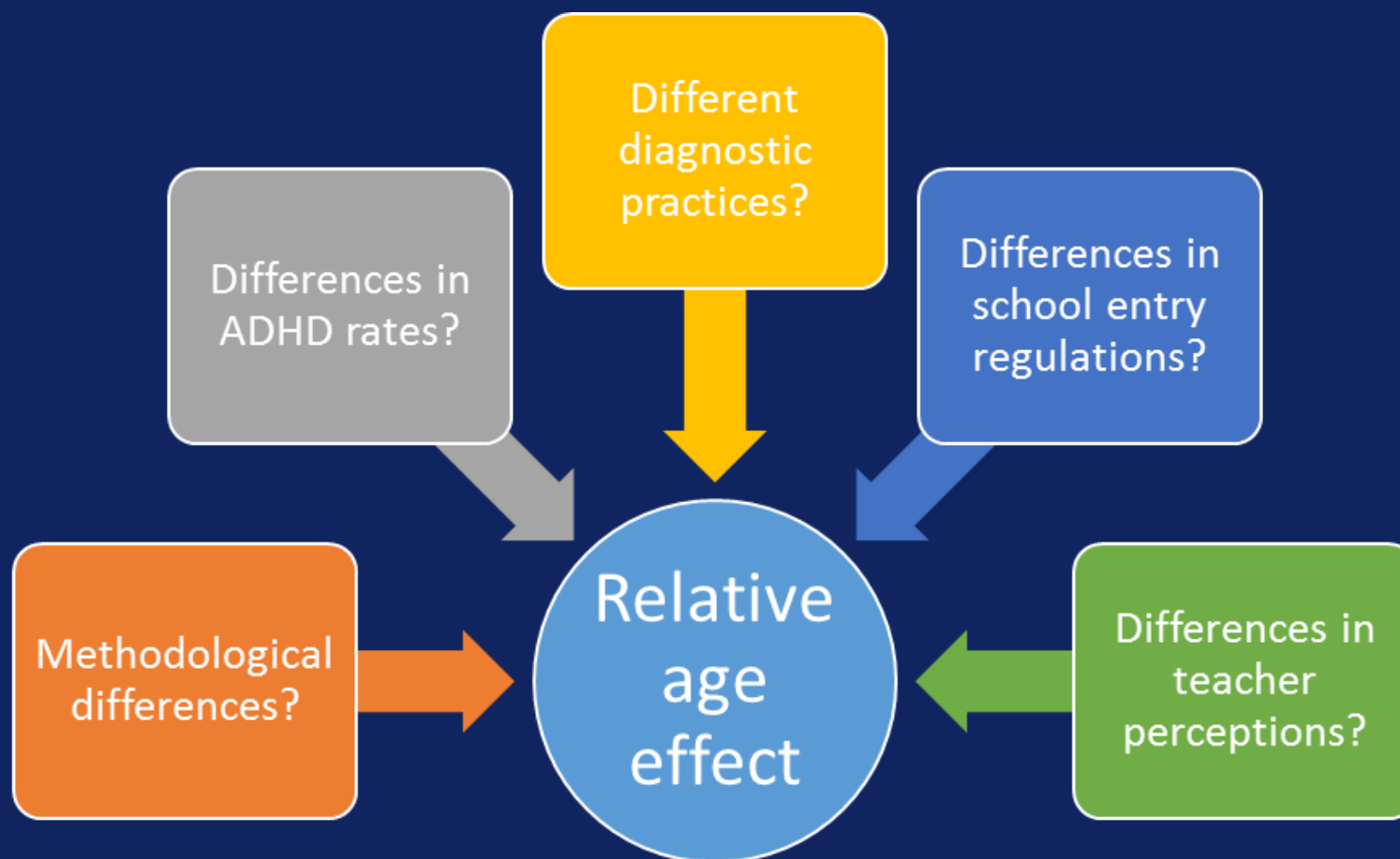
Diagnosis other countries





Discussion 1

- There is evidence of a relative age effect but significant heterogeneity exists
- Why does this effect exist?
- Why are there differences in this effect between countries?





Discussion 2

- What are the implications?
 - Should we be changing diagnostic practice?
 - Should we be changing school entry policy?
 - Should we be holding back children who are younger in the year?
 - Should we be adapting the classroom to prevent it placing so many demands on these children?

Sonuga-Barke, E. J. and Fearon, R. P. (2019), Commentary: 'Ready or not here I come': developmental immaturity as a driver of impairment and referral in young-for-school-grade ADHD children. A reformulation inspired by Whitely et al. (2019). J Child Psychol Psychiatr, 60: 392-394. doi:[10.1111/jcpp.13039](https://doi.org/10.1111/jcpp.13039)



Thank you for listening