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ADHD medicine use in adults increasing

PERSPECTIVES

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The use of ADHD medicines in Norway has increased considerably. More children are now being treated for ADHD, but the biggest change is that ADHD medicines are now being dispensed to more adults than children.

ADHD is often regarded as a condition diagnosed in childhood or adolescence, which is understandable. A diagnosis requires symptoms to have been present before the age of 12, and many ADHD assessments involve school children (1). The Norwegian Institute of Public Health has described an increase in recorded ADHD and autism diagnoses among children, particularly since 2020 (2, 3). Much of the public concern has therefore focused on children, schools, diagnostic practices and medicine use by children. However, dispensing figures show a different and important shift: pharmacological treatment for ADHD is increasingly being used in the adult population.

This does not mean that the increased use of ADHD medicines in children is insignificant: it is real and must be monitored closely. However, viewing this solely as a phenomenon that affects children overlooks a key aspect of the development. In Norway, adults previously made up a small proportion of the user group but now account for a clear majority of patients who are dispensed ADHD medicines.

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From children to adults

The Norwegian Institute of Public Health's dispensing statistics (4) show that the number of people who were dispensed ADHD medicines (ATC code N06BA – centrally acting sympathomimetics: amphetamine, dexamphetamine, methylphenidate, modafinil, atomoxetine and lisdexamfetamine) increased from 16,578 in 2005 to 124,420 in 2025. In 2005, 11,132 of the users were under the age of 18, while 5446 were adults. By 2025, this pattern had reversed: 29,700 were children, while 94,720 were adults (Figure 1). This means that the number of children who collected at least one prescription for ADHD medicine roughly tripled over the period, while the number of adults increased approximately seventeen-fold. The proportion of adult users rose from 33 % in 2005 to 76 % in 2025.

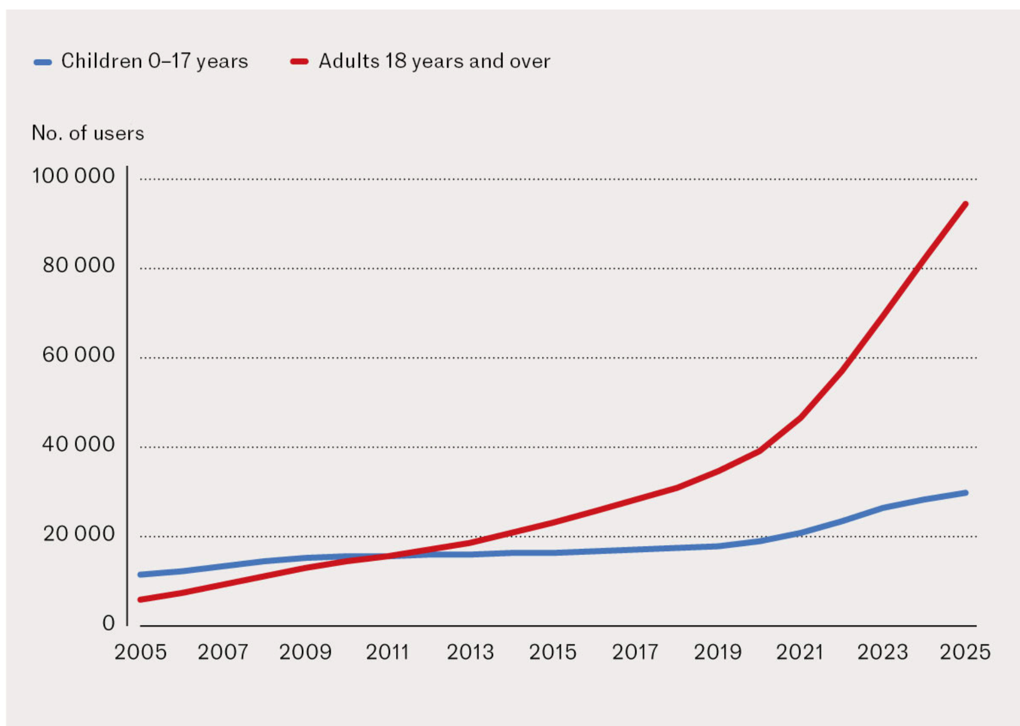

Figure 1 Number of children under 18 years and adults aged 18 years and over who were dispensed ADHD medicines in Norway, 2005–2025. The figure is based on the Norwegian Institute of Public Health's dispensing statistics (4).

This development should be interpreted with caution. The figures show dispensing activity, not diagnostic validity, symptom severity, or actual medication intake. The figures also cannot distinguish between people who started treatment in childhood and continued into adulthood and those who were first assessed and treated in adulthood. Nevertheless, they show which age groups receive treatment.

The bigger picture

The Norwegian Institute of Public Health has described an increase in reported ADHD diagnoses in children (2). This is important knowledge. Nevertheless, developments in diagnoses in children can give an incomplete picture of pharmacological treatment. The dispensing figures show a substantial increase among children, but the greatest shift during the period 2005–2025 is observed in the adult population.

The proportion of males who were dispensed ADHD medicines was highest among 10–14 year-olds throughout the entire 2005–2025 period, and the proportion in this age group increased. Meanwhile, a clear age shift has been observed among girls and women, with the highest proportion in the group 15–19 years in 2005 and the highest proportion in the group 20–29 years in 2025. Among women aged 20–24 years, the proportion increased from 2.58 per 1000 inhabitants in 2005 to 49.39 per 1000 in 2025. Among women aged 25–29 years, the proportion increased from 1.86 to 49.39 per 1000. In comparison, the proportion among girls aged 10–14 years increased from 7.62 to 30.37 per 1000 (4). Since 2022, more ADHD medicine has been dispensed to the female population (5).

This does not mean that the issue should be framed as children versus adults, instead, the debate needs to be more precisely defined. The question is therefore not only whether more children are being diagnosed with and treated for ADHD, but also why so many more adults – particularly young women – are now taking ADHD medicines.

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Possible explanations

The age shift may have several explanations. One possibility is that more people with ADHD now continue treatment from adolescence into adulthood. This may be a result of better follow-up care and greater recognition that ADHD-related difficulties can persist over time. Another possibility is that more people are not identified, assessed and treated until adulthood. This can particularly

be the case for women, whose symptom patterns are more likely to be overlooked or interpreted as anxiety, depression, stress or personality-related problems.

The changing demands of modern society may also play a role. Education, work and daily life place high demands on planning, focus, self-regulation and follow-through. In some people, functional difficulties only become apparent when the external structure disappears, such as in the transition from school to higher education, employment, parenthood, or independent adult life.

It is also possible that referral and treatment practices have changed. Increased awareness of ADHD in adults may be leading to more people seeking help, more assessment referrals, and more patients receiving pharmacological treatment. Since 2020, several Norwegian and international groups have reported growing awareness of ADHD, particularly among girls and women. While this may have contributed to the increase, dispensing statistics alone cannot determine how much of this is attributable to better detection, changes in diagnostic thresholds and criteria, the continuation of treatment, or other factors.

> ***«However, simplistic explanations for the increase should be avoided, as it does not necessarily reflect overtreatment or previous underdiagnosis»***

However, simplistic explanations for the increase should be avoided, as it does not necessarily reflect overtreatment or previous underdiagnosis. Both of these may be true for different groups. This is precisely why we need a better understanding of who starts treatment, who continues treatment, who stops treatment and the clinical reasoning behind these decisions.

What are the implications for the health service?

The fact that adults now make up three-quarters of those receiving ADHD medicines has clear implications for the health service. Assessment, treatment start, dose titration and long-term follow-up can no longer be regarded as peripheral aspects of care; they require sufficient capacity and expertise in adult mental health services and general practice, and collaboration between the specialist health service and primary care.

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A comprehensive ADHD assessment in adults should cover developmental history, functional difficulties, comorbidities, differential diagnoses and an evaluation of the benefit of treatment. Pharmacological treatment can often be beneficial, but it should be systematically monitored to assess efficacy, adverse effects, sleep, pulse, blood pressure, substance use and day-to-day functioning (1).

Refining the public debate

The public discourse on ADHD requires more precise language. When discussing the rise in ADHD medicine use, we should distinguish between children, adolescents and adults; women and men; and diagnostic rates, dispensing figures and actual treatment over time. Without these distinctions, the discussion quickly becomes too broad to be informative.

Dispensing figures for 2005–2025 do not suggest that the increase among children is insignificant. Nor do they show that ADHD medicines are used by a vast proportion of children. The main structural shift is happening elsewhere: ADHD medicines are increasingly being dispensed to adults, particularly young women. This knowledge should be used to inform the planning of healthcare services, the allocation of expertise and the assessment of future follow-up needs.

ADHD begins in childhood. However, in Norway, pharmacological treatment for ADHD has increasingly shifted toward the adult population.

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