

Evaluation of Prescribing Trends and Guidelines for ADHD in the United States and Europe

Kanita Smajic, PharmD Candidate 2026

Introduction: Attention-deficit hyperactivity disorder (ADHD) is the most common neurobehavioral disorder of childhood. With increasing diagnosis rates, high stimulant prescribing, and medication shortages, there are raising concerns about overprescribing and underuse of behavioral therapy. European countries often use stricter diagnostic criteria and prioritize non-pharmacologic treatment. This study compares ADHD guidelines in the United States and Europe to identify opportunities to improve pharmacist-led care and interdisciplinary collaboration.

Methods: A narrative review compared ADHD guidelines in the United States, United Kingdom, France, and Germany. Diagnostic frameworks from the DSM-5 and ICD-10 were evaluated. National guidelines included the American Academy of Pediatrics, National Institute for Health and Care Excellence, French Haute Autorité de Santé, and German AWMF guidelines. Differences in diagnostic criteria, prescribing authority, and pharmacologic and non-pharmacologic treatment approaches were analyzed.

Results: The United States allows primary care providers to diagnose and initiate treatment, increasing accessibility. In contrast, European countries require specialist involvement and emphasize behavioral therapy before medication. ICD-10 criteria used in Europe are more stringent, requiring symptoms across multiple domains and settings. Pharmacologic options are also more limited, with methylphenidate being used commonly as a first line option. Overall, European guidelines consistently prioritize non-pharmacological interventions.

Discussion: European ADHD management reflects a more conservative approach, emphasizing structured diagnosis and behavioral interventions. Greater prescribing flexibility in the U.S. may contribute to higher stimulant use. There are opportunities present to improve care such as expanding behavioral therapy utilization, including parent training. Pharmacists can support optimal outcomes by counseling on medication use, misuse risk, and side effects, while promoting non-pharmacologic options and improving communication with prescribers.

Conclusion: ADHD management differs significantly between the United States and Europe. European models emphasize specialist care and behavioral therapy, while U.S. practices prioritize accessibility. If there is incorporation of global best practices, there may be reductions in overprescribing and improved outcomes. Pharmacists play a key role in patient education, medication stewardship, and advancing balanced, evidence-based ADHD care.