Individuals diagnosed with attention-deficit/hyperactivity disorder (ADHD) across the life span are at significantly increased risk for a wide range of adverse outcomes, including substance use, obesity, and suicidal behavior. Risky driving, measured in a variety of ways, has also been shown to be consistently elevated in those with ADHD and likely contributes to the substantial risk for morbidity and premature mortality associated with this clinical diagnosis. Curry et al extend these important findings with their report “Traffic Crashes, Violations, and Suspensions Among Young Drivers With ADHD” in this issue of *Pediatrics*. Using robust linkage data between electronic health record (EHR) (to capture ADHD diagnosis) and state driving databases (to capture licensure and violation and/or crash data), they report that the initial period after driving licensure is a particularly vulnerable time for those with ADHD, and that this risk extends to most categories of violations and crashes. Especially noteworthy is that teenagers with ADHD who delay licensure do not achieve better outcomes than those who are licensed closer to the legal age, and that this risk extends to most categories of violations and crashes. Especially noteworthy is that teenagers with ADHD who delay licensure do not achieve better outcomes than those who are licensed closer to the legal age, and that this risk extends to most categories of violations and crashes.

First, there is a need to more precisely identify and characterize risk. The more well defined the target population is, the more efficiently prevention efforts can be deployed. Curry et al acknowledge that their target population was broadly defined and may have included individuals with a lifetime history of ADHD but who may not currently meet criteria for the disorder or experience impairment. As such, it is possible, if not likely, that their results actually underestimate risk for young drivers who are affected by their ADHD at the time of licensure. Although it may be challenging in the context of EHR data to directly characterize the severity of ADHD specifically, examining other factors, such as medication prescription and dispensing, psychotropic comorbidity, and other kinds of health care use (eg, injuries or other proxy measures of risk-taking), would help to refine the population of individuals with a broad

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lifetime diagnosis of ADHD who are most likely to have elevated risk for poor driving outcomes.

Importantly, the development of EHR-based predictive models can help with this process. With this approach, it is possible to work backward from an end point of interest (eg, traffic crashes within a month of licensure) to pinpoint high-risk patients from a large set of EHR data elements, including patient notes and important time-varying factors such as medication changes. Most EHR-based models have worked from a limited, predefined set of predictor variables, but a shift toward health care data standards (eg, Fast Healthcare Interoperability Resources) can reduce ad hoc data preprocessing to ensure that models can be easily deployed beyond the health systems in which they are created. Curry et al achieve an important milestone toward this goal by linking the EHR to state driving databases, which would allow for driving-related end points to be obtained at a scale sufficient for model development. Similar linkages have been used, for instance, to develop predictive models connecting motor vehicle data to health system outcomes and processes.

Second, large scale, EHR-based approaches for managing health behaviors (including driving) among adolescents with ADHD in primary care need to be implemented. EHR-based strategies to promote health behaviors and reduce injuries have demonstrated success in focused populations. Using similar approaches to target young people with ADHD who are nearing their age of driving might allow for an efficient means of promoting safe driving among at-risk adolescents with ADHD.

Findings from Curry et al and similar studies that describe risk of adverse health outcomes for youth with ADHD are important and contribute to the literature. Even more critical, however, is that we develop actionable approaches for mitigating these risks. It has been known for decades that youth with ADHD are more likely to engage in a wide range of problematic health behaviors, including unsafe driving, yet the risks persist. Given advances in technology and health informatics, we are in a better position than ever before to develop and implement innovative, effective approaches for modifying the negative trajectories that are so likely among adolescents with ADHD.

**ABBREVIATIONS**

ADHD: attention-deficit/hyperactivity disorder
EHR: electronic health record

**REFERENCES**

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