ADHD Medication: Handing it out like Candy

By GHF

Erin's parents took Erin to a psychiatrist just before her fifth birthday. "He saw us for 45 minutes," Charlene says. "He read the teacher's report. He saw Erin for 15 minutes. He said, 'Your daughter has ADHD, and here's a prescription for Ritalin.' I sobbed." Charlene (her mother) had a lot of friends who did not believe in ADHD and thought maybe she and Tim (her father) were just being hard on Erin. "I thought, 'Maybe there is something else we can do,'" Charlene says. "I knew that medicine can mask things. So I tore up the prescription." Tim thought that it was possible the doctor's diagnosis was too hasty and didn't want to believe it. "Part of us said, 'How can he look at a kid for 15 minutes and judge?'" Says Charlene: "I believed she had ADHD, but I knew we needed a two-pronged approach (Gibbs).For many people Ritalin is very helpful and has great results for coping with ADHD and other disorders, but starting children so young on such a heavy drug that doesn't have a 100% accurate testing procedure doesn't seem right or effective. Because it is the quickest and easiest fix for a range of problems, ADHD medication is over-prescribed to children in the US, and that's a problem because in the long run it's not effective.

ADHD is not a new disorder by any means but it has only been called by that name in recent years. "The incapacity of attending with a necessary degree of constancy to any one object"(National Library of Medicine) is what Sir Alexander Crichton said in 1798 and that is how it all started. Crichton was the first to document a statement similar to the disorder of ADHD, in medical history. That was the earliest anybody had ever heard of this mental disorder and more information wouldn't be coming for quite sometime. "In 1936, the U.S. Food and Drug Administration (FDA) approved Benzedrine as a medicine. The next year, Dr. Charles Bradley stumbled across some unexpected side effects of this medicine. When he gave it to young patients, their behavior and performance in school improved" (Holland). In 1968, the APA (American Psychological Association) issued the second *Diagnostic and Statistical Manual of Mental Disorders* which mentioned "hyperkinetic impulse disorder", which was one of the first names ADHD was given. The APA released a revised version of

the *DSM-III* in 1987. They removed the hyperactivity distinction and changed the name to attention deficit-hyperactivity disorder (ADHD). The APA combined the three symptoms (inattentiveness, impulsivity, and hyperactivity) into a single type and did not identify subtypes of the disorder (Healthline).

With all of today's myths and uncertainties, people still don't know what ADHD is. Attention deficit hyperactivity disorder is defined by the National Library of Medicine as " is a problem of not being able to focus, being overactive, not being able control behavior, or a combination of these." "Some people with ADHD have mainly inattentive symptoms. Some have mainly hyperactive and impulsive symptoms. Others have a combination of different symptom types" (NLOM). Basic symptoms include inattentiveness, hyperactivity, and impulsivity. To put these symptoms into actual situations, for example impulsivity. Many people with ADHD suffer from being able to control their actions. Something as simple as having a conversation can be challenging for someone who suffers with this disorder. Other things such as constant interrupting and blurting out things when the time isn't right can make yourself and others feel awkward and uneasy. Interrupting someone is a common occurrence for anyone throughout their life but where it crosses the line is if the other person is noticing this and maybe even yourself and you find it happening more frequent than normal.

Getting diagnosed with ADHD doesn't necessarily mean you have this disorder, it can depend on a lot of things. A lot of this depends on the medical training the health professional has received,where you went to school, and where you live. When becoming a doctor you go to school, take tests, and learn by the book but where you get a lot of your information is when you get to do hands on learning. Watching and learning from doctors and how they go about diagnosing and dealing with different disorders is where you gain most of your experience and knowledge.. A lot of doctors follow the guidelines provided by the AAP - (American Academy of Pediatrics). They include instructions of how to diagnose different disorders. Unfortunately in a recent study, "More

than 90% of pediatric specialists who diagnose and manage ADHD in preschoolers do not follow the American Academy of Pediatrics (AAP) clinical-treatment guidelines" (Sifferlin). No matter what, the way they diagnose people depends immensely on who is diagnosing you. Diagnosis can start as young as four years old and only go up. Some doctors find it uncomfortable to determine ADHD in younger children and resort to a medical specialist like a child neurologists, child psychiatrists and developmental-behavioral pediatricians to make the decision. To determine if the patient has the disorder there are a number of steps taken. "To make a diagnosis of ADHD, the primary care clinician should determine that *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* criteria have been met" (Sifferlin). To see if the patient has similar symptoms and meets the demands. Information for these reports would have been collected from teachers, parents, and other people involved with the said persons life.

Most people would think being diagnosed with ADHD would only have to do with having the disorder and not where you live. Looking at research people in the south are 63% more likely to be diagnosed than people living in the western states (Frazee). Does this mean doctors in the south are over diagnosing or does it have to do with the location? "Not necessarily. It's important to note that our research only indicates correlation – not causation – between geography and ADHD diagnosis. We can't look at this data and suggest that any one region of the United States is more accurate with its diagnoses than the others" (Frazee). So what does this mean? Are kids in the South more likely to have ADHD or are they diagnosing people differently?

Diagnosis is a huge problem, but what most people want, is knowing whether or not the treatment is working.What's working medication, therapy, or the combination of both? Some doctors go straight to medication but some don't think that should be the answer or at least the only one. To

view the medical aspects of treatment, a study was done in 1999 by the Multimodal Treatment of ADHD Cooperative Group. “It compared medication, intensive behavioral treatment, a combined approach and standard community care, concluded that medication worked best” (Clay). Looking back years other doctors have found that for an extended amount of time the medication has worked but over time the effect subsides. Basically, after taking said medication to help you with the disorder, you will see results but after a few years, the effect no longer continues. The 14-month study consisted of 579 children who were randomly assigned to one of three intensive treatment groups (medication alone, psychosocial/behavioral treatment alone, a combination of both). The study’s results focused on the combination of drugs and therapy and the combination of the two had better results than just medication alone. Gregory A. Fabiano, PhD, an associate professor of counseling, school and educational psychology at the State University of New York at Buffalo is researching this topic and found an example to prove this point further.

> 2007 article in the *Journal of the Academy of Child and Adolescent Psychiatry*. A three-year follow-up of the MTA study, the paper found that while medication and the combined approach had a significant advantage at the 14- and 24-month follow-up, that advantage faded over time. At the 36-month point, the treatment groups didn't differ significantly on any measure (Clay).

Gregory A Fabiano did his own study and found behavioral treatment to be highly effective. Fabiano and his co-authors examined 174 studies of behavioral treatments in 114 papers. These treatments fell into three categories, parent programs, teacher programs, and therapeutic recreational programs. For the parent study the intervention focused on teaching parents how to help their own child succeed. For example an approach is to recognize when their child is acting well behaved. "If you think about the typical child with ADHD, they're always noticed when they're messing up," says Fabiano. "One of the things we try to teach adults to do is to also notice them when they're doing the right thing and then label and comment on it so they're getting attention for good behavior." The

second category is the teacher program. In this intervention they offer behavioral strategies for the classroom. They incorporate giving straightforward, one-step-at-a-time instructions to children and explain the consequences of not staying focused ahead of time. Another example of one of the tests is contingency management, with this program children receive report cards outlining how well they have meet such goals as speaking in turn or bringing what they need to class. When they meet their goals they receive rewards. The last category is Therapeutic recreational program. In this program children with ADHD interact with each other at summer camps or similar settings. At said place they offer arts and crafts, sports, and regular camp activities in addition to behavioral interventions.They tend to last for several weeks unlike usual ADHD treatment. They also include social skills training plus coached group playing incorporating contingency management skills. These programs are specifically for children entering kindergarten to get a head start in life. The problem is, programs like these aren't offered as often as medication and aren't always as convenient as the drugstore down the street. "The trend over the past few years has been clear: the percentage of children with an ADHD diagnosis walking out of a doctor's office with a prescription jumped from 55% in 1989 to 75% in 1996. The number receiving psychotherapy fell from 40% in 1989 to 25% in 1996. "The reason Ritalin use has gone up is that we are in an era when psychiatric services are devalued and therapy is not paid for by insurance companies," says Jeff Goodwin, a former pediatrician who teaches at Walter Reed Junior High School in North Hollywood, Calif. "It is easier for physicians to prescribe a drug and categorize a disorder as hyperactivity than it is to deal with the problem. Health services are being cut back, so you have doctors saying, 'Take this and live happily ever after'" (Gibbs).

In a lot of cases medication can be helpful, but what are the risks and how do we know if it's working or not? As of now there is no cure for ADHD but there are medications to help cope with this disorder. One of the main treatments for ADHD is medication. One of the brand drugs is Ritalin.

"Ritalin increases the activity of dopamine, a neurotransmitter associated with pleasure and important for reinforcement of behavior. While amphetamines stimulate the release of dopamine, cocaine and Ritalin block the transporters that reuptake dopamine into the neuron that released it. One of the theories as to why Ritalin helps people with ADHD is that they may have more dopamine transporters than others. The excess of transporters removes dopamine from the synapse before it can reach a dopamine reward receptor in the receiving neuron, so the attention circuitry in the ADHD brain is under stimulated. By blocking transporters, Ritalin allows more dopamine to reach receptors, thus increasing attention signaling, which helps people with ADHD to focus. Ritalin, when taken orally, slowly raises dopamine levels over the course of an hour or so" (CESAR).

Possible low dose side effects of Ritalin are barely harmful and consist of headaches, reduced appetite, and a few other things. Over doses of Ritalin are more dangerous with side effects like Hallucinations, paranoia, vomiting, and seizures. Another problem people are face with taking Ritalin is the question of future dependency problems. As of right now there is little research with of confirming if taking the regular amount of prescribed medication will lead to dependency issues in the future but the research we have now shows it doesn't, as long as you are taking the right dosage that is prescribed to you. Users with ADHD are less likely to become addicted to their medication. People who abuse the medication can become addicted looking for a similar high compared to cocaine. They also suffer from getting off of the drug, because they have dependency problems. Knowing the side effects isn't the problem that we are living with today, it's knowing whether the side effects are worth the risk if the medication is working. As of right now there is only little proof the medication is working in the long run, but on the other hand it's working in the short term. With the right dosage of medication children feel the difference in focusing, but after 8 or so hours, it wears off. Some cases are more serious, children take the medication multiple times throughout the day to stay alert and focused but by dinner time the child is acting up again. What does this mean? Are we only focused on kids doing better in school or are we actually trying to solve this problem?

Ritalin and other ADHD medications have shown for many young people to be extremely beneficial in many cases. I write this paper here today and have Adderall in my system and am benefiting from the amount I can focus,but the difference is, I started taking ADHD medication at the

age of sixteen and not four years old. Looking back I realize that I definitely have shown symptoms of ADHD since I was very young, but I am glad that I didn't start taking medication then. If we used the educational system to our advantage in the medical world, I know this would open a lot of doors. When the time comes and the ADHD signs start rolling in at a young age, we need to step back and do everything we can before giving a child medication. So in the future when a four year old walks into a doctors office and shows symptoms of ADHD, before writing a prescription we need to talk to their parents about the child, talk to their teachers about behavior in class and academically and put them in therapy before starting them on medication to really know if this child has ADHD.

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