

SECOND OPINION

ADHD: Are We Overmedicating Children?

When I was in medical school in the 1960s, what we now call attention-deficit/hyperactivity disorder (ADHD) was considered rare. Today, the American Academy of Pediatrics estimates that between 4 and 12 percent of school-age children have ADHD, a condition marked by symptoms ranging from hyperactivity to a propensity to daydream. I'm troubled by this huge increase in ADHD, and wonder if more children are truly afflicted, or whether our tolerance for acceptable childhood behavior has changed. Could we be pushing kids too hard to excel academically?

Equally disturbing to me is that the use of Ritalin and similar medications by preschoolers (some as young as age two) tripled during the first half of the 1990s, according to a recent study in the *Journal of the American Medical Association*. The majority of those prescriptions, researchers say, were written for kids diagnosed with ADHD. I worry about exposing a young, developing brain to such powerful drugs. I also fear we may be too focused on labeling and medicating our kids rather than exploring other roots of the problem, which may range from a learning disability or problems at home to depression or even boredom.

One explanation for the rising incidence of ADHD is that its definition has evolved and expanded over time. For example, it's no longer necessary to be hyperactive to be diagnosed with ADHD—children who are considered “inattentive” or “dreamy” often receive the same diagnosis and prescription for Ritalin. Adding to the confusion is that there's currently no objective test for ADHD; practitioners instead depend on the patient's history and an assessment of symptoms by parents and teachers that can be vague and open to interpretation.

I don't doubt that ADHD exists, but I suspect that many ADHD patients have been misdiagnosed. ADHD is largely an American phenomenon, with more children being diagnosed here than in most other countries. Some experts think the increasing fast pace of our society has created an environment that may be too stimulating for many kids. Edward Hallowell, MD, co-author of *Driven to Distraction*, a popular book on the subject, believes millions of Americans really have “pseudo-ADHD.” That is, they have ADHD-like symptoms such as disorganization, frustration, and a need for super-stimulation. Meanwhile, advocacy groups insist that ADHD is a neurobiological disorder—the result of disordered brain chemistry—but this has yet to be fully proven.

Proponents of Ritalin say that it makes kids calmer and more focused, and some feel it should be the primary treatment for ADHD. However, Ritalin appears to “work” on anyone, whether they have ADHD or not, casting doubt on the idea that it corrects a chemical imbalance. What's more, the drug must be taken on an ongoing basis to maintain its benefits. In addition, the drug's side effects range from decreased appetite, nervousness, and palpitations to headaches, insomnia, and the potential for addiction. Even as more youngsters are taking Ritalin, there's a lack of long-term studies of the drug in children and of any such studies in toddlers. Research also suggests that Ritalin without additional therapy makes no difference in the long-term outcome of children with ADHD.

Although I believe that Ritalin can reduce symptoms of ADHD and may be helpful in severe cases, I'm concerned that it doesn't teach coping skills and may mask other problems. Rather than turning to medication, I think that many kids diagnosed with ADHD may simply require different ways of learning. Some children just aren't suited to sitting in a conventional classroom, focused solely on traditional subjects, but might excel in more-flexible educational settings that include hands-on skills, such as art or music.

If your child has been diagnosed with ADHD, I encourage you to get a second opinion, preferably from a psychiatrist. Don't accept ADHD symptoms and behaviors as a physical disease, but consider them an imbalance between your child's natural personality and the demands of his or her environment. Consider family counseling as a way to learn new parenting techniques and coping skills. Speak to your child's teacher about different learning options. Before giving your child Ritalin, experiment with alternative therapies—the martial arts, which allow children to work out their energy while teaching discipline, may be particularly helpful. Other options worth exploring include biofeedback, homeopathy, cranial osteopathy, and dietary changes. ☺

To learn more, see “Beyond Ritalin” in our March 1997 issue; *The Myth of the ADD Child* by Thomas Armstrong, PhD (Dutton, 1995); and *Running on Ritalin* by Lawrence H. Diller, MD (Bantam, 1998).

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