

ADD/ADHA:

Is It Being Over Diagnosed and is Ritalin the Best Treatment?

If your child is inattentive at school, impulsive and highly active, does he have ADD?

Fifteen years ago few people had heard of the term; today, it is the uncontested "diagnosis of choice." In 1990 approximately 2 million children received Ritalin, the medication most commonly prescribed for children diagnosed with ADD. By 1996 that number had more than doubled to 4.3 million.

These statistics raise the question, "Is ADD being over diagnosed?"

MISDIAGNOSIS

A growing number of concerned professionals claim that it is. Dr. Sharon Collins, a pediatrician from Cedar Rapids, Iowa, interviewed by Teacher Magazine for its November/December 1996 article on ADD, reported that she is under great pressure by parents to prescribe Ritalin. Some parents dissatisfied because she did not, have left her practice, presumably to find a doctor that would. And although not the general rule, some doctors and mental health professionals prescribe Ritalin after asking parents only a few cursory questions.

The high percentage of ADD children in Cedar Rapids where Collins practices confirms the doctor's observations. According to a recent study, 8 percent of elementary and middle school children are taking Ritalin. That's well above the 2 to 3% estimated by Wayne Ward, former executive director of CHADD (Children and Adults with Attention Disorders). And it is still well above the figure of 3 to 5% calculated by CHADD.

While ADD was under diagnosed twelve years ago, according to Mark Stein, director of the Hyperactivity, Attention, and Learning Problems Clinic at the University of Chicago, today he feels it is over diagnosed, so that he sees normal 3- and 4-year olds diagnosed with it. He states, "the problem is that when they hear the symptoms everyone thinks that their child has it." But, as Dr. Stein suggests, these symptoms have other causes, which in the past were first ruled out before an ADD diagnosis was made.

ANOTHER OPTION: CREATIVITY

Bonnie Crammond, an educational psychologist at the University of Georgia, worries that some creative children are being incorrectly diagnosed as having ADD. She made this conclusion after her study on creativity revealed that creative people often share the same behaviors as those having ADD. Only, Crammond is quick to point out, these behaviors are considered assets and not liabilities: inattentiveness or the tendency to space out is called "imaginative preoccupation;" hyperactivity, "high energy levels."

AN ALTERNATIVE TO MEDICATION

She notes that, like their creative counterparts, some children labeled as ADD have a remarkable ability to concentrate when involved with activities that interest them. It seems that when given an appropriate environment—a highly structured program with a wide range of activities appealing to a variety of interests, the incidence of ADD is much lower than that found in the general population. She cites her local Montessori school in Atlanta, where she lives, as a prime example.

Christina Brock-Lammers, a 5th grade teacher from Peoria, Illinois, whose work with ADD students led to an interview with Teacher Magazine, has come to the same conclusion regarding how ADD students should be helped. "We're overmedicating children," she claims. "Some students need Ritalin, but others can do without it if they're in the right environment." That environment is lots of activity, limited prolonged

seat work and plenty of structure. She is the first to concede, however, that some students could not function well in her classroom without medication. "If these kids miss taking their pill, you can tell almost right away. They simply cannot do their work."

Mark Stein, director for the University of Chicago ADD and Learning Problems Clinic estimates that the number of such hard core cases comes to 1% of the general population, or the equivalent of one student for every three, 30-student classrooms. He estimates that those having a milder form of ADD, those most likely to respond to behavioral therapy, at 5%, or the equivalent of no more than two students for every classroom of 30.

So why are so many parents insisting on an ADD diagnosis and Ritalin medication for their children?

A DRIVING FORCE BEHIND ADD DIAGNOSIS

It's the competitive nature of our society suggests Thomas Armstrong, ADD author and workshop leader. "I actually see parents pushing to get their children labeled ADD so they can stay competitive. They want their kids to take Ritalin to be allowed more time to take a test. Ritalin has become a kind of cognitive steroid. We're going to pump up their minds."

Wade Horn, mentioned previously in this article, resigned his position as executive director of CHADD because, as he put it, "this was the first disability I had ever seen where people would get together and get excited when they learned someone had it...I was trying to moderate that attitude at CHADD by reminding the membership. Hey, having this disorder is not great news."

While most parents of ADD children including most CHADD members may not share these attitudes, the growing number of children-4.3 million and counting--taking Ritalin indicates that for the most part, parents are not considering alternative diagnoses and treatment. Clearly, some definitive guidelines are needed.

HELPFUL GUIDELINES

A number of professionals are working to develop these guidelines. Because there are no neurological tests to measure ADD, professionals must focus on behaviors. Dr. Robert Phelan, a Glen Ellyn psychologist with a national reputation, has identified eight behaviors symptomatic of ADD. These are:

1. inattention
2. impulsivity
3. difficulty delaying gratification
4. emotional over arousal
5. non-compliance
6. social problems because of low frustration levels,
7. disorganization
8. hyperactivity

QUALIFYING CONDITIONS

A child need not have all eight symptoms to have ADD, but according to Eric Wood, who studied under Russell Barkley, author of the definitive book, Attention Deficit Hyperactivity Disorders: A Handbook for Diagnosing and Treatment, the behaviors they do evidence must fit certain criteria. These behaviors must be:

Pronounced-severe enough to interfere with normal functioning

Long lasting-basically from birth, or at least by no later than a child's second birthday

Uncontrollable-as distinguished from willful misconduct due to environmental causes (poor discipline, emotional distress or physical difficulty)

Multi-dimensional, affecting home, school and personal relationships.

A CONSERVATIVE APPROACH

In the light of the growing controversy regarding the diagnosis and treatment of ADD, here is some advice if you suspect that your child has ADD. Proceed cautiously and deliberately, considering the following guidelines:

Allow professionals to do the diagnosis, rather than assuming a diagnosis and trying to convince the professionals that your assessment is accurate.

By the same token, don't accept a diagnosis of ADD without first exploring other possible causes-behavioral, emotional and physiological-for your child's symptoms.

If ADD appears to be the appropriate diagnosis, try to assess the duration, pervasiveness and severity of the symptoms on a scale measuring from mild to severe. This will assist you in determining how to help your child to cope with his ADD.

Before agreeing to medication, consider other options, such as counseling or enrolling him/her in a school setting that puts a premium on movement, a creative curriculum and structure. Many parents report that they don't need to use Ritalin, or can greatly reduce the use of Ritalin during the summer, indicating that environment plays a significant role in the experience of an ADD child.

If the duration, pervasiveness and severity of the symptoms warrant the use of medication, weigh the risks. Visit a library to examine a current Physicians Desktop Reference (PDR) to determine a medication's side effects. Then during the administration of the medication, insist on periodic blood tests that assure you that your child's system is processing the medication effectively.

Only time will tell to what extent the focus on ADD is a legitimate and helpful development or to what extent it is a fad-a phenomenon that causes our society to turn almost without questioning to the latest popular solution that promises a quick fix.

To suggest the latter as a possibility is not to take issue with the validity of ADD, nor to argue against the effectiveness of Ritalin for many children. It is to remind us, however, of how often we accept the majority opinion at a given point in time, only to realize later that it was not founded on reliable evidence or sound thinking.

Considering what is at stake-the health and well-being of our children-concerned parents need to forego popular opinion and proceed deliberately toward an informed decision.