

Ritalin

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Recently, doctors have begun to warn parents that the long range outcome for children who have attention deficit hyperactivity disorder (ADHD) is not good unless they receive treatment. These doctors mention studies showing that boys diagnosed with ADHD will suffer from a higher incidence of criminal behaviour and other problems in young adulthood. To any parent of a young boy who displays hyperactive, impulsive or inattentive tendencies, this is a frightening prediction. It's enough to pressure parents into accepting long term Ritalin for their children.

But there is a catch to the studies: the children who grew up to have problems were being treated with Ritalin (Arch Gen Psych, 1991; 48: 77-83). These reports should discourage parents from handing over their children to the doctors. They suggest that being diagnosed ADHD and being treated with Ritalin leads to a long term negative outcome.

James Swanson, one of the more widely published researchers in the psychopharmacology of Ritalin and a member of the ADHD/Ritalin establishment, possesses such star quality among Ritalin advocates that his conclusions about Ritalin gain added weight. He and his team produced what he terms a comprehensive "review of reviews" of the Ritalin literature, based on 300 reviews and 9000 original articles spanning nearly 55 years. This "review of reviews" concluded:

Long term beneficial effects have not been verified by research.

Short term effects of stimulants should not be considered a permanent solution to chronic ADD symptoms.

Stimulant medication may improve learning in some cases but impair learning in others.

In practice, prescribed doses of stimulants may be too high for optimal effects on learning, and the length of action of most stimulants is viewed as too short to affect academic achievement.

Swanson also concludes:

No large effects on skills or higher order processes. Teachers and parents should not expect significantly improved reading or athletic skills, positive social skills or learning of new concepts.

No improvement in long term adjustment. Teachers and parents should not expect long term improvement in academic achievement or reduced antisocial behaviour. It's important to underscore the conclusion: long term stimulant use will not reduce antisocial behaviour.

(Executive summary prepared for Division of Innovation and Development, Office of Special Education Programs, Office of Special Education and Rehabilitation Services, US Dept of Education, Washington, DC: 1993).

Even by standards of the ADHD/Ritalin advocates, Ritalin has no proven beneficial effect on behaviour beyond seven to 18 weeks.

A report authored by a team made up of some of the biggest names in the ADHD/Ritalin field, supported by the National Institute of Mental Health (NIMH), concludes that there is no evidence for even a short term positive effect on academic performance (J Am Acad Child Adol Psych, 1995; 34: 987-1000). In longer term studies, their conclusion is even more bleak: "Long term efficacy of stimulant medication has not been demonstrated for any domain of child functioning (Regier, A I Leshner, MH092-03, NIMH, Feb 1992)."

Ritalin not only fails to improve learning and academic performance, it also impairs mental function. Ritalin commonly causes "cognitive toxicity" drug induced impairments in higher mental processes, including flexible problem solving and other higher order functions.

Stimulants tend to produce obsessive overfocusing on otherwise boring or uninspiring tasks. The drugs limit a child's awareness of his or her surroundings, enabling a more obsessive focusing, but at the expense of brain function. Normal social desires can be inhibited,

making the child less sociable. The drugs can also limit a child's overall enthusiasm and energy level. The robotic effect that makes children temporarily more obedient and compliant is the result of drug induced brain malfunction

Thirty years of scientific literature generated by ADHD/Ritalin advocates affirms that Ritalin and other stimulants have, at best, a "positive" effect on children that lasts no more than four to 18 weeks. During that brief time, stimulants control or subdue the child's behaviour without improving learning or academic performance. Mental abilities may be impaired.

Longer term, there is no positive effect on any aspect of a child's life. The child's behaviour, feelings and attitudes, academic performance, family relationships and social life will be unimproved or worse after several months on stimulants. This is true whether or not other therapeutic approaches are included.

It is sometimes claimed that drugs make a child "more available" or "more amenable" to communication. This depends on the definition of communication. Drugs can make a child more easy to be around but not more easy to be with. Drugs enforce submissiveness rather than frank communication or a genuine relationship. Drugs can make a child more obedient by making the child's brain malfunction.

Every time we drug a child, we're choosing our convenience and our peace of mind over the child's real needs.

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