

## **ADHD, Ritalin, and Big Brother**

The year: 2000. Location: somewhere in the United States. “Doug and Marie,” loving, well-intentioned parents of a school-aged child are sitting in a jail cell, awaiting a hearing in which they will be charged with child abuse and neglect. The reason? Refusing to dose their son with Ritalin. This scenario is fictitious; however, it is not far from what could happen.

Two recent cases in New York are eerily similar to the above example. In Albany, New York, a couple who had taken their son off Ritalin agreed to put him back on the drug after a family court threatened them with child abuse charges. Another New York couple was contacted by child protective services, who were investigating possible medical neglect, after they took their son off Ritalin and other drugs, contrary to a school-endorsed psychiatrist’s recommendation.

It is estimated that 3-5 percent of school-aged children in the United States are now diagnosed with attention deficit hyperactivity disorder (ADHD), equaling about 2 million kids on Ritalin (methylphenidate), the drug most commonly prescribed for this disorder. However, these estimates might be low. In a 1999 study of 30,000 grade school kids in Virginia, published in the *American Journal of Public Health*, researchers found 17 percent of Caucasian boys, 9 percent of African-American boys, 7 percent of Caucasian girls, and 3 percent of African-American girls were diagnosed with ADHD. This would lead one to believe that, at least in this area of Virginia, and probably in other areas of the country, ADHD is overdiagnosed.

The manufacturer of Ritalin, Novartis (formerly Ciba-Geigy), and the American Psychiatric Association (APA) are currently being sued in a class-action lawsuit filed on behalf of children in California and New Jersey. The attorneys who brought the case claim the APA, which publishes the *Diagnostic and Statistical Manual of Mental Disorders*, has broadened the diagnostic criteria of ADHD so that childhood behavior which is in the spectrum of “normal” behavior is now termed pathological.

Opponents of the use of Ritalin in ADHD say the diagnosis is overused and the drug is greatly overprescribed. Proponents say Ritalin is being used so much because it works. Both sides cite research they say supports their claims.

Ritalin is by far the most often used treatment for ADHD, and is frequently prescribed without a full diagnostic workup in conjunction with a physician, parents, and school officials. There is much evidence that it inhibits annoying, distracting, inattentive behavior in many cases. But how many parents, doctors, and school officials intervene with the type of integrative treatment described in the article in this issue of *Alternative Medicine Review* before they initiate Ritalin therapy? Parris Kidd, PhD, provides a comprehensive look at the diagnosis, etiology, history, and allopathic treatment of ADHD, and suggests rational integrative treatments for children with this controversial diagnosis.

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