



2002

Ritalin and ADHD: recent developments

Joseph H. Huber

Bridgewater State College, jhuber@bridgew.edu

P. Dubois

Virtual Commons Citation

Huber, Joseph H. and Dubois, P. (2002). Ritalin and ADHD: recent developments. In *Movement Arts, Health Promotion and Leisure Studies Faculty Publications*. Paper 54.

Available at: http://vc.bridgew.edu/mahpls_fac/54



Ritalin and ADHD—Recent Developments

Attention deficit hyperactivity disorder (ADHD) is America's number one childhood psychiatric disorder. According to the National Institute of Mental Health, the core symptoms of children with ADHD include developmentally inappropriate levels of attention, concentration, activity, distractibility, and impulsivity. If untreated, the disorder can have long-term effects on a child's ability to perform well in school and make friends. Over time, children with ADHD may show signs of low self-esteem and develop depression. Approximately one student in every classroom is believed to experience ADHD—an estimated three to five percent of school-age children, and two to three times as many boys as girls.

Ritalin, an amphetamine, is the medication most often prescribed by doctors to treat children with ADHD. It has the paradoxical effect of enabling children with the disorder to focus on learning tasks while calming their hyperactivity.

Although Ritalin has been used to treat ADHD for over 20 years, parents, teachers, and physicians have recently expressed concern about the treatment. Critics contend that many doctors and teachers turn to Ritalin as an *easy fix*. Further, overwhelmed with referrals, school psychologists (averaging one for every 2,000 students) say they feel pressure to recommend pills before they can perform a thorough evaluation of a student (*Newsweek*, March 18, 1996). Today, 90% of the Ritalin worldwide sales are based in the United States (Morning Edition, National Public Radio, September 18, 2000). In addition, last year U.S. doctors wrote 20 million prescriptions for amphetamines on a monthly basis (*The New York Times*, August 19, 2001).

Additional Concerns

Recently, concerns also have surfaced about children between the ages of two and four. *The Journal of the American Medical Association* (February 23, 2000) reported that the use of Ritalin to treat ADHD in this age group doubled between 1991-1995. This trend is alarming because it may suggest an overuse of the medication to solve *typical* behavioral problems. Further, Ritalin is only approved for children six years of age and older (*The New York Times*, March 23, 2000).

Novartis, the Swiss manufacturer of Ritalin, acknowledges that the drug has not been approved for use with children younger than six. However, Ritalin has been used safely and effectively in the treatment of millions of older children for 40 years, and few other medications can make this claim (*The New York Times*, March 21, 2000).

Equally alarming are recent print advertising campaigns by drug manufacturers of Ritalin and of other amphetamines. According to Terry Woodworth of the Drug Enforcement Administration, "We have had a 30-year agreement with the pharmaceutical industry not to advertise controlled substances" (*The New York Times*, August 19, 2001).

In another related matter, a Dallas law firm has filed a lawsuit alleging that Novartis fraudulently over-promoted Ritalin.



The suit suggests that Novartis has failed to adequately disclose a wide range of side effects of Ritalin, including cardiovascular and central-nervous system problems

(*The Wall Street Journal*, May 15, 2000).

Furthermore, some public schools are accusing parents of child abuse when they refuse to place their child on Ritalin and are taking parents to court. Psychology Professor William Frankenberger of the University of Wisconsin says of this trend, "It's disturbing to take a decision like that out of parents' hands" (*USA Today*, August 8, 2000).

In response to this development, some state legislators are playing a more active role in preventing schools from recommending that parents place their children on medication—Minnesota was the first (H.F.478, July 1, 2000). Connecticut goes one step further by prohibiting any school staff member from discussing drug treatments with a parent to assure that such discussions occur only with a family's doctor (Public Act No. 01-124, June 28, 2001).

Epilogue

The American Academy of Pediatrics recently issued its first guidelines for treating ADHD. The Academy suggests that while stimulant drugs may be effective, behavioral techniques, including rewards for completing tasks and timeout for hitting, should also be considered as possible alternatives to medication. Further, the Academy recommends that the primary care physician should establish ADHD as a chronic condition before recommending stimulant medication (*Pediatrics*, October, 2001).

In conclusion, the issues surrounding Ritalin pose many questions—

- Are drugs being dispensed indiscriminately to children for whom they are inappropriate?
- Does the United States have an epidemic that no other Western country appears to have?
- Does the recent surge in Ritalin prescriptions mean the treatment is catching up with the illness?

The Ritalin problem will require continuous vigilance on the parts of parents, doctors, and teachers.

Joe Huber, Coordinator of the Adapted Physical Education Concentration and Program Director for the Children's Physical Developmental Clinic (CPCD) at Bridgewater State College, Kelly Gym, Room 103, Bridgewater, MA 02325, (508) 531-1776; FAX (508) 531-1717; jhuber@bridgew.edu; is *Issues* Department Editor. *Paul Duhuis* is a professor within the Movement Arts, Health Promotion and Leisure Studies Department at Bridgewater State College.