

On Attention Deficit Disorder and Ritalin

22 September 2000

To the Editor:

While I certainly agree with the conclusion of the National Institute for Clinical Excellence (NICE) in Britain that children under five should not be given Ritalin (or any other stimulant medication), I have difficulty accepting what I see as a biased and one-sided approach to the question of Attention Deficit Hyperactivity Disorder (ADHD) in the recent article by Liz Smith entitled "Britain: Ritalin ban recommended for children under five years of age," as well as other articles previously posted on the *WSWS*.

As a parent of a child who is taking medication for ADHD, I think the *WSWS* owes its readers more serious consideration of this issue and the issue of emotional and psychological problems in general. In the case of our child, we had for many years refused to seriously consider the use of Ritalin, despite longstanding attention and behavioral problems. We sought professional guidance only after long consideration when we felt our child's problems with school were having an impact on his well-being and self-esteem.

The discussion and recommendation made by the British NICE is discussed in one paragraph of the recent article, and the balance is a repetition of the argument that ADHD is not a "real" medical problem, but is solely a problem of the fast pace of today's society. It is very easy to dismiss all psychological distress as being a product of a sick society, but there are many people who have disorders which can, in fact, be alleviated either through medications, psychotherapy or combinations of the two. These people can then lead more fulfilled lives.

The occurrence of the disorder characterized as ADHD has become very prevalent in our society and is a complex phenomenon. While our children are being subjected to a barrage of over-stimulating messages every day through the mass media, even in classrooms, as a result of the virtually unbridled and diseased capitalist society we live in today, it is an

oversimplification to reject out-of-hand all medical evidence of issues that have now been seen to have a biochemical basis. Is it not our responsibility to examine new developments in science that may disturb some of our previously held views? In my view it is very narrow minded to dismiss the many studies that have been done on ADHD because diagnosing it is difficult and can't be done with a urine test.

Years ago, after the primitive days of electro-shock therapy for treating all mental illness, a widely accepted view in psychiatry (even in the medical field) held that schizophrenia was the product entirely of dysfunctional social relationships, particularly within a family, and very few schizophrenics were able to realize long-term improvements through psychoanalytical methods alone. Recent scientific discoveries in the area of brain research have revealed that there are specific regions of the brain affected in certain ways that are characteristic of schizophrenia, and there are medications that can regulate the brain activity associated with this particular mental disorder. Don't you think this is a scientific advance? Would you deny this treatment to those suffering from schizophrenia? There have been similar discoveries about manic-depression ("bi-polar disorder") and other disorders that affect the mental and emotional realm rather than the obviously physical.

I take issue with those who dismiss ADHD as some kind of 20th century creation that has no physical basis or manifestation. The article says, "However, it is a condition whose clinical recognition is disputed by some in the medical profession." Well, so is the source of AIDS in the HIV virus, as we know.

While I agree with those in the medical profession who see the danger in such a position vis-à-vis the AIDS epidemic, I think it is a mistake to be so dismissive of *medical evidence* regarding ADHD and related disorders.

I would like to refer you to an article in a newsletter I subscribe to. You can read the article, at

<http://www.helpforadd.com/subscribers/vol33.htm>, called “Patterns of Brain Activity Linked to Positive Medication Response”. It describes a recent study that detected distinct brain patterns in the prefrontal cortex of subjects with a positive ADHD diagnosis. It further explains how those with an ADHD diagnosis showed differing EEG patterns in response to medication (Ritalin). While the editor of the newsletter recognizes that this is a small study, he appreciates that it is contributing to a better understanding of ADHD and its treatment in the future.

It is too facile to be so contemptuous of ADHD diagnoses and treatment as the recent article from Britain expresses. There is no doubt that thousands of children are misdiagnosed and put on Ritalin—children who may have even more serious disorders and who should be given different treatment. There is no question that Ritalin and other stimulants are abused by school systems trying to “manage” too many children with inadequate educational resources.

But there are also many thousands who are misdiagnosed who *do* have ADHD, and who are put in “special education” classes, considered delinquent and unmanageable, who in fact could be helped to reach their greater potential (given the severe limitations of the education systems and society as a whole) if they had a correct diagnosis and the right medication and counseling. The same newsletter I mentioned above reviews another recent clinical study of stimulant medication and makes this point.

I have not seen the BBC documentary “Kids on Pills,” but I find the kind of statement quoted (below) in the article either taken entirely out of context or a gross exaggeration on the part of the person quoted. “Baldwin described the effect of Ritalin on children: ‘Apparently the child is improving, but what's really happening is there is less behaviour and the emotion is cut off and the feeling is cut off, and what we're left with is children that behave like robots and zombies.’”

To put this statement forward as if it were the final, authoritative word on the use of stimulant medication for any child diagnosed with ADHD is absurd. There is not “less behaviour” in all children on medication for the treatment of ADHD, any more than an adult being treated for depression with medication suffers more from the treatment than the ailment due to having his “feeling cut off.”

There are many, many children who are able to excel in school, are able to establish non-aggressive relationships with peers and whose family life has been shifted from a state of hostility and anxiety to one in which the calm that these children need can prevail because they have received treatment with the available medications. If we readily recommend glasses for poor vision and acetaminophen for headaches, why should we dismiss as some kind of bourgeois conspiracy the available (though still inadequate) treatments for a very real, physical disorder?

JB



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