

One child in every classroom

ADHD affects two million American kids—is yours one of them?

By Janis Hashe

Photo by Melinda Nicodemus

The phone call from the teacher comes, the one you've been dreading. "I think Ben may have ADHD," the kind voice on the other end says. "You might want to take him in for diagnosis."

Thus begins the difficult, soul-searching process for many parents. Does your child *actually* have ADHD—or is he "just active," being asked to sit and do tasks for a longer time than appropriate for his age? Is he in fact gifted, and spacing out because he's bored? Is he allergic to something in his food or his environment?

And if he *does* have ADHD, should he be put on medication? For how long? Are there alternative treatments that work, and what are they?

Over- or under-diagnosed?

Research ADHD, and one thing becomes very clear: Though there is consensus among the majority of professionals on some points, the subject remains controversial. This story will focus on some ideas emphasized by several of our sources. The first is that most researchers do not believe ADHD is over-diagnosed—but even that opinion is contested by some parents and experts. According to Keath Law, a psychotherapist and clinical scientist specializing in ADHD at the University of North Carolina at Chapel Hill Medical School, "approximately 3 to 5 percent of preschool and school-age children have ADHD, or about 2 million American kids."

"ADHD is *not* being over-diagnosed," says Joe Wegmann, a board-certified doctor of pharmacy and a licensed clinical social worker specializing in the treatment of ADHD. "In fact, 50 percent of children that would meet diagnostic criteria for the disorder are never diagnosed and will struggle with distractibility and inattention throughout their entire lives."

But David Dia, PhD, of the University of Tennessee, Memphis, College of Social Work, offers a somewhat different opinion.

"Is it being over-diagnosed? Yes—but it is also being under-diagnosed," he says. "Academic expectations of American children are rising and occurring at an earlier age. Children are expected to sit still longer, concentrate more, stay focused, and read and write earlier than ever before. Plus, class sizes are increasing at the same time teachers are expected to meet the needs of every child. They are supposed to give some children special instruction, while implementing a behavioral plan for another, in addition to teaching the class as a whole and meeting academic benchmarks."

"Parents are also stressed. Children are hurried from one activity to another. There seems to be less and less family time. All these factors could contribute to a child not focusing and paying attention."

It's essential for a child who is suspected to have ADHD to have a thorough evaluation by a clinician who uses data from a variety of sources—parents, child, and teacher—and methods, such as clinical interviews and rating scales, Dia says. "One needs to rule out other mental health conditions that can mimic ADHD, such as anxiety disorders, depression, and learning issues such as dyslexia."

He adds that the evaluation also should consider context. That would include the child's environment (like the school classroom and the degree of academic challenge) and family situation (for example, the child wasn't "trained" well).

"It can be difficult for a clinician to make the diagnoses, as we rely on scales and interviews versus biological markers for the disorder," he says. "Making problems worse, many physicians and mental health professionals feel pressed for time due to increased paperwork associated with insurance companies and decreasing reimbursement rates. So yes, ADHD is over-diagnosed."

"But it is also under-diagnosed: The child is labeled as a 'bad child' and the behavior is seen as purposeful and under their control. 'If he would only try



Back on track: After trying several diet-related routes to treating son Garrett's ADHD, which was causing him difficulty in the classroom, Cleveland mom Melinda Nicodemus agreed to try medication. The results, she says, were "immediate and huge." Experts on ADHD generally agree that a prime indicator that a child needs medication is if it produces dramatic, positive results.

harder' is frequently heard, but trying harder is not an intervention."

Parents weigh in

Anecdotal evidence from parents supports both views.

Bradi Nathan wrote in, "I was told my son had ADD when he was barely old enough to spell it! My son's preschool lumped his active behavior into a category they could clearly define. While I admit that focus and impulse control were a problem (he smushed his teacher's cake, given to her by another classmate, with his fist, and flooded the urinals by flushing too many times) I was not and am not willing to slap a label on him."

The school had someone come in to observe my son, who was later deemed a 'typical active boy.' I still felt a sense of parental obligation to speak to another expert. At the end of my session, the doctor told me again that my son had ADD and suggested a series of tests that would have cost me thousands and eventual medication. A clear case of a doctor slapping ADD on a child he's never even met! My active preschooler is now 9, and I couldn't be more proud of his accomplishments. His boundless energy (that has never been modified by meds) has served him well as an all-star in football and soccer. If we as parents can learn how to manage behaviors, which can certainly seem unmanageable at times, then we won't ever have to label our children the oh-too-comfortable ADD."

But Cleveland mom Melinda Nicodemus told us the following: "In kindergarten, my son Garrett's teacher told us he might have ADHD. By first grade, he was doing badly in school—his handwriting in particular was a big issue."

"My husband was very much against medication, because Garrett is very creative, and he did not want to take that away. We tried cutting out food with red dyes, tried to eat as few preservatives as possible, no fast food. But he was failing in school. We talked to our pediatrician and agreed to try medication. There was an immediate and huge difference, and he was able to pass his grade."

Margaret Perry, who is a child care specialist at Signal Centers and the mother of 13-year-old Kinsey, says, "We tried to deal with it for almost two years without medication. Finally, we just said, 'Her life should not have to be this hard.'" Kinsey would forget school assignments and "just seem to wander away from whatever it was she was doing," says Perry. Finally, the Perrys decided, with the advice of Kinsey's doctor, to try medication, and, as in the case of the Nicodemus family, experienced immediate results. However, Margaret says, Kinsey still struggles with whether to tell friends that she has ADHD, fearing labeling. "It would be wonderful if there was a support group for teenage girls with ADHD," she says.

Gender and genetics

Many experts feel that parents who, as children, were labeled "fidgety" might themselves have had ADHD—and passed the gene along to their children. "They were not diagnosed, but they often recognize problems that they had," says Susan J. Schwartz, clinical director at the Institute for Learning and Academic Achievement/NYU Child Study Center.

Margaret Perry says her own mother recognizes shades of Margaret in granddaughter Kinsey. "I was just like that when I was young," Margaret says.

Gender, too, appears to play a role. More girls are diagnosed with the "inattentive" type of ADHD, while boys are more likely to have the "hyperactive" type. "But girls often develop systems that help them cover up their symptoms," says Dr. Dia. "For example, they might be able to persuade a parent to complete an assignment they forgot to finish."

Team assessment essential

Lynn Watson, a licensed clinical social worker and co-author of *ADD/ADHD Drug Free: Natural Alternatives and Practical Strategies for Helping Your Child Focus*, is a strong advocate for the “team approach” to diagnosing and dealing with concerns.

“An educator knowledgeable in the field of ADHD can perform a complete behavior analysis,” she says. “The educator observes the child in different settings, administers a few assessments that she thinks are appropriate, speaks with others involved, like family members, teachers, therapist and close friends, and comes up with a universal plan to help the child grow in a healthy way. This team approach, and compilation of facts put together, can help determine whether or not the child should see a medical doctor or a physician who specializes in ADHD to rule out or address any of the other concerns that came up as a result of the behavior analysis.”

Agrees Joe Wegmann, “Don’t be too quick to conclude that your child should be treated for this disorder. Parents, teachers and even treating clinicians with low tolerability for ADD/ADHD-associated behaviors are often too quick to assign this ‘diagnosis.’ Parents should be sure that academic or social functioning is impaired and should also consider a variety of information sources to assist in diagnostic confirmation.”

Optimally, Wegmann says, a child should be assessed in multiple settings, home, school and social, and extensive interviews should be conducted with the child and at least one parent. The interviewer should thoroughly review the child’s medical history and any family history of ADHD, and use rating scales for the disorder.

Dr. Dia recommends that the medical practitioner be interviewed, as well. “What do they intend to do—and what evidence supports their approach?”

Meds or no meds?

The powerful stimulant drugs used to treat ADHD, led by the best known, Ritalin, remain the most controversial part of ADHD treatment.

“A concerned parent is likely to take little Johnnie in to his pediatrician, who is quite likely to do what doctors most often do: pull out a prescription pad. And before you know it, Johnnie is labeled and started on stimulant medication,” says Lynn Watson.

Derek Brown, of the firm Medco Health Solutions, which handles prescription claims for more than 60 million members, provided these statistics:

- While the use of these drugs is on a slight downward trend over the past three years, between 2001 and 2008, the use of medications to treat ADHD in children aged 19 and younger has increased overall by 30 percent.
- In this same age group, the use of these drugs has increased by 50 percent in girls and 23 percent in boys.
- The most significant jump in use of these medications between 2001 and 2008 is in adults aged 20 to 44, with a 137 percent increase in males and a 162 percent increase in females.

According to Joe Wegmann, “The most important telltale sign that a child may benefit from medication is when the child no longer feels accepted by peers, at school, or even at home. Social and academic impairment are important markers to take into consideration. In fact the American Academy of Pediatrics requires the impairment to be observed in more than one domain (social, home, school, playground, etc.) before medication treatment for ADHD is warranted.”

Changes and advances in ADHD medication continue. “The latest advances are the first-ever transdermal patch, and a new oral medication. The transdermal patch goes by the brand name Daytrana,” Wegmann explains. “The patch is applied directly to the skin, with frequent site rotation. It has proven to be very effective, assuming, of course, that the child wears it continuously throughout the day. The newest oral medication goes by the brand name Vyvanse. This drug is essentially the same as Adderall XR, and *supposedly* has less abuse potential than Adderall XR.

Also, Adderall XR will soon be losing FDA patent protection.”

It’s important to note, adds Dr. Dia, that “depending on which study you look at, 25 to 33 percent of kids ‘grow out’ of ADHD symptoms and are able to go off medication. The neurobiology of their brains changes.”

Another third can be helped to develop “compensatory strategies,” he says, but will still need some medication, and yet another third “will get into drugs and alcohol and all kinds of problems.”

The experts we spoke with concurred that the most important sign that medication might be mandated is that *immediate results* are evident when the child begins taking it.

Others offer another view. In “Riding is My Ritalin,” published in the November 2009 issue of *Bicycling Magazine*, Bruce Barcott offers a provocative look at the role regular exercise might play in controlling ADHD:

For students like Adam Leibovitz, who was diagnosed with ADHD in first grade, Ritalin did more harm than good. Throughout most of his early life, Adam took Ritalin to help control his ADHD, but by his junior year of high school he grew tired of the side effects that often left him in a fog. He ceased taking it and instead began an intense daily cycling regimen to control his ADHD. Without intending to, Adam started conducting his own ongoing experiment to test the ability of the body to improve the mind. And almost immediately, the drug-free experiment was a success.

Barcott examines how cycling and a few other repetitive, brain-boosting sports, such as swimming and running, are being used to ease the symptoms of ADHD, reduce stress and anxiety, improve concentration and boost memory.

Other coping strategies

“Parents can learn how to train their child to ‘be the CEO of yourself,’” says Susan Schwartz. “Beginning in elementary school, they can learn how to be good managers. Reminders, cues and prompts are very important. Kids need to learn what it means to take a short, *non-distracting* break. Teachers should allow them to take a walk around the classroom, or take a note to the office. After school, there needs to be time to ‘get your sillies out.’” But during homework time, these breaks should not be to take phone calls or watch TV, Schwartz warns, and parents should set out clear goals and expectations of what needs to be accomplished.

“School is a weird place for these kids,” she emphasizes. “Their time clock and their attention spans are different. Some need more time and more focus on one subject.”

Says Lynn Watson, “The hyperactive kid is always going to get in trouble if he’s asked to sit for three hours. Let him run around the building 10 times. The inattentive child needs to keep a ‘To-Do’ list and to learn self-talk that helps them focus. Some teachers are not open to new things, but if parents work with her for the benefit of the child, everyone wins.”

Watson’s most basic advice to parents is, “Don’t give up. Children *do* grow up and learn how to manage ADHD. As we learn more about training the brain, we realize it’s not a lifetime sentence.” ❧

Defining ADHD

The term “ADD,” Attention Deficit Disorder, is no longer in use by experts, having been absorbed by ADHD, “Attention Deficit Hyperactivity Disorder.” ADHD itself is divided into three types, according to psychotherapist Keath Law, writing for About.com:

Predominantly Inattentive Type

“Symptoms are primarily related to inattention. The individual does not display significant hyperactive/impulsive behaviors.

“These individuals may have trouble paying attention, finishing tasks or following directions. They may also easily become distracted; appear forgetful, careless and disorganized; and frequently lose things.

“Individuals with the predominantly inattentive type of ADHD are not only not hyperactive, they can tend to be rather sluggish and slow to respond and process information. They often have

difficulty sifting through relevant and irrelevant information. They may seem daydreamy, spacey or as though they are in a fog and may be shy or withdrawn.”

Predominantly Hyperactive-Impulsive Type

“Symptoms are primarily related to hyperactivity and impulsivity. Individuals do not display significant attention problems.

“(They) may appear restless, fidgety, overactive and impulsive. They ‘act before thinking’ and often ‘speak before thinking’ by blurting out and interrupting others. People with these hyperactive/impulsive behaviors may play and interact loudly. They have difficulty staying in their seat, talk excessively, and have trouble waiting turns.”

Combined Type

Individuals display both inattentive and hyperactive/impulsive symptoms. ❧