

# [The debate over medicating children with attention deficit hyperactivity disorder...](https://assignbuster.com/the-debate-over-medicating-children-with-attention-deficithyperactivity-disorder/)

Over the past several decades, highly skilled professionals have attempted to address several issues regarding antipsychotic drugs used to treat school-aged children with Attention Deficit/Hyperactivity Disorder (ADHD). The distribution of these ADHD medications have steadily increased over the years, which has, on one hand, presented a possible solution to the escalating diagnosis of Attention Deficit/Hyperactivity Disorder, and on the latter, brought into question the ethics and effectiveness of these medications.

Health officials, parents, and the children themselves struggle to come to an agreement when deciding whether or not medication is the best solution. The Debate Over Medicating Children with Attention Deficit/Hyperactivity Disorder In the spring of 2004, Jacqueline A. Sparks, an associate professor of family therapy at the University of Rhode Island, and Barry L. Duncan, a cofounder of the Institute for the Study of Therapeutic Change, investigated the ethics and effectiveness behind the distribution of ADHD medications as a modern treatment method for children with Attention Deficit/Hyperactivity Disorder.

Even though, “ appropriate identification and treatment of symptoms for psychiatric illnesses (such as ADHD) during childhood and adolescence is critical” (ScienceDaily). Sparks and Duncan note that, “ ADHD is arguably the most controversial topic in recent mental health history. The ADHD diagnosis is not defined by a biological marker (Leo & Cohen, 33), but is rather subjective and not easily distinguished from the everyday behavior of children. Thus, the diagnosis lacks reliability and validity. ” (Duncan, Miller, & Sparks, 31).

This makes Attention Deficit/Hyperactivity Disorder more difficult to diagnose than most childhood disorders, but never less serious. “ According to an IMS Health survey, between 1995 and 1999, the use of these drugs increased 151% in the 7-12 age group. ” (Duncan, & Sparks, 25). Thus suggesting a growing need for ADHD medications. Understanding the benefits, risks, and limitations of these antipsychotic treatments are crucial components regarding the medication of children with Attention Deficit/Hyperactivity Disorder.

Attention Deficit/Hyperactivity Disorder

Attention Deficit/Hyperactivity Disorder (ADHD) is a worldwide condition, which affects children and adults alike. “ It is a syndrome of disordered learning and disruptive behavior characterized primarily by symptoms of inattentiveness, hyperactivity and impulsive behavior. ” (WebMD, 2007) ADHD is often noticed during the early stages of child’s life and appears more often in boys than girls. Behavioral symptoms of ADHD in school-aged children may include, “ failing to give close attention to details in schoolwork, has difficulty organizing tasks, becomes easily distracted, interrupts when other classmates are speaking”, (A. D. A. M Medical Encyclopedia, 2011) etc.

According to the National Center for Biotechnology Information and the U. S. National Library of Medicine’s definition of Attention Deficit Hyperactivity Disorder (ADHD), “ children who have been diagnosed with ADHD may be at risk for other medical illnesses such as bi-polar disorder and depression. ” (A. D. A. M Medical Encyclopedia, 2011) Both bi-polar disorder as well as depression require medications of their own, dramatically increasing a child’s risk for side effects and other health complications.

Prior to the 1990’s, children with Attention Deficit/Hyperactivity Disorder had been untreated. This was due to the “ thought that children would eventually outgrow ADHD. However, recent studies suggest that 30–60% of affected individuals continue to show significant symptoms of the disorder into adulthood. ” (Harpin). This makes Attention Deficit/Hyperactivity Disorder in children a very serious matter and in need of early treatment.

Implications of Attention Deficit/Hyperactivity Disorder Medications

The most popular form of treatment for children and young adults with Attention Deficit/Hyperactivity Disorder is the use of antipsychotic drugs. These drugs such as, Adderall, Concerta, and Ritalin aid those with ADHD by calming their inattentiveness, hyperactivity, and impulsivity symptoms. However, many antipsychotic drugs pose serious mental and physical health risks for children. “ Antipsychotics have shown efficacy in various pediatric mental disorders, but the use of these medications in children and adolescents merits careful scrutiny as this is a vulnerable population that has more side effects that adults” (Science Daily).

The three main types of side effects seen in children utilizing antipsychotic drugs and other ADHD medications are metabolic/hormonal inconsistencies, cardiovascular risks, and abnormal involuntary movements. According to the article, Risks and Benefits of Antipsychotics in Children and Adolescents, in Science Daily, “ there is an increasing concern about antipsychotics having metabolic side effects such as mass weight gain (and loss), hyperglycemia, and dyslipidemia in the pediatric population” (Science Daily).

Traditionally, many parents may overlook possible weight gain, however, over the past few years’ obesity has become a prominent nation wide epidemic among children and young adults. One study, conducted by Dr. Christopher Correll of Zucker Hillside Hospital in New York, “ led a team of researchers who studied 205 children newly prescribed antipsychotic drugs. And after about 10 weeks, their weight gain increased an average of 13 pounds compared with less than a pound gained in a comparison group” (Cooney).

Findings such as these influence many parents as well as physicians to search for alternative treatments that have less health risks. Other health threats such as cardiovascular risks are also not uncommon when using Attention Deficit/Hyperactivity Disorder medications. “ Drug-naive adolescents, defined as adolescents with no prior antipsychotic treatment or total lifetime antipsychotic usage fewer than 30 days experience changes in duration of the QT c (one’s heart rate) interval before and after 6 months of treatment” (Science Daily). This could potentially cause serious health complications and in some cases death.

The last of the rare yet severe side effects implicated by ADHD medications is known as “ abnormal involuntary movements”. These uncontrolled muscle movements are “ more common with old antipsychotics than new-generation antipsychotics, which lead to problems participating in normal social and educational activities” (Science Daily). Even though this particular side effect is rare and often only seen when children use the antipsychotic drug, Risperdone (used for the treatment of Schizophrenia), it is necessary that the general public be warned.

Overall, the main concerns regarding ADHD medications stem from the possible side effects as well as the potential threat of long lasting damage. Little research provides positive feedback for the long-term use of antipsychotic prescriptions. “ There is evidence that coincides with the use of neuroleptic and other psychotropic medications making long-term, if not permanent, changes in brain structure (Breggin & Cohen). Many health professionals fear physical outcomes of these medications as well as the mental toll the illness plays on the child and their family.

Affects of ADHD Medication on Family Relations According to the peer-reviewed journal, Archives of Disease in Childhood, “ ADHD is a disorder that affects the daily lives of children, young people, and their families. Any thorough examination of the disorder should take into account the functioning and wellbeing of the entire family. ” (Coles, Pelham, & Gnagy, 2010). Clearly, any medical condition, especially ones involving school-aged children, can place mental and physical strain on family dynamics. Attention Deficit/Hyperactivity Disorder (ADHD) not only affects the child, but his or her family as well.

The financial pressure alone can reach insurmountable costs. Attention Deficit/Hyperactivity Disorder medications are not free and therefore place a financial burden on many households. In addition to these costs “ the rise in use of substance abuse services and other outpatient facilities” result in additional medical bills. An independent study conducted from 1987 to 1995 showed “ healthcare costs for individuals with ADHD in the USA over a nine year period averaged around $4, 306, whereas non-ADHD medical costs averaged only $1, 944” (Blader, Pliszka, Jensens, Schooler, & Kafantaris).

These annual costs drive one to question whether or not there is a financial incentive for prescribing ADHD medications and other antipsychotic drugs. The article, Use of Antipsychotics in Children is Criticized, claims, “ Prescription rates fir the drugs have increased more than fivefold for children in the past decade and a half, and doctors now use the drugs to settle outbursts and aggression” (Harris). Health professions such as Dr. Daniel Notterman, a senior health policy analyst at Princeton University said, “ data shows substantial amount of (over) prescribing (medication) for attention deficit disorder, and I wonder if we have given enough weight to the adverse-event profile of the drug. ” In other words, these overprescribed medications endanger not only the child’s health, but their families as well. Some studies have shown that many children who develop Attention Deficit/Hyperactivity Disorder have parents with the same diagnosis. “ Genetic factors cause AD/HD in about 80 percent of the children and youth who experience it.

Children who have a parent with AD/HD have a 40 percent to 57 percent risk of having AD/HD” (Barkley, Murphy, & Fischer; Wilens et al. ). A build up of stress is added to the household when more than one individual has a disorder. Over the years, “ family members of ADHD patients have shown increased stresses and demands of living (with an adult or child with ADHD). Attention Deficit/Hyperactivity Disorder related family stress has been linked to increased risk of parental depression and alcohol related disorders” (Harpin).

Due to the immense stress, family members seek dangerous coping methods such as drinking and drug abuse instead of dealing with their child’s disorder in a healthy manner. Thus, many of these unsuitable behaviors negatively affect the children with Attention Deficit/Hyperactivity Disorder. For example, “ a study out of the University of Maryland found a mother's depression might be a risk factor for behavior problems in children with ADHD. Children with ADHD are at risk for substance abuse and criminal behaviors if they develop conduct disorders. ” This is dangerous and risky behavior, which may negatively influence a child’s future.

Children with Attention Deficit/Hyperactivity Disorder are at high risk for future drug abuse. According to Kathleen Doheny of WebMD Health News, “ the risk of behavioral problems in ADHD children, including their tendency to experiment with drugs and alcohol and to display delinquent behavior, was found higher than in other children. ” (Doheney) If children observe family members under stress pursuing these activities, they are more like to be effected and influence to participate as well. Thus, it is necessary that parents provide proper examples for their children.

However, many parents have considered other methods of treatment with or without ADHD medications. For example, in a recent 2007 study, 579 children ages 10-13, found “ after 14 months, their families chose treatments available in their communities by adding (behavioral therapy counseling and continual community care) and sometimes eliminating the treatments (or medications) they first took in beginning of the study” (Doheney). This leads one to question whether or not disorders such as ADHD can be treated or cured via counseling without strong and often-dangerous medications.