

Adhd is a real
disorder deserving of
ethical treatments
essay sample



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The first thought when hearing “ biotechnology” is stem-cell research or cloning; however, medications, especially those that increase an individual’s academic or athletic performance like Ritalin, Adderall, or Prozac, are also seen as examples of biotechnology. In J. M. Stolzer’s article, “ The ADHD Epidemic in America,” she focuses on the ethics of ADHD medication, and she claims that ADHD is not a real disorder. Stolzer calls it “ drugging,” America calls it “ ADHD treatment,” and I, a person with ADHD, call it “ an acceptable means of treating ADHD symptoms.

In my opinion, Stolzer’s article has many fallacies, and I think she has an illegitimate negative view on the current ADHD diagnosis because time and statistics do not lie, and ADHD is a detrimental disorder. Many articles, like “ Attention Deficit Hyperactivity Disorder: The Most Studied Yet Most Controversial Diagnosis” by Mark L. Wolraich, and “ Ethical Considerations in Psychopharmacological Research Involving Children and Adolescents” by Benedetto Vitiellio, refute Stolzer’s argument.

In my opinion, ADHD is a valid disorder that is deserving of effective medication, and I disagree with Stolzer’s argument that this method of treatment is adversely changing America’s children. “ The ADHD Epidemic in America,” by J. M. Stolzer, was published in the ninth volume of Ethical Human Psychology and Psychiatry, and the main argument is that ADHD medication is unethical and may be responsible for changing the children of our society.

The article begins with an abstract, summarizing the article, and it continues by introducing the idea that this disorder has no scientific evidence to prove

that it is a disease or disorder. Stolzer reveals that ADHD is a relatively new hypothesis and that the increasing amount of ADHD cases is caused by something unknown, but modern. “ In 1950s America, ADHD did not exist” (Stolzer 109).

Ritalin, which main component is methyphenidate, is the most commonly prescribed ADHD medicine, and because it is a stimulant, there are obvious risks and adverse effects. Stolzer explains the risks in somewhat truth, and he states that, “ The National Institute of Mental Health (NIMH) has reported that methylphenidate can reduce classroom disturbance and increase compliance and sustained attention, seldom are the ill effects of methylphenidate discussed publicly” (qtd. In Stolzer 110).

According to her, this drug has been associated with “ severe withdrawal symptoms, irritability, suicidal feelings, headaches, and Tourette’s syndrome,” and with “ weight loss, disorientation, personality changes, apathy, social isolation, and depression” (qtd. in Stolzer 110). Stolzer then explains that even Novartis, Ritalin’s manufacturer, reports that there are many adverse effects. Continuing her argument, she claims that Ritalin is addictive and is “ Schedule II, the most potent and highly addictive classification of drugs” (Stolzer 110).

Commenting on the validity of the “ ADHD diagnosis,” Stolzer claims that there are no “ psychological, cognitive, or metabolic markers that would indicate the presence of ADHD” (111). She categorizes the method of ADHD diagnosis as only “ a checklist of behaviors,” and she states that the current

method should be accompanied by scientific research and should focus on the tolerance of the individual, their education, gender, age, etc... (111).

Stating other flaws in the diagnosis, and explaining her beliefs about the “evolutionary perspectives” and economic benefits of ADHD and the current diagnosis, Stolzer tries to convince us that this attention impairment is anything but a disease or disorder. She moves forward and argues that ADHD may not be real and that “normal-range boy behavior” could take its place, proposing that it is America’s view of adolescence that has changed (114). Stolzer concludes with a recap of the article, and it contains some valid points, but is her information correct and credible?

J. M. Stolzer seems to be a credible authority on Attention Deficit Hyperactivity Disorder (ADHD) and presents many truths in her article, but many of her statements about ADHD seem incorrect, based on other opposing articles and my first-hand experience with this controversial disorder and its debatable treatments. By reading her article, it is a surprise that J. M. Stolzer has a P. h. D. , because even though it was scholarly-written, the information she presents opposes the seemingly, more logical articles.

Even though she is a doctor, she has written very few articles, and upon researching, may not be as qualified as to write a credible argumentative article about ADHD. It seems that, because her information and evidence may not be viable or correct, and due to the obvious fallacies found in the article’s bulk, ADHD may be and probably is a true mental disorder, and the current, stimulant ADHD medications are proving to be effective in treating

ADHD symptoms. Stolzer is a feminist, and she seems to be a sexist because of her diatribe about how ADHD is associated with males, not females.

Her sexist, biased persona seems to illustrate her article's incorrectness. Stolzer's article appears to bear false claims about ADHD and the current pharmaceutical treatment, and it focuses on the possible bad side effects, instead of entirely reviewing and researching both the good and bad aspects. Stolzer and her article are not persuasive and begin on the wrong foot by claiming that ADHD is an epidemic in this country; however, I would not go as far as saying that it is an epidemic yet.

She also claims that ADHD-behavior is normal for an adolescent boy, but how can it be "normal" if currently it is being treated widespread as a mental disorder? Surely not all of these people are wrong! Stolzer states that in the 1950's, ADHD was not in existence; however, research by Mark L. Wolraich has proven, in his article "Attention Deficit Hyperactivity Disorder: The Most Studied Yet Most Controversial Diagnosis," that reports of ADHD-like behavior have been dated back to as early as 1902 (Wolraich 163).

Stolzer forgets to mention that ADHD has been an old-documented disorder that has just been coined with a seemingly appropriate name. The author mentions that, "Proponents of the disease model of ADHD (a pseudohypothesis at best) are adamant in their assertion that ADHD is the result of a chemical imbalance within the brain in spite of the fact that there is no scientific evidence to substantiate this hypothesis" (Stolzer 109). Even though there is "little" evidence, experiment, research, and analysis have basically proven that ADHD exists.

Michael Fumento defends ADHD as a serious disorder, and he remarks that even though there are no lab tests to determine if someone legitimately has this disorder, neither does multiple sclerosis nor Alzheimer's disease (Fumento para. 5). After the introduction of her article, Stolzer states that, "Methylphenidate is pharmacologically classified as an amphetamine and therefore causes the identical type of effects, and the risks that are associated with amphetamine use (qtd. in Stolzer 110).

This statement is false; however, because methylphenidate [Ritalin, Concerta, Focalin, etc...] is not classified as an amphetamine, but as Rxlist.com states, it is categorized as a general CNS (Central Nervous System) stimulant (www. rxlist. com). I have been prescribed to both Ritalin and amphetamines, and their effects are greatly different. Stolzer lists some negative, adverse effects of methylphenidate, and she is correct for the most part; however, based on personal experience, these side effects are rarely, or not at all seen.

She tries to use Novartis' explanation of Ritalin and it's effects in attempt to solidify her argument, but due to the little scientific evidence about ADHD's truth, pharmaceutical companies cannot distribute things that have not been scientifically proven, or things that have a possibility to be false. The author also mentions that, " Novartis clearly states that the specific etiology of ADHD is unknown, and that there is no single diagnostic test that can definitively diagnose ADHD in human populations" (Stolzer 110). There is a possibility, however, that many diagnostic tests could prove that ADHD is a true disorder.

Stolzer continues, seemingly in desperation, by listing the many side effects, and she lists symptoms like “ immune system malfunction,” “ hepatic coma,” and “ toxic psychosis” (qtd. in Stolzer 110). For a child who takes his or her prescribed dosage at regulated intervals, though, is at an extremely low risk of ever encountering these scary adverse effects. Stolzer continues by claiming that Ritalin and Adderall are Schedule II drugs, those that she explains are “ the most potent and highly addictive,” but Schedule II drugs are not characterized as this (qtd. n Stolzer 110).

Schedule II drugs are those with a high potential for abuse, but have current accepted medical use in the United States. Stolzer continues by saying that “ there are no physical, cognitive, or metabolic markers that would indicate the presence of ADHD” (qtd. in Stolzer 111). Benedetto Vitiello, author of “ Ethical Considerations in Psychopharmacological Research Involving Children and Adolescents,” however, states that it has been well proven that stimulant medications are efficient in decreasing ADHD symptoms (Vitiello 88).

As Stolzer continues in the section, ‘ Subjectivity of ADHD Diagnosis,’ she states that the diagnosis is solely based off of “ a checklist of behaviors’ (Stolzer 111). My ADHD diagnosis was not a simple checklist, but instead a lengthy, rigorous testing process. Stolzer mentions a list of criteria that should be involved in the ADHD diagnosis, and she says that doctors do not take them into account. In my diagnosis, on the other hand, doctors did actually consider these criteria.

Next, she also claims that, “ In the overwhelming majority of cases, the underlying issue is either a clash between a normal child and the requirements of his adult-controlled environment or the product of diagnostic zeal in a newly-deputized teacher-turned-deputy brain diagnostician” (qtd. in Stolzer 111). It may be a possibility that the expectations of parents are changing, thus altering our children, and the “ clash,” mentioned in the preceding quotation, is one in which no one has any control over.

Stolzer then states that a few claimed experts [Breggins and DeGrandpre] “ have hypothesized that the perception of what constitutes normal-range boy behavior has been altered in 21st-century America” (Stolzer 112). This statement seems true, and she also argues that the ADHD occurrence rate is increasing due to an economic benefit and incentive that both Ritalin and Adderall bring. This is very possible, but pharmaceuticals, in general, have economic benefit. Stolzer states that the public schools have more students with ADHD because of the amount of money the school get per “ disordered” student.

She claims that the private schools, on the other hand, have very low ADHD rates because they do not receive federal funding for ADHD cases. I went to a prestigious academy; however, I knew many students that had ADHD and took stimulant medicine for the disorder. Continuing her debate, Stolzer relates ADHD to normal-range boy behavior, but I do not understand how this could be, because ADHD would not have a big name as it does if it was not something that needs to be brought to attention.

Stolzer tries to blame ADHD on different things, like parents; however, in my opinion, there is no one to blame. If there is a need for a scapegoat, this disorder has to be real, and many, more logical articles consider the “ADHD epidemic” ethical. The ethical concerns about ADHD and medication arise from lack of scientific evidence, the current method of service and distribution, and the research tactics on children; however, I think that there is sufficient proof that ADHD exists and is being treated in the most effective, just way possible.

Having been diagnosed with ADHD for several years, I believe that Ritalin and Adderall treat the symptoms better than any other treatment, but I do agree that over-diagnosis is becoming a minor issue. It seems like the majority of college students are prescribed, or take these medications, but this can be attributed to the differences between different doctor’s expertise and prescribing techniques. Mark L. Wolraich explains that doctors who are less qualified than those who are specially and intensely trained, are distributing Ritalin and Adderall.

He states, “Primary care pediatricians have had limited training in the diagnosis and treatment of ADHD” (Wolraich 166). To deal with this insufficient training, most medical schools are recently requiring a more extensive curriculum. Psychiatrists, those who are expert in handling ADHD cases, are also now referring more to the parents’ and teachers’ observations for a better diagnosis. Even though ADHD cases might diminish soon, controversy will always be in the forefront until more substantial evidence and research become available.

With the increase in ADHD medicine use, more research is being done to gain better understanding, especially regarding children. This is a major source of ethical debate. Benedetto Vitiello explains that “ research directly in children is necessary for a safe and effective use” (Vitiello 87).

Researchers are looking at the risk/benefit ratio of these medications in children, and they are incorporating the “ placebo” into the experiments and testing as a comparison, or template, for other medications.

Due to this ratio, research has categorized child experiment environment and induction into research into either “ minimal risk” or “ minor increase over minimal risk” (89). These categories clarify that research tactics are ethical, and in order for moral examination and research, “ Permission of only one parent is sufficient, except for research without prospect of direct benefit and involving greater than minimal risk, which requires permission from both parents” (89).

To me, these requirement or rules seem ethical, and hopefully, this research will unveil solid evidence in which to prove that ADHD is a true disorder. In summary, Attention Deficit Hyperactivity Disorder seems to be a valid disorder or disease that affects many American boys and girls, but in the meantime of discovering scientific evidence through research, controversy and ethical debate will continue to coexist. In my opinion, those that oppose ADHD and stimulant medications are people whose lives have not been affected by the disorder or do not have correct information.

Stolzer is a perfect model for this ignorance because she only sees the negative side of ADHD and its medical treatment; however, contrasting

articles by Mark L. Wolraich and Benedetto Vitiello support my argument and refute “ ADHD Epidemic in America”. I believe that Ritalin and Adderall are important ethical treatment options, and once research soon becomes fruitful, the volume of debate will diminish drastically.