

Psychotropic drugs used in children

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A report on the use of Psychotropic drugs used to control active children
Lauren L. Dewar April 20, 2010 Introduction At eleven years of age, Thomas Edison was taken out of school because his teachers considered him difficult and he “ could not be taught. ” While in school Edison’s mind often wandered and his teacher was overheard calling him “ addled. ” Another labeled him as retarded. This ended his three months of official schooling. Because of this Thomas’s mother home schooled him and taught him math, reading, and writing. He then went on to become one of the greatest inventors of all times.

In today’s “ find a cure” society Thomas Edison would have most definitely been put on the now very popular medications Ritalin, Adderall, or Prozac. These are mind-altering psychotropic drugs used to treat Attention Deficit Hyperactivity Disorder. Taking that into consideration, one might ask themselves that if Thomas had indeed been put on these medications, would he have ever been capable of experimenting and discovering his great inventions? After analyzing the data, this report will make it clear that children should not be prescribed such mind altering medications to control their activeness.

It will be clear that these drugs have serious short and long-term side effects, sometimes even death. Through research it will also be clear that there is no diagnosis for ADHD and that the checklist doctors go by to diagnose ADHD is not enough proof of a disease that needs to be medicated. This report includes four sections: background information, my methodology, results of the study, and conclusion and recommendations. Background Information For starters, there is no scientific basis for diagnosing ADHD.

Often times it is the school counselor or social workers who are simply not equipped to make mental health assessments making the ADHD diagnoses (Williams). Simply, if a child is observed to be acting bored, distracted and/or boisterous in the classroom, he or she is often believed to be suffering from ADHD, as opposed to suffering from, say, childhood (Williams). Recent reports suggest a trend of increasing prevalence of psychotropic drug prescriptions among children with attention-deficit/hyperactivity disorder (ADHD); however, reasons for increased use of medications is unclear (Guevara).

Through my research I also found that children as young as the age of two are being placed on these medications. So now the "terrible two's" is being replaced with "children with behavioral problems." The rest of my report will focus on statistics, short and long-term effects, and alternatives. I will also go over the history of the use of drugs to control children's behavior. A Brief History "Werry (1999) noted that the use of drugs to control children's behavior is an old practice.

From the use of brandy to soothe infants to other sedating drugs such as barbiturates and opiates, children have been administered psychotropic agents as long as such agents have existed; however, research on such practices dates only to the early 20th century" (Ingersoll). Methodology My methodology was mostly research through Academic Search Complete. I researched articles on statistics, procedures, diagnoses, and individual stories of real life people who have dealt with these drugs and ADHD. I also researched drug free alternatives to controlling ADHD or Hyperactivity in children. Results of Study 1.

Studies show that it is estimated that between 6 million and 8 million children have been prescribed Ritalin to treat the still scientifically unproven “ mental illness” called ADHD. “ This widespread doping in turn has increased concern that that school age children are being drugged to control their behavior” (O'Meara, Hyper-Drugging of Active Kids). I also found in my research that in 1985, there was an astonishing 500, 000 cases. Not even five years later that number jumped to 7, 000, 000. “ According to The Times, in the year 2000 close to 20 million prescriptions were written for ADD medicines like Ritalin” (Null, 2001).

Today, one in every thirty between the ages of 5 and 19 has a prescription of Ritalin. Believe it or not, the number of prescribed toddlers between ages 2 and 4 has doubled or even tripled since 1991. They have now replaced the “ terrible two's” with “ children with behavioral problems. ” It is between the ages of 2 through 4 that the human brain goes through major maturing and developing stages. To have these children this young on these psychotropic drugs should bother any rational thinking parents, teachers, and doctors. 2. Unfortunately, if you think the statistics are bad, the side effects are catastrophic.

Through my studies I found that these side effects include decreased appetit, insomnia, anxiousness or fearfulness, irritability, decreased spontaneity, depression, headaches, stomach aches, tics (e. g. , twitches, jerks, blinks, and squints), skin rash, embarrassment, psychosis, and even fatal overdoses. They are also an early training intodrug addiction. Looking then at the risk of abuse potential for stimulants later in life, Fone and Nutt state that “...the oral, rather than the intravenous, route of administration of

methylphenidate limits abuse potential owing to lower bioavailability and increased (first-pass) metabolism" (Leonard).

So the question posed is why parents would and schools want to take the risks of these medications with their children? 3. Studies show that there is no actual diagnosis for ADHD. Fred Baughman, a child neurologist, researcher and staunch critic of ADHD diagnoses, tells Insight, "It is my duty as a doctor to know whether patients have a disease and whether previously rendered diagnoses, such as ADHD, are proven diseases. I have been unable to validate or demonstrate a disease or objective physical abnormality in children said to have ADHD.

Finding no objective physical abnormality, including a chemical one, means they have no disease; they are physically, medically and neurologically normal" (O'Meara, Hyper-Drugging of Active Kids) Fig 1: Percentage of children who did and did not have ADHD and received pharmacy fills for nonstimulant psychotropic medications. All categories of medications between children who did and did not have ADHD were statistically significant ($P < .001$) by χ^2 test. The probability of nonstimulant use by category of neurobehavioral disorder was estimated (Table 3).

Among children of the same category of age, gender, mental health service use, and non-ADHD disorder, children who were identified as having ADHD were more likely to receive TCAs (adjusted OR: 12.4; 95% CI: 7.6-20.3), SSRIs (adjusted OR: 4.3; 95% CI: 2.7-6.9), and α adrenergic agonists (adjusted OR: 32.0; 95% CI: 17.3-59.4) than were children who did not have ADHD. Similarly, children who had internalizing disorders were more likely to receive TCAs (adjusted OR: 25.3; 95% CI: 6.1-104.) and SSRIs

(adjusted OR: 75. 2; 95% CI: 26. 7-211. 7) than were children who did not have internalizing disorders. Children who had tic disorders were more likely to receive [alpha] adrenergic agonists (adjusted OR: 215. 2; 95% CI: 21. 5-2157. 9) [(Guevara)]. Implications of Results After researching the use of the psychotropic drugs in children, it is clear that it is not safe. Parents, counselors, and social workers need to research and come together to find safe alternatives to dealing with their “ active” children.

The studies have proven the dangers of these medications and the guidelines for the ability to prescribe such medications. Conclusion & Recommendations * I would recommend that the Child Advocacy Center and social workers take more time figuring out the real psychological problems of these children and deal with them more through counseling and mentoring. A lot of these children’s problems or neediness comes from unstable homes and busy parents who don’t take the time to spend extra time with their children. These children are just simply reaching out for attention and love.

They act out as a way to get attention not realizing that the attention they are receiving because of it is bad attention. This is not their fault; after all they are just children. It is us parents, teachers, counselors and social workers who must teach them the differences between good attention and bad attention. And them as children should not have to fight, beg, or act out for attention. I would also recommend that the parents get their children more involved in extra-curricular activities so that they can release some the energy naturally and gain confidence.

A change in diet could also work, less sugar and more health foods. I also believe that the parents should spend more time with their children so that

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their children can gain the feeling of self worthiness and respect. One last recommendation I would like to point out is that the courts and higher authority get more involved in such cases and put a limitation to the prescribing of these harmful drugs and to the ages to which they are prescribed. * This study clearly shows how unhealthy it can be to put your child on these psychotropic drugs.

With a little more effort as a society we can raise our children to be national leaders and teach them how to thrive for success. Sedating active children is absolutely not the answer. This study also clearly shows that there needs to be a more legit FDA approved way to diagnose ADHD and to prescribe medications if there is such a disease. With technology today it should be easy for scientists to come up with some sort of brain scan or blood check to determine such cases.

We as adults must take into consideration that these children who are being highly medicated at such young ages, are going to be the children who take care of us as elders. What will the future be to us and to them once they become our doctors, nurses, bankers, etc? What will our future hold for us if we don't fix the problems at hand now and stop drugging our children? We must let them be children and stop sedating them because we are too busy or too lazy to let them be children. Appendix:

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