

Adhd and medication essay



**ASSIGN
BUSTER**

A five year old boy comes home with a note from the teacher stating “ Johnny has been acting up again in class for third time this week. In my professional opinion Johnny has ADHD. Please take him to the pediatrician to get him evaluated. ” That was a scenario that many parents have had as a reality. “ 74% of youth who sought mental health treatment received prescription medications” (National 13). Are our youth being medicated too much because teachers say they are acting up, when it is just normal childhood behavior and needs a little discipline?

In his article “ Twenty Years of Medicating Youth: Are We Better Off? ” Robert Foltz presents information to help explain just that. Foltz talks about how in today’s society, medicating children with ADHD, or Attention Deficit Hyperactivity Disorder, has become a cure-all treatment for this disorder. I tend to agree with Foltz’s viewpoint on this subject. Too many people today are willing to just medicate children to help control them in and out of the classroom instead of taking time to find out what would really help them focus.

The United States is now medicating youth more than any other country” (31). That is the main statement Foltz makes in his article. Today ADHD diagnosis is on the rise, whether from advances in the technology to detect it, or from children having more behavioral disorders. The bottom line is we, as a society, are treating it with medication more now than ever before. Foltz talks about how different types of medication such as stimulant and antipsychotic medications, are used to treat the behaviors.

He is calling for strategies to bring back a more relationship-based treatment for children with ADHD. In 1990, the International Narcotics Control Board (INCB) determined that the United States used approximately 2, 000, 000 grams of Ritalin. In the 2011 INCB data, the US now uses 55, 550, 320 grams. This staggering 25-fold increase constitutes 75% of the world's Ritalin supply" (32). That is a huge spike. So what determines whether a patient gets a stimulant drug to " treat" the disorder? Since expanding the mental health guidelines for youth in the revised edition of the Diagnostic and Statistical Manual, or DSM-IV-TR, there has been a significant increase in children being diagnosed.

The diagnosis is determined by measuring the neurochemistry and neurological functions of the brain. According to Foltz, the DSM-IV-TR has become more complex because of evidence-based strategies, and is quite extensive in diagnosing conditions (32). What used to be " normal" childhood behavior of short attention spans, and being easily distracted by stimulants around them, has now become exact behaviors to justify a " neurodevelopmental" disorder (32). ADHD diagnosis can now be done as young as four years old.

For me, having my four-year-old tested for ADHD, just because he is what one would call a " wild child" is crazy! He is only doing what any normal four-year-old does, and that's running around and playing with what his heart desires and what catches his attention. " Child psychiatry professor Joseph Biederman of Harvard University notes that neuroimaging techniques are not valid tools for diagnosing ADHD, yet it is categorized in the DSM as a

neurodevelopmental disorder” (32). Many children are being prescribed medications like Ritalin, Adderall, and Vyvanse at alarming rates.

However, do these medications truly help in the treatment of ADHD? In a study examining whether or there are benefits to them, they revealed that Ritalin only helps out in the short term. There have been no long-term positive effects with treatment in ADHD. Foltz also stated that educators are very much for medicating children with ADHD. I can understand why teachers would be for medicating children because in the short term, it helps to control the out-of-control behaviors and helps the children focus while in the classroom.

But “ after 20 years of study and treatment of ADHD, medications are still unable to reliably return these youth to ‘ normal’ functioning or improve academic outcomes” (33). Originally, antipsychotic medications were created to help adults with psychosis. Today they are being distributed to children with a wide range of behaviors (33). Twenty years ago, they were reserved for the most dangerous clinical presentation in youth. Now they are commonly distributed in today’s society (33).

Physicians prescribe these medications because of the neurological pathology that children present with. Why would physicians prescribe medications that were previously dispensed only to extreme cases? Have our youth really changed that much in the last twenty years? I believe the tolerance levels of teachers and parents aren’t what they use to be. I also believe that with the advancements in technology, video games, and

different types of TV shows influence children's behaviors. They don't have the down time and outside play time that children of past generations had.

Parents and teachers had more of a one-on-one relationship with children. We spend too much time on computers or watching TV to really have what children need. " When prescribing these medications their main function is to suppress problem behaviors, not treating specific neurochemical abnormality, and are used without sufficient knowledge of the impact on the developing brains, and bodies of these troubled youth" (34). So, like the title of Foltz's article states, " Are We Better Off? " I guess that depends on who is answering the question.

With the higher medication rate one can assume that children are being treated for their disorders, and are being better controlled with the medications they are on. However, according to Whitaker, who analyzed children under the age of 18 receiving Social Security funds for mental health disease, it has done nothing but increase. He summarizes, " Twenty years ago, our society began regularly prescribing psychiatric drugs to children and adolescents, and now one out of every fifteen Americans enters adulthood with a ' serious mental illness'"(34).

In my opinion " better off" would be not having any child have to enter adulthood with any type of " serious mental illness". I am apprehensive that, at some future date, I will be asked to have my child tested for ADHD. In today's society, it seems more and more acceptable to medicate children to gain control. I feel society doesn't want to take the time to help guide our children in the right direction with the right discipline. That is the difference

between today and twenty years ago, discipline has a more laid-back sense of deliverance.

Despite our scientific advancements in identifying “ abnormal” areas of the brain in our “ troubled youth,” the treatment strategies are only focused on the psychotropic medications and are neglecting the use of interpersonal interventions (35). Foltz mentions that medications need to play a more limited role, and treatments need to focus more on relationship-building methods, such as Response Ability Pathways (35). The “ medication mindset” of physicians treating ADHD, overlooks the underlying causes and issues.

Because medicating is an accepted practice, no one thinks twice when it is prescribed for their child for ADHD. As Foltz helps to show, there are other methods to treat the disorder, as opposed to merely suppressing the emotions and behaviors of the children In conclusion, I agree that using medications for short-term treatment may have its advantages. However, they have failed in the long-term in benefits and in safety (33). This point needs emphasizing, because parents, educators, and even physicians believe the medications that are being prescribed are a cure-all for ADHD.

I believe with all the research and advancements in technology, and in the way we understand the human mind, researchers should be able to figure out what is happening to the youth of today and why so many children are being diagnosed with ADHD, and other neurological disorders. I think Foltz is going in the right direction trying in urging providers to bring their practice back to a relationship-based practice rather than a medication-based

practice. Who is really helping diagnose our children? Physicians? Teachers?
Or pharmaceutical companies?