

Sluggish cognitive tempo (sct) overview



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Coming Soon to a Doctor Near You

At the current rate, in 2017, half a million American children will be taken to their doctors and be newly diagnosed with ADHD. Many of them will receive thoughtful and reasonable evaluations and benefit from medication. Another sizable number will be seen by casual clinicians who either bypass the child's real problems or give in to his frustrated parents and teachers. Some of the adolescents will be faking ADHD just to get Adderall for themselves or others. Whatever the actual breakdown, there will be 500, 000 new diagnostic visits, millions of follow-ups, ten of millions of pills, and hundreds of millions in sales. Lots of business for everyone.

Apparently, this market must expand. The same folks who built today's ADHD machine - the same doctors, the same drug companies - are already working on tomorrow's. A new disorder is being buffed and burnished as you read this. Its name: sluggish cognitive tempo, or SCT.

It's kind of like ADHD, but not quite. SCT is a syndrome marked by daydreaming, lethargy, and "slowed thinking or behavior." Some SCT researchers claim that they are simply trying to resolve some long-standing confusion about ADHD. SCT attempts to rename the merely inattentive children who have never quite fit the ADHD construct. They say that as many as three million children have the disorder - half of them already diagnosed with ADHD. Anyone who gets diagnosed with SCT will find help ready and waiting. Eli Lilly has already enlisted Russell Barkley and other doctors to investigate how Strattera would treat SCT, too.

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Most countries have cringed at American's approach to difficult children. They have viewed ADHD's explosion as an American travesty borne of parental impatience and corporate greed. International experts concluded that diagnosing and medicating the most severely hyperactive kids really could be justified. But the criteria for pharmacological intervention were kept far more restrictive. The international community has rejected the APA definitions and instead relied upon what the World Health Organization defines as hyperkinetic syndrome. That diagnosis requires a child to have significant problems in all three of ADHD's symptom groups - hyperactivity, impulsivity, and inattention - and includes other barriers to haphazard diagnosis. When applied appropriately, this definition results in 1 to 2 percent of children being told they have the disorder. Some nations, such as Brazil, France, Italy, and Sweden, remain very conservative toward the diagnosis, and especially the medications in cases anything less than dire. The United Kingdom, the Netherlands, and Germany have been more liberal in accepting the ADHD concept, to the point that some estimates of diagnosis rates in those countries have reached about 5 percent.

As for ADHD drugs, no country has anywhere near the enthusiasm of the United States, which had prescribed more than 90 percent of the world's amphetamine and methylphenidate. But the rest of the world is catching up. From 2000 through 2010, its consumption of ADHD drugs almost doubled. Concerta had geared up its advertising in Europe. Shires has taken a less direct route to growing its offshore market, educating doctors about ADHD itself so that prescriptions follow.

In a medical conference at the National Institute of Health in 2015, Keith Conners spoke at a panel called “ADHD Around the World.” He recounted his decades in the field, from his work with Leon Eisenberg to minimal brain dysfunction to what he now declared were “outrageous rates” of ADHD diagnoses. He warned against the imminent world-wide influence of pharmaceutical companies, and all but apologized from his having worked on their behalf for decades.

Meanwhile, some health officials in Georgia were concerned about how many young children in the state were on ADHD medications. Georgia’s rate, 6.1 percent, was growing, and disturbing. They called the Centers for Disease Control and Prevention, and asked Dr. Susanna Visser, the epidemiologist for ADHD, to run the numbers on four- and five-year-olds. Visser discovered that more than ten thousand toddlers – kids ages two and three, still in diapers – across the United States had been diagnosed as ADHD and put on Adderall, Concerta, and the like. She wrote up a formal report and presented it at a conference on children’s mental health at the Carter Center in Atlanta. The report begged a response from government health agencies to address what was going on here. A few days later, Dr. Tim Insel, director of the National Institute of Mental Health, responded in a blog post, saying that most of the prescriptions for stimulant drugs were not from psychiatrist. Insel was right. Most diagnoses in children are indeed made by pediatricians and family doctors, rather than better-trained and more experienced child psychiatrists, who must receive two extra years of schooling in order to practice. But the United States has only about eight thousand practicing child psychiatrist. It’s

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no wonder that parents prefer seeing someone closer, cheaper, and more familiar with their child: their pediatrician.

Unfortunately, most pediatricians were taught about ADHD and stimulants for only a few hours out of the entire seven years in medical school. Two longtime members of ADHD's horn section, Peter Jensen, and Ned Hallowell, have joined Keith Conners to hold seminars across the nation to teach pediatricians how to diagnose ADHD, and how not to diagnose it.