

# [Should children diagnosed with adhd be given medication to address their symptoms...](https://assignbuster.com/should-children-diagnosed-with-adhd-be-given-medication-to-address-their-symptoms/)

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Should children diagnosed with ADHD be given medication to address their symptoms? Attention-Deficit Hyperactivity Disorder (ADHD) is one of the commonest psychological disorders prevalent in the school-going children. The clinical features present in three different subtypes-predominantly hyperactive-impulsive, predominantly inattentive or combined. Proper diagnosis of the disorder can be made only by correct observation of the symptoms in the child both at home and school. Parents and teachers play a critical role in both evaluation and the improvement of the child suffering from ADHD. After diagnosis, parents have to educate themselves adequately for an enhanced treatment of their child. The treatment options available are a controversial topic when it comes to ADHD management. The drug treatment involves stimulants but is associated with risk factors. Most of the studies support that medications should not be excessively used for ADHD and if used, they should be carefully monitored. The alternative therapies involve natural interventions, dietary control, exercise and supplementary interventions. The ADHD child requires intensive care and attention by both his teachers and parents and any negligence will lead to a rise in the severity of the symptoms. Should children diagnosed with ADHD be given medication to address their symptoms? Attention-Deficit Hyperactivity Disorder (ADHD) is a psychological disorder that is characterized by a long and persistent history of inattentive and hyperactivity pattern in the behavior. These symptoms are observed in various social settings like academic environment or occupational surroundings. Both impulsive or hyperactive and inattentive symptoms can co-exist in a pattern form most of the time but some affected individuals also show one dominant behavior. According to the “ Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition”, three types of ADHD have been mentioned which include predominantly Hyperactive-Impulsive, Predominantly inattentive and Combined. ADHD mostly occurs during the childhood years but clinical presentation in the adults is also not uncommon. Estimates of 2. 5 million children of school age are diagnosed with ADHD in each state of the United States of America. ADHD is associated with a high risk of co-morbidity and 25 percent of the affected children are affected with anxiety and 15-75 ADHD children have co-existent mood disorders (Association for Youth Children and Natural Psychology 2011; Pellow, Solomon & Barnard 2011). The question of whether children diagnosed with ADHD be given medication in order to address their symptoms have been a pressing one for many years. One can never actually know what a family with an ADHD sufferer is going through until we ourselves have to deal with a child diagnosed with ADHD. The diagnosis of ADHD is based solely on the observation of behavioral symptoms and currently no medical or laboratory tests are available for this purpose. Sometimes the child might be labeled as ADHD affected by the teachers if he or she is feeling overwhelmed by the school workload and is reacting in an uncontrollable manner. To reach to a correct diagnosis, it is, therefore, important to consider some basic guidelines. The child must be 6-12 years old, should be present with persistent symptoms for more than 6 months and the symptoms should be present at both home and school (Plotnik & Kouyoumdjian 2011). ADHD is characterized by symptoms of poor concentration, careless mistakes at work or during study and difficulty in completing tasks or maintaining attention towards any task. These symptoms describe the inattentive behavior of ADHD individuals. Hyperactive-impulsive behavior is described as difficulty in controlling anger, excessive activity, running, climbing, fidgeting and excessive movements. Hyperactive children are also observed to be excessively talkative and blurting out answers during the classroom sessions before the questions are completed. Mostly the symptoms are recognized in the educational settings by the teachers. Once the child is thoroughly evaluated, the parents, teachers and the doctor work as a team. Parents have to make adjustments in their parenting styles regarding the ADHD child and have to educate themselves adequately to reduce the symptoms (Association for Youth Children and Natural Psychology 2011). The treatment for ADHD is a controversial topic and debates on the best treatment for ADHD are still under discussion. Drug treatment, Behavioral Treatment, Combined drug and Behavioral treatment and alternative treatment therapies are employed (Plotnik & Kouyoumdjian 2011). The medical treatment used for ADHD children are the stimulant medications. Majority of the children respond positively to this class of drugs but a percentage of children is also present that has a poor response. The other classes of drugs used include non-stimulants and anti-depressants. The stimulant drugs commonly used include methylphenidate (Ritalin) and they act like epinephrine and dopamine. They act by improving the academic performance, attentiveness of the child, improvement in impulsive aggression and social behavior of the child. However, careful monitoring is required. The stimulant drugs prove to be ineffective in some children because of their potentially wide range of side-effects. Stimulant drugs produce both short-term and long-term side effects. The short-term side effects include a rise in the heart rate, loss of appetite, anxiety, mood swings, increased blood pressure, tics and insomnia in many children. On prolonged usage, suppression of growth and severe cardiovascular effects can be produced (Ellison & Semurd-Clikeman 2009; Pellow, Solomon & Barnard et al 2011). According to medical researches, stimulants cause serious problems with cardiac structure causing cardiomyopathies and heart rhythm abnormalities. It has been observed that stimulant drug medication is associated with unexplained sudden deaths in the children. It is explained by the sympathomimetic activity of the stimulants. However, this a rare event and the risk is increased in those children who are already suffering from any cardiac event (Vitiello & Kenneth 2009). Alternative medical therapeutic strategies are being employed for the treatment of ADHD children. This therapeutic technique is focused on managing the causative factors and treats the patient individually. Dietary interventions are crucial as proper nutrition will reduce the hyperactive symptoms and also increase his concentration levels. Meals maintaining low-glycemic index are advised and increased uptake of fruits, vegetables is recommended. Soy, quinoa and beams are helpful in controlling blood sugar levels. Exercise therapy enhances the activity of brain and increases the memory and learning capabilities of the child. Supplementary interventions include essential fatty acids, vitamin B6 and magnesium, iron, zinc, calcium, glycine, L-Theanine, Taurine, GABA, probiotics, melatonin and pycnogenol. These supplementary interventions focus on relaxing the impulsive nature and improving the learning capabilities of the ADHD child. Herbal and homeopathic treatments are also mentioned as alternative therapies for ADHD children (Pellow, Solomon & Barnard 2011). ADHD is primarily a disorder of the children and hence the therapeutic techniques employed should be carefully monitored and assessed throughout the course of the clinical presentation. The use of medical treatment for the children is associated with adverse effects regardless of the notion that a satisfactory ratio shows improvement in symptoms. However, the adverse effects majorly the cardiovascular risk factors are a drawback of drug administration in ADHD. Improvements in symptoms of the children have been observed by monitoring the diet intake, exercise therapies, proper education of the parents and teachers and supplementary interventions. References Association for Youth Children and Natural Psychology. (2011). Overcoming ADHD without medication: A parent and educator's guidebook. Newark, NJ: Newark Psychological and Educational Publications. Ellison, A. T., & Semrud-Clikeman, M. (2009). Child neuropsychology: Assessment and interventions for neurodevelopmental disorders. 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