

THE ADD-ADHD DILEMMA

by LouAnne Johnson

ADD? ADHD?

A student in my "regular" junior English class, Joseph was tall, thin, quiet and very well-mannered, with a string of good's following his name—good attendance, motivation, attitude, cooperation, peer acceptance. But his spelling was atrocious and from his first writing sample I realized that Joseph was severely dyslexic. He did write in his journal along with the class and he struggled to complete a few paragraphs while the other students wrote the two-page essays required of all my juniors. Joseph's writing was difficult to read, but the ideas expressed in his illegible essays were good ones. After working with Joseph for a brief time, I waived the requirement for spelling tests and began quizzing him orally instead of asking him to complete written exams. It was clear to me that Joseph was learning the required material and mastering all of the skills that didn't involve writing.

During the second quarter of that year, I assigned a major project for all my juniors. They were to read a novel (half of the reading to be done in class so I could monitor their progress and make sure they were reading and not simply searching for literary critiques and book reports on the Internet). Upon completion of the reading, they had to develop and write a thesis on the book, and then create some sort of visual to present to the rest of the class along with a brief description of their novel.

Joseph worked harder than any of the other students on the assignment. Often, he spent the entire 50-minute class period reading. But unlike many of the other students, Joseph didn't choose a short novel or an easy one. He read *The Hobbit*. And because he finished ahead of so many of the other students, he read *The Lord of the Rings* as well. I knew he was reading the book because he often stopped before or after class to discuss the books with me (this was in the early 1990s, long before the movie adaptations were made). When I realized we had a mutual love for J.R.R. Tolkien's writing, I had brought in my own set of the trilogy for Joseph to borrow.

When we finished the novel project, the students moved on to short stories. In small groups, they were assigned to read four short stories, compare and evaluate them, design some sort of system or rubric to demonstrate their evaluation criteria, and create a visual for a group presentation to the class. Joseph participated in his group's discussions and he submitted his own painstakingly written literary criticisms. When called upon to present their evaluation, the other students in his group shrank into their seats, so Joseph presented and explained the poster showing how they had evaluated the stories. He was so proud of his efforts and even prouder of the B he earned on his first semester report card.

One afternoon, a week after report cards were issued, Joseph's mother appeared in my doorway after school. I could hear Joseph outside whispering, "Mom, you're embarrassing me." She tried to pull him into the room, but he refused to come.

When I invited Joseph's mother to sit down, she sat in one of the student desks and frowned at me. She demanded to know why her son had received a B in my class. I assumed she was disappointed, as many parents are, that her child hadn't earned an A.

"B is a very good grade," I said. "I wish I had more students like Joseph. He never misses class. He does every assignment. He works very hard. He's intelligent. And he's very likable. He has excellent manners and you deserve the credit for that." She nodded to acknowledge the compliment, but the frown remained.

"How can he earn a B when he can't spell?" she asked.

"I don't give him spelling tests," I said.

"But you teach English. Don't you have to give him spelling tests?"

"I don't know whether I have to or not," I admitted. "I just don't. He can't spell. Making him take a spelling test would be like making a kid with one leg run a race. He can't win. So why make him do it in the first place?"

"Well, I suppose," she said. "But I don't see how he could pass the other assignments."

I described his efforts on the novel project and showed her his journals and essays. I explained that he took his exams orally because he had difficulty writing the required essays and thesis papers. I told her how he had single-handedly made his short story team look good.

"I don't know how he could read a novel," she said. "You know he's ADHD. He's so jumpy, he can't sit still and focus on anything for more than a couple of minutes. He just can't concentrate."

"Well, that's not true in my class," I said. "I have watched him sit here and read for 45 minutes at a time. And sometimes I had to remind him to stop reading because the bell was going to ring."

She sat back and crossed her arms and looked at me, clearly trying to decide whether to believe me. Finally, she smiled.

"Well, he's been refusing to take that medicine. But I just thought he was being a teenager."

As a new teacher in the early 1990's, I had limited knowledge of ADD, ADHD and other acronyms to describe conditions and learning disabilities. After Joseph's mother left, I went to the public library and searched for more information on Attention-Deficit Disorder and learned that it could be present without or without hyperactivity, hence the ADHD. Some kids can't pay attention and some kids can't sit still. *Big news*, I thought, *nothing has changed since I was in school a hundred years ago.*

What I Read

I soon learned that things had changed very much, indeed, since my own school days when aspirin was the strongest stuff the school nurse had in her medicine cabinet. Joseph was the first of many kids who came into my classroom with the ADD/ADHD label hovering over their heads. And, like Joseph, many of those children insisted that there was nothing wrong with them, they didn't need to be medicated—and in my classroom they proved that they could sit down and study, although the effort exhausted some of them. Because so many children defied their labels, I continued my research.

The more I read, the more concerned I became that there was so much ambiguity and so much conflicting information. The diagnosis of ADD/ADHD is very subjective and based on a list of symptoms that all children exhibit at one time or another. At some point, those normal behaviors apparently became abnormal, but nobody could agree at what point. One expert claimed ADD was a mental illness while another asserted that it was the result of a combination of environmental factors. Each resource led to other resources and after a few years, I had gathered a fat file folder stuffed with journal articles, abstracts of research results and links to web sites, support groups, medical doctors, mental health practitioners, scientists, authors and grass roots organizations—all with their own arguments for or against medicating children who struggled to pay attention in school.

During the early 90s, most of the information published about ADD and ADHD concerned diagnosis and medication. In the mid-90s, alarms began sounding from a disparate array of sources who expressed concern (or outrage) over the large numbers of children being diagnosed and questioning the safety of pharmaceuticals such as methylphenidate (Ritalin and Concerta) and amphetamine (Dexedrine and Adderall). The United Nations issued a warning in 1996 concerning the dramatic increase in use and the marketing of methylphenidate. I read documented reports of children having seizures, heart attacks, suicidal or homicidal episodes, depressions, stomach and head aches, stunted growth, sleep problems, uncontrollable tics, rashes and a host of other ailments all attributed to ADD/ADHD medications.

In December 2000, Impact Press published an article by Gemma Hughes entitled "Have You Had Your Ritalin Today?" that hit hard at the heart of the controversy (www.impactpress.com/articles/decjan01/ritalin120101.html). Hughes explained how Ritalin works, quoted The Merrow Report's "A.D.D. A Dubious Diagnosis" that was aired on PBS, and suggested that many kids who are diagnosed as ADHD are actually gifted—a concept that I encountered again and again from teachers and counselors. Hughes cut straight to the heart of the problem, I think, when she expressed her concern that the very people who are called upon to treat disorders are the same ones who officially define those disorders. Ask an orthodontist if a child needs braces.

In 2002, I came across the abstract from a research study conducted by a group of scientists at Brookhaven National Laboratory (NY) entitled "Methylphenidate and cocaine have a similar in vivo potency to block dopamine transporters in the human brain," I was incredulous.

Could this possibly be true? I wondered. *Would we spend incredible amounts of time, energy and money trying to stop people from using cocaine, only to turn around and prescribe something similar to our school children?* As a former military journalist, I knew that in order to find facts, I needed to go to the original source and not rely on other people's presentations of "truth." So I went to the U.S. Drug Enforcement Administration website (www.dea.gov) and did a search for methylphenidate on July 12, 2002. What I read on the DEA website increased my concern. Here's what I read:

"Methylphenidate, a Schedule II substance, has a high potential for abuse and produces the same effects as cocaine or the amphetamines."

I subsequently learned from the DEA site that Schedule II substances are those that have a high potential for addiction or abuse; that the U.S. manufactures and consumes five times more methylphenidate than the rest of the world combined; and that methylphenidate production increased by 600% between 1990 and 2002. Further along in my reading, I came upon the following statements.

"Extensive scientific literature spanning over 30 years of research unequivocally indicates that both methylphenidate and amphetamine have high abuse liabilities. . . they will substitute for each other and for cocaine in a number of paradigms in both animal and human subjects; in clinical studies they produce behavioral, psychological, subjective and reinforcing effects similar to cocaine; chronic high dose administration of either drug in animals produces psychomotor stimulant toxicity including weight loss, stereotypic movements and death."

The evidence began to fall heavily into the "con" side of the ADHD controversy, supporting the claims of the alarmists. Then, I found the May, 16, 2000 Congressional Testimony of Terrance Woodworth, DEA Deputy Director, Office of Diversion Control, before the Committee on Education and the Workforce: Subcommittee on Early Childhood, Youth and Families. After explaining that only two controlled substances are widely used by American doctors to treat young children (methylphenidate commonly known as Ritalin or Concerta and amphetamine marketed as Adderall and Dexedrine), Mr. Woodworth stated, "In 1995, in response to a petition by Children and Adults With Attention Deficit Disorder (CHADD) and the American Academy of Neurology to lower the regulatory controls on methylphenidate, the DEA conducted an extensive review of the use, abuse liability, actual abuse, diversion and trafficking of methylphenidate. The CHADD. petition characterized methylphenidate as a mild stimulant with little abuse potential—this is not what our review found and the petitioners subsequently withdrew their petition."

Mr. Woodworth said that a summary of the DEA data gathered about Ritalin and similar drugs showed:

- studies to determine the long-term effects of these drugs are very limited
- no other country in the world uses these drugs to address childhood behaviors the way we do here in the U.S.
- a number of "questionable practices" have led to the widespread abuse of stimulants prescribed for ADHD, including improper diagnosis, lax handling of the drugs, and lack of adequate information to youth, parents and schools

Further in his testimony, Mr. Woodworth presented statistics and figures about production, distribution and prescription of methylphenidate and amphetamine. Between 1991 and 1999, domestic sales of methylphenidate increased by 500 percent while the sales of amphetamine increased by more than 2000 percent. And 80 percent of the prescriptions for both substances are written for children with ADHD, half of those prescriptions written by pediatricians. The number of methylphenidate prescriptions rose sharply in the early 1990s and leveled off at about 11,000,000 per year for the four years preceding Mr. Woodworth's testimony. Amphetamine prescriptions (primarily Adderall) increased dramatically after 1996 to approximately 6,000,000.

Perhaps the most alarming of many alarming statements in Mr. Woodworth's testimony were these two: "In 1998, IMS [a national prescription auditing firm] estimated that about 40 percent of all prescriptions for ADHD were written for children three to nine years of age and 4,000 methylphenidate prescriptions were written for children two years of age or less. It should be noted that methylphenidate is not approved for use in children under six years of age because safety and efficacy have not been established."

Now, after more than two decades of research, I have become a little cynical (and more than a little frightened about the future of the children who are currently being medicated). So many people with so much to gain seem to be willing to use an entire generation of innocent children as guinea pigs. In 2005, when I read that the government intended to approve the use of growth hormones for children, my first thought was—*Is this approval for the benefit of children or for the benefit of pharmaceutical companies whose products stunt children's growth?*

Shortly thereafter, I heard a television ad that touted Strattera (a brand name for atomoxetine) as the first non-stimulant medication for ADHD. I was excited. I thought that the medical and pharmaceutical industries had finally listened to the millions of parents and children who were frightened by the side effects of methylphenidate and amphetamine. But when I did an Internet search, the first website I visited (strattera.addhelpsite.com) listed the following possible side effects for atomoxetine: upset stomach, vomiting, weight loss, constipation, mood swings, irritability, dizziness and sleep problems. The second site, hosted by Dr. Lawrence Diller, included an article entitled "Strattera: Now Playing Everywhere" in which he criticized the pharmaceutical industry for launching this "new" drug which has been marketed and promoted to doctors for two years in the hopes that the publicity would create a box-office hit. And so on and so on. Sigh.

What I Still Don't Understand

My initial question has been answered: Yes, Americans are giving their children drugs as potentially deadly as cocaine. And now I wonder: *Why?* An after visiting the Center for Disease Control website in June 2010 (www.cdc.gov/ncbddd/adhd), I also wonder:

- Why are boys twice as likely to be diagnosed with ADHD as girls?
- Why is ADHD diagnosis "significantly higher among non-Hispanic, primarily English-speaking, and insured children"?
- Why has diagnosis of ADHD increased 3% during every year from 1997 to 2006?

Possible explanations suggested by various authors, philosophers, teachers, parents and concerned citizens include the following:

Money. Do the math. It's staggering. Statistics vary, depending upon the agency issue them, but there is general agreement that nearly 5 million American children between the ages of five and seventeen have been diagnosed with ADHD. An FDA press announcement* issued in 2007 cites an estimated 1.3 billion spent on ADHD medications in 2004. Given that the rate of diagnosis has risen by 3% every year during the past decade, we can add several million more to the current estimate. That doesn't take into account adult prescriptions or the money spent diagnosing, testing, counseling, and creating individual education plans for children. As a teacher, I can't help but wonder how many of those children would have thrived if those billions had been spent on classroom materials and aides for teaching them instead of on drugs for medicating them. As a citizen, I wonder how that money could have been used for breast cancer research or literacy programs. (*<http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/default.htm>)

More money. Many school districts receive funding for children who are diagnosed with any learning disability or deficiency. And various experts make good money from testing, diagnosing and treating children who are labeled ADD/ADHD.

Guilt. Parents and teachers don't have to feel guilty about not being able to handle difficult children if those children are diagnosed as ADD/ADHD. Parents don't have to feel guilty about not providing a balanced, nutritious diet or ensuring that their children get enough sleep. Teachers don't have to wonder whether they are boring or deficient in leadership and management skills.

Publicity. CHADD, the largest ADD support group, produced a pro-medication videotape that was widely distributed and viewed by teachers—*before* it became public knowledge that CHADD had received over \$800,000 in funding from the pharmaceuticals giant that manufactures Ritalin, Ciba-Geigy (now Novartis). When this potentially biased business deal was exposed, many organizations withdrew their endorsement but nobody sent out a video suggesting alternative treatments. The pharmaceutical ball was already rolling fast.

Ignorance. Many parents are uneducated or miseducated about the drugs various experts recommend for their children. And many parents trust doctors and school personnel above their own instincts, just because those people are “experts.” Sometimes parents are even threatened with legal action if they refuse to administer medications to their children. They don’t know how to fight back, legally.

Convenience. Teachers don't have to spend so much time on classroom management. Administrators don't have to deal with so many unruly students being sent to the office by teachers. Parents don't have to spend as much time meeting and working with school personnel.

Power. Many people believe that children's energy, creativity and imagination must be curtailed for the good of society; they believe the maverick must be tamed. (Fortunately, Einstein's teachers didn't take that approach.) Some school districts resent parental interference and requiring those parents to medicate their troublesome children gives schools the upper hand. Some parents have even been taken to court in order to force them to medicate their children or risk losing them.

Today, I have newer, more difficult questions:

- Is Attention Deficit Disorder the result of brain disorder or is it caused by environmental factors such as improper nutrition, sleep deprivation, food allergies, sensitivity to food dyes and chemical preservatives, outdated teaching methods and overcrowded classrooms?
- Why isn't there as much research into the idea that people diagnosed as ADHD might actually be gifted as there is research into methods of changing people's behavior?
- How can we help children who can't seem to sit still, listen effectively or control their own behavior —without harming them?
- Is medicating so many children really the best we can do?
- Is it even possible to stop the money-making ADHD machine now that it has become so powerful and lucrative?

Why I Still Have Hope

When I began my research back in 1990, I admit I was searching for information to back my own bias against medicating children. As a proponent of natural holistic health practices, I didn't believe any child should be medicated, especially against his or her will. But after a decade of reading, listening, watching and thinking, I have joined the ranks of the perpetual questioners who believe that a very small number of children can benefit from medications. Those children should be monitored closely to make sure that the drugs they are required to take are helping and not hurting them. But I agree with the throngs of doctors, mental health practitioners, scientists, teachers and parents that medicating children should be our very *last* resort—instead of our very first. There is too much evidence that environmental factors are responsible for many of the problems that plague our children to believe otherwise. Researchers have identified food dyes, chemical preservatives, toxic metals, pesticide residues, vitamin and mineral deficiencies as major contributors to brain function and children's behavior. Nutritionists have proved that changing children's diets can cause significant differences in how well—or poorly—children think and behave. Therapists have produced truly amazing and heartening results using biofeedback and neurofeedback. For example, the educational research institution EGG Spectrum International maintains a website that highlights case histories that are impressive and encouraging, although they are actual clinical cases and not large-scale controlled studies (www.eegspectrum.com).

Some states have introduced or passed legislation that prohibits schools from forcing parents to medicate their children. Some, such as Colorado, have passed resolutions that discourage teachers from recommending medical evaluations for ADHD. Citizen groups such as Texans for Safe Education are taking a stand.

I believe that enough people are now aware of the dangers of medicating so many children and interested in finding alternative solutions that we are going to see more safe and effective approaches to helping students focus on learning.

My Two Cents

At an education conference, a teacher approached me. “I know you are anti-medication,” she said, “but I am ADHD and I take meds and they really make me feel better.” My first thought was to reply, “Yes, and cocaine would make you feel better, too.” But I knew she would interpret my answer--as most people would--as flippant or disrespectful when that is far from the truth. I am concerned that so many people have been persuaded to consider powerful drugs as their first option, instead of seriously reconsidering and revising their sleep habits, eating and exercise habits, and the factors in their lives that affect their mental, emotional and spiritual health and happiness.

I asked my fellow teacher if she had visited the Food and Drug Administration website and read the literature about the medications she was taking. She hadn't. She had glanced over the insert in the package the first time she picked up her prescription. I asked her to visit the government website that provides information about side effects and risks:

www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm107918.htm

In February 2007, the FDA issued a press release directing manufacturers of all drug products approved for treatment of ADHD to provide medication guides for patients providing information about risks of adverse psychiatric symptoms and possible cardiovascular risks associated with medications. The medicines that are the focus of the revised labeling and new Patient Medication Guides include the following fifteen products:

- Adderall (mixed salts of a single entity amphetamine product) Tablets
- Adderall XR (mixed salts of a single entity amphetamine product) Extended-Release Capsules
- Concerta (methylphenidate hydrochloride) Extended-Release Tablets
- Daytrana (methylphenidate) Transdermal System
- Desoxyn (methamphetamine HCl) Tablets
- Dexedrine (dextroamphetamine sulfate) Spansule Capsules and Tablets
- Focalin (dexmethylphenidate hydrochloride) Tablets
- Focalin XR (dexmethylphenidate hydrochloride) Extended-Release Capsules
- Metadate CD (methylphenidate hydrochloride) Extended-Release Capsules
- Methylin (methylphenidate hydrochloride) Oral Solution
- Methylin (methylphenidate hydrochloride) Chewable Tablets
- Ritalin (methylphenidate hydrochloride) Tablets
- Ritalin SR (methylphenidate hydrochloride) Sustained-Release Tablets
- Ritalin LA (methylphenidate hydrochloride) Extended-Release Capsules
- Strattera (atomoxetine HCl) Capsules

I did visit the government website. I visited as many as I could find in my search for information. And I found another surprising bit of information when I checked the patient medication guide for methylphenidate, the most commonly prescribed ADHD medication. The list of common side effects didn't surprise me: headache, stomach ache, decreased appetite, nervousness, dizziness, heart palpitations, nausea, insomnia. I had heard about possible serious side effects, too: seizures, stunted growth, vision problems. Under the section labeled “Clinical Pharmacology” was the statement “Ritalin is a mild central nervous system stimulant.” Nothing shocking there.

But the next two paragraphs made me stop and re-read and think. Here's what they said:

“The mode of action in man is not completely understood, but Ritalin presumably activates the brain stem arousal system and cortex to produce its stimulant effect. There is neither specific evidence which clearly establishes the mechanism whereby Ritalin produces its mental and behavior effects in children, nor conclusive evidence regarding how these effects relate to the condition of the central nervous system.”

In other words, they know Ritalin is a stimulant. That’s all they are confident enough to state unequivocally. How does it work? Does it work? If the drug companies don’t know the answers to those basic questions, how can they recommend the use of a medication -- especially for young children? It’s unconscionable at best, unethical at worst.

I should mention here that there is a medication guide at the website listed above for each of the fifteen medications in the list. As new side effects are discovered, those guides will most likely be updated. But the current warnings would be enough to deter me from taking methylphenidate. In addition to the list of side effects including , here’s what the guide says about risks, following the word **WARNINGS** printed in bold capital letters. More bold letters warning of Serious Cardiovascular Events, then:

Children and Adolescents: sudden death has been reported in association with CNS (Central Nervous System) stimulant treatment at usual doses in children and adolescents with structural cardiac abnormalities.

Adults: sudden death, stroke, and myocardial infarction have been reported in adults taking stimulant drugs at usual doses for ADHD...stimulant medications cause a modest increase in average blood pressure and average heart rate, and individuals may have larger increases.

My point isn’t that we should be frightened of medications, but that we should seriously consider other options when sudden death is a possibility since most people aren’t aware of potential heart problems unless those problems have caused some concern in the past. My brother, for example, was an athlete who liked to sleep a lot, or so we thought. It turned out that he had a “leaky valve” that went undetected for years until he reached his mid-twenties and unusual fatigue finally sent him to the doctor. Had he been given ADHD medications, he might very well have become one of the “sudden death” statistics.

The Rest of the Story

Here my Top Twenty Picks—the most thought-provoking, informative and intriguing websites, studies and books I encountered in my search for answers to the ADHD dilemma:

www.borntoexplore.org

Born to Explore! The Other Side of ADD is a good place to start. Teresa Gallagher, an environmental scientist who homeschools her two children, posts information "about creativity, learning styles and giftedness to counter the idea that all those kids labeled with attention deficit disorder actually have something wrong with them." This site has nutritional and scientific information presented in everyday language, links to an array of resources, book reviews, inspirational quotations, articles and essays including one entitled "The Problem with CHADD" that provides one of the more balanced critiques of the organization.

Left-Brained Children in a Right-Brained World (Fireside, 1998) by Jeffrey Freed and Laurie Parsons.

If parents read only one book about ADD/ADHD, I would recommend this one. Freed is a former teacher who now works exclusively with ADD and gifted children as an educational therapist. His perspective is logical, humane and adaptable by parents who want to help their children. Freed is not completely anti-drugs. He believes that a small number of children can benefit from medication, but his focus is on finding other solutions, if possible. He discusses different medications and diets, but as the subtitle of his book implies, he is more concerned with helping parents unlock the potential of their ADD children.

<http://www.feingold.org/adhd.php>

The Feingold Diet was originally designed for people with allergies until people noticed that putting children on the diet reduced or eliminated ADHD behavior. One of the major culprits, according to the Feingold Association is salicylates, a group of chemicals related to aspirin. You don't have to give up sugar or snack foods on this diet, but you do have to read the labels before you buy. The site provides a list of acceptable foods you can find in your local grocery store, from ice cream and cereal to frozen waffles and chips. Success stories are heartening and many parents swear by the diet. (Many people find it difficult to follow the diet consistently, but I believe that even eliminating a few of the worse food culprits will help children.) The website includes scientific research, testimonials, a list of symptoms, materials available, a newsletter, resource links.

www.pbs.org/wgbh/pages/frontline/shows/medicating/

Direct link to the PBS Frontline documentary "*Medicating Kids: a report on parents, educators and doctors trying to make sense of a mysterious and controversial medical diagnosis: adhd.*" The program interviewed children on medication, their parents, teachers, and experts with vastly diverging opinions. This was the program that publicized the connection between CHADD and the pharmaceutical corporation that funded the group's pro-Ritalin videotape. As of June 2011, the entire program can be viewed online in five separate chapters. There is also a follow-up posted about the four children and their families who were the subjects of the documentary.

www.addgroup.org

The ADD Action Group is a non-profit organization (with IRS 501c status) that helps people find alternative solutions for Attention Deficit Disorder, Learning Differences, Dyslexia and Autism. Their website offers some things that others don't, such as a 26-page catalog of video and audio tapes. The FAQ section is helpful and there is a good list of recommended articles and books.

www.drgreene.com/21_621.html

Hosted by Dr. Alan Greene, this website provides a wealth of good information and a list of research studies linking sleep deprivation and ADD. Greene is on the Clinical Faculty at Stanford University and President of Hi-Ethics (Health Internet Ethics). In addition to information about ADHD, the website contains a long list of related articles about childhood health concerns, from acne to wheezing.

An excerpt from the website: "We know, based on common sense, that inadequate sleep makes kids more moody, more impulsive, and less able to concentrate. . . .Recent research has verified that chronic poor sleep results in daytime tiredness, difficulties with focused attention, low threshold to express negative emotion (irritability and easy frustration), and difficulty modulating impulses and emotions (*Seminars in Pediatric Neurology*, Mar 1996). These are the same symptoms that can earn kids the diagnosis of attention deficit hyperactivity."

www.ncbi.nlm.nih.gov

For people who want to stay informed about the latest biotechnology, the National Center for Biotechnology Information, The National Institutes of Health and the National Library of Medicine can all be accessed via this free website—no registration or fee required.

www.policyreview.org/apr99/eberstadt_print.html

Information and entertainment combined. This is a link to *Policy Review's* excellent article (20 pages) by Mary Eberstadt "Why Ritalin Rules" that details the rise of Ritalin and the backlash against it. Very readable account with a lot of interesting side notes and addendum, such as the test scores of a variety of people who took an ADD questionnaire—the quiz is reproduced so you can see how you would score.

www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=PubMed&cmd=Retrieve&list_uids=12685515&dopt=Abstract

This link goes directly to the PubMed (a service of the National Library of Medicine) citation for a journal article published by three New York researchers in March 2003. The abstract for "*Nutrition in the treatment of attention-deficit hyperactivity disorder: a neglected but important aspect*" reads, in part:

"Attention-deficit hyperactivity disorder (ADHD) is multidetermined and complex, requiring a multifaceted treatment approach. Nutritional management is one aspect that has been relatively neglected to date. Nutritional factors such as food additives, refined sugars, food sensitivities/allergies, and fatty acid deficiencies have all been linked to ADHD. There is increasing evidence that many children with behavioral problems are sensitive to one or more food components that can negatively impact their behavior. Individual response is an important factor for determining the proper approach in treating children with ADHD. "

www.thebook.com/livewell/info_add.htm

Recommended readings, assistance in finding a physician who will help with natural alternatives, information about food and environmental sensitivities, yeast, the effect of specific vitamins and supplements, and prescription medication side effects.

www.thomasarmstrong.com

Dr. Thomas Armstrong is the author of several books, including *The Myth of the A.D.D. Child: 50 Ways to Improve Your Child's Behavior and Attention Span without Drugs, Labels, or Coercion*. I was impressed with his argument that the current diagnoses are too often simplistic and negative. Many of his articles are available free on his website. His latest book, as this one goes to print, is titled *Neurodiversity: Discovering the Extraordinary Gifts of Autism, ADHD, Dyslexia, and Other Brain Differences*.

www.docdiller.com

Website of the Columbia University-educated physician Lawrence Diller, author of *Running on Ritalin* and *Should I Medicate My Child?* who now practices in California. If you check the Amazon.com reviews of *Running on Ritalin*, you'll find that most parents applaud this doctor who asked the same hard questions they were asking themselves about the medications they were giving their children. Although Dr. Diller believes stimulants are over-prescribed, he is not anti-drug. An intelligent look at the ADHD situation in America. Also, on his website, he offers phone consultations.

www.blockcenter.com

Website hosted by Dr. Mary Ann Block, author of *No More Ritalin* (Kensington Books, 1996). Block is a licensed osteopathic physician who entered medical school in a desperate attempt to learn how to help her own sick child when traditional treatments failed. Her method is based on the belief that treating the symptoms won't cure the problem. She focuses on underlying causes of ADD/ADHD such as hypoglycemia, allergies, environmental factors and hyperthyroidism. She provides actual case histories, provides dietary guidelines, gives a good list of resources and explains how to enhance the learning process. Block has developed a series of programs and materials people can purchase for in-home use. She also provides a bibliography of scientific research on ADD/ADHD.

www.methylphenidate.net

I included this link because it takes you to the website *Death from Ritalin*. The name seems a little melodramatic until you learn that it was created by a couple whose young son died after taking Ritalin. They include the date of death, the doctor's name, and this statement from their son's death certificate: "Death caused from Long Term Use of Methylphenidate, (Ritalin)." They list a number of important items of information that they believe are being withheld from parents who must decide whether to medicate their children. Worth a quick read, at least.

www.breggin.com

Dr. Peter R. Breggin, author of *Talking Back to Ritalin* (1998) is one of the most outspoken, well-educated and articulate opponents to the use of Ritalin and other stimulants for ADD/ADHD. Breggin has been practicing psychiatrist for over thirty years (his subspecialty is clinical psychopharmacology) and has written dozens of scientific articles and professional books, many dealing with psychiatric medication, the FDA and drug approval process, the evaluation of clinical trials. Breggin founded The International Center for the Study of Psychiatry and Psychology (ICSPP) in 1972 as a nonprofit research and educational network. The Center is concerned with the impact of mental health theory and practices upon individual well-being, personal freedom, and family and community values.

Dr. Breggin's background includes Harvard College, Case Western Reserve Medical School, a teaching fellowship at Harvard Medical School, a two-year staff appointment to the National Institute of Mental Health (NIMH), and a faculty appointment to the Johns Hopkins University Department of Counseling.

This website, titled What Your Doctor May Not Know, Psychiatric Drug Facts, has an extensive array of well-documented information about neuroleptics, stimulant side effects, jury verdicts in cases involving pharmacology, Congressional investigations into Ritalin and ADHD, etc. Unlike many web site hosts, Dr. Breggin provides the address and phone number of his office in Ithaca, New York where he still practices.

<http://www.cdc.gov/ncbddd/adhd/>

Check the Center for Disease Control website for the latest statistics about how many children have been diagnosed with ADD/ADHD and how many are currently on medications.