Ritalin 2 Essay, Research Paper

Is Ritalin being over prescribed to control “behavior” problems in young children? Ritalin use has dramatically increased since first appearing on the market in 1980. According to Dr. Richard Bromfield (from the American Council on Science and Health), there has been a Five-fold jump in Ritalin production in the past five years. This clearly suggests that Ritalin is being over-prescribed.

How many college students get restless and bored when certain teachers drone on and on in their lectures? Lets face it some people can not present the work in an interesting enough way to keep our attention. Are we all stricken with ADD? The fact that there is no physical evidence to diagnose this “brain disease” remains the biggest factor for over diagnosing ADHD thus over-prescribing Ritalin follows. The first diagnosis comes from the child’s’ teacher who uses a checklists of symptoms to determine ADHD. This diagnosis comes from an elementary teacher with no credentials in psychology or pertinent training in diagnosing a brain disorder. A list of symptoms may determine the fate of your child. A psychiatrist from Maryland, Peter R. Breggin M.D. in a letter to The New York Times charges that the stimulant Ritalin treats the needs of health professionals, parents and teacher and not the needs of the children.

The National Attention Deficit Disorder Association lists three guidelines for diagnosis of ADD. (1) Are sufficient number of ADHD symptoms occurring pervasively and causing impairments at the present time in the person life, (2) Have the symptoms been present since childhood; (3) Is there any alternative explanation for the presence of these ADHD symptoms? Despite these guidelines, Doctors prescribe Ritalin after one visit with a child usually spending no more then 5-15 minutes with the child and parent. The Doctor relies on the teacher’s evaluation and the evaluation sent by the school. The doctor will ask the parent a few questions and then a prescription for Ritalin will “solve” the problem.

This brings us to the myth that if the child responds to Ritalin in a positive manner, then the diagnosis must be correct. This is not a valid indication of the presence of ADHD. Stimulant medications work with the same response with or without a disorder present. According to the authors of Beyond Ritalin stimulants can work for anyone, and are not a valid diagnostic device. The myth that ADHD children react different to stimulant then “normal” children is false. Research has shown that when “normal” children were given stimulants they behaved the same as ADHD children. They sat placidly and concentrated on the task at hand.

Recent research from Eastern Virginia Medical School raised concerns about the frequency with which children are diagnosed with ADHD and the percentage taking stimulant medications. Two cities were chosen for comparison. City A, was a small, poor, urban community with a large black population of 5,767 students in grades two through five. City B was larger more affluent city with the majority of the 23,967 students white in grades two through five.

Their findings showed that both cities had the same proportion of students taking medication. Eight and ten percent perceptively and this is about three times the national average. However, the number of children diagnosed was much higher, 12 and 15 percent with the national average between two and five percent.

Boys were much more likely to be taking medicine, three times more often than girls were. White males were taking medicine twice as often as black males.

The disparity between local and national averages led the researchers to believe that whether or not a child is diagnosed with ADHD may depend more on where the child lives then a clear set of clinical guidelines. This factor also determines the use of prescribed stimulants.

Dr. Jerry Wiener from the American Council on Science and Health defends the current use of Ritalin for treating ADHD. He emphasizes that the disorder truly exists. Wiener compares multiple sclerosis as an analogy with ADHD. According To Wiener, both are distinct diseases, but no laboratory tests exist for diagnosing them and we do not know what causes them. This is a false analogy as tests do determine physical evidence in people with MS. Although it is hard to diagnose the inflammation in the early stages blood test can determine MS. MS is caused by inflammation, which destroys the myelin sheath in the central nervous system. The reason for the inflammation has not been positively determined. MRI s are used to determine whether there is scarring or lesions. Wiener believes we should be more concerned about under diagnosis of ADHD. Up to 30 percent of children with ADHD may not be receiving treatment for lack of proper diagnosis according to Wiener.

I would agree with Peter R. Breggin, M.D. that children are being treated for the sake of the teachers, schools, parents or other authority figures. Maybe we should be looking for alternative way to handle disruptive behavior in the classroom. Increasing Ritalin use only solves the immediate problem and does not address the reason for the problem. Are these children neglected ignored or is there psychological factors present that are being missed. I do not believe that writing a prescription solves the ADHD problem.

I have actively worked with boys in cub scouting. My twelve years of volunteer work with six to twelve years olds was very enlightening. On average, each den had two to three boys on Ritalin for ADHD. These boys’s were sometimes disruptive at meeting. Of course sometimes other “normal” boys were equally disruptive. One factor that guaranteed cooperation amongst all of the boys was the project we were doing that week. If the project was interesting and they were allowed hands on work all boys were very well behaved. Another factor that seemed to play an important role was that the other den leader was male. The boys were quicker to listen and behave with a male role model present. I also participated in summer camp with some of these same boys. We encouraged parents to go each year. The parents that participated were not the parents that had children with ADHD. These children’s’ parents worked and could never find time to go. The fact is everyone involved held full time jobs. Of course, none of these ADHD children was on Ritalin during the summer months either. We also did a pal and me weekend camp that a cub and an adult could spend the weekend at camp. Sadly, none of these parents of ADHD took advantage of this weekend camp either.

Ritalin only makes the teachers’ job easier. The problem in school might just be a personality clash. Let us look for family problems. Effective parenting classes might also be an option. The over use of Ritalin is a national epidemic that needs to be reined in. Let us listen to the children and address the real problems. Just maybe our fast paced equal gender world is neglecting the children. Spending time and attention with the children might solve the over use of Ritalin. Calming the children with Ritalin is not the answer.