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WHY ATTENTION DEFICIT DISORDER SHOULDN'T GET ALL THE BLAME

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Recently I was part of a panel, sponsored by the National Institutes of Health, on the topic of attention deficit hyperactivity disorder -- or ADHD, as it's known. Our job was to spend months reviewing all available literature on ADHD, then listen to 30 experts discuss the topic, and finally come up with a consensus statement.

We on the panel duly completed our tasks, and presented our findings to a press conference. It was there a reporter asked me this simple question: How do pediatricians make the diagnosis?. I tried to answer honestly, but stumbled over my words and ended up blurting out, "The truth is that the diagnosis of ADHD is a mess."

Nine months of reading, three days of expert presentations, 16 years of practicing and teaching pediatrics, and the best I can say is that the diagnosis of ADHD is a mess?

I know there is a real disease hiding under the confusion. I have patients who have it, and I have seen its effects. But the disease itself is hard to measure. There's no clear cause, and nothing unequivocal -- like a blood test or CAT scan finding -- to determine when someone has it.

So we are left with a disease that is defined only by behavior. And the qualities that define it -- inattention, hyperactivity, and poor impulse control -- are present to some degree in virtually all children. Indeed, those qualities are also a common reaction to many different kinds of stress.

The official guidelines for diagnosing ADHD have a number of qualifications built in: The inattention and impulsivity has to be present for at least six months; it has to be to a degree that is developmentally inappropriate; it has to start before the age of 7. It also has to be seriously impairing the child's life in at least two out of three spheres (home, school, peer relationships).

But in the real world these qualifiers are often ignored or glossed

over. Instead, the most common reason for the diagnosis of ADHD is having one or more adults who want the child in question to have the diagnosis. There are schools where 40 percent of the children are deemed to have ADHD.

Sometimes adults have good motives for wanting their child to be diagnosed with ADHD. They truly believe their child is suffering from an inability to learn or fit in, and without treatment will suffer peer rejection or academic failure. But it is important to remember that these children come to attention because they are in conflict with adults, and that the diagnosis of ADHD offers an explanation that absolves parents and teachers of having any responsibility for the conflict.

When the child's behavior gets better with medication, it is taken as further proof that the source of the conflict was a treatable disease. Parental difficulties, poverty, neglect or abuse, overcrowded schools or poorly trained teachers turn out, it seems, to have nothing to do with the child's problem.

There's another group of parents who believe that their child has "a touch" of ADHD, and that it explains why that child has gotten C's and B's instead of B's and A's, or was involved in minor delinquency. There is nothing that can't be explained on the basis of inattention and poor impulse control.

On top of that, a diagnosis of ADHD now makes the child eligible for extra educational services, the right to less demanding courses, and extra time to complete tests.

While everybody worries about the dangers of Ritalin and amphetamines, our conclusion at the conference is that they've been used for many years and seem to be remarkably safe as they are being used, although it would not be surprising if there was some downside that can't yet be seen.

Indeed, the problem may be that the medicines work too well.

If you take a child who doesn't have ADHD but acts out in class, and treat him with Ritalin, he will stop acting out in class. If you take someone who doesn't have ADHD but has trouble settling down to do his homework and give him a little Ritalin, he will settle down and do his homework. If a child is having trouble concentrating because he was drunk the night before, Ritalin will help him focus.

Not only is ADHD an explanation that works well for for almost any difficulty a child might have, its "cure" -- Ritalin -- can often change the undesired behavior, whatever its cause. It takes more and more effort for a school, or a parent, or a pediatrician to look for a

cause other than ADHD for behavioral problems of children, but it's an effort worth making.

"Mess," I blurted out, and a mess it is -- one that tells us more about ourselves than we want to know. There are too many adults who have too many reasons for wanting too many children who are normal to have this disease.

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