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ADHD Questions & Answers Based on Conversation on Tuesday 26th July 2005

George HALASZ

Ross:

Each year thousands of Australian children are prescribed powerful drugs to control their mood and behaviour. Lots of questions are being asked about the safety of these drugs and if children really need them. Melbourne child psychiatrist and ADHD expert Dr George Halasz explains some of these concerns. He suggests that in Australia we have a 'manufactured epidemic' of ADHD. We ask him what this means and how serious the problem is in Australia.

Ross: what is the manufactured epidemic of ADHD?

Dr Halasz:

The term 'manufactured epidemic' refers to the very large increase in the number of children who have been prescribed medication for ADHD since the mid 1990's. For over sixty years medications has been used to control children's disruptive behaviour but this has always been at a relatively low level. Children's behaviour problems do sometimes need medication as part of their treatment. However, since the mid 90's thousands of children have been medicated for ADHD when they have other conditions. The term 'manufactured epidemic' refers to this increasing number of children who have received a label of ADHD and medicated with drugs when they have other conditions.

Ross: How do children get a wrong ADHD diagnosis?

Dr H: It is simple for children to receive ADHD as a wrong diagnosis since so many conditions can mimic the symptoms of ADHD. ADHD is not an 'illness' but a 'symptom'. Like fever is a symptom of many different causes, so ADHD refers to a group of symptoms with many different causes.

For example, when a parent is told by school that their child is behaving in a dangerous way, aggressive and uncontrollable, that the child risks being suspended unless the parents do something, parents are naturally

alarmed. Parents naturally want something done quickly; they are desperate for a solution. So parents ask the doctor to 'do something.'

Under pressure, if the doctor has not received adequate training, the first impulse will be to prescribe medication as a 'quick fix'. This is poor medicine. This may also be risky medicine. This risk is a serious matter now that the FDA, the American watchdog on safety of medicines has reported in July 2005 that they are planning to review the label warnings on ADHD drugs to alert people of the newly found associations of possible serious side effects.

Ross: What are these side effects?

These include possible hallucination, suicidal tendencies and links to possible heart conditions in some cases.

Ross: So this is an urgent matter?

Dr H: Yes, it is urgent. If children in schools who have behaviour problems like misbehaviour, aggression, uncontrolled anger, physical and verbal violence and the like are labelled ADHD after a 'snap assessment', it may not be the correct diagnosis yet they are still prescribed ADHD medication.

Ross: Why is assessment so important in ADHD?

Dr H: There are three reasons why a proper assessment is so important. First, there is no blood test; second, there is no X-ray; third there is no brain scan to diagnose ADHD.

Furthermore, there is a popular myth that if a child functions better after taking ADHD medication, that improvement is proof that the child has ADHD. In fact most people 'function' better in terms of concentration and attention focus after taking ADHD medication. That is called 'performance enhancement' and is not necessarily a treatment. Also a range of childhood conditions can mimic ADHD to produce very similar behaviour problems.

Ross: What other conditions look like ADHD?

Dr H: These conditions include everyday situations. A child may react to different stresses triggered by family life events such as an illness, seeing an accident or having a pet run over. Some children react to these

stressful life events with worry and panic. If this is not recognised and the child becomes agitated and stressed he or she may not be able to sleep. If this persists, they are prone to develop sleep deprivation which can result in almost identical symptoms to ADHD. Or they develop post-traumatic stress disorder (PTSD), or abnormal grief reactions to the losses. These conditions all produce symptoms like ADHD.

Ross: At what age can children have these other problems?

Dr H: Children even under 5 years may certainly exhibit such problems with behaviour problems that look like ADHD. So a proper assessment is absolutely essential to make the correct diagnosis.

Ross: Should a parent and child be told about ADHD treatment?

Dr H: A parent of a child who is diagnosed with ADHD and given medication should always be advised on how long to take the medication. If medication is prescribed it should always part of a general treatment program that includes behaviour modification, family support and/or education as part of the program.

Ross: So it is most important for parents to know what ADHD is and what it is not. To assist parents and professionals to understand what ADHD means, Dr George Halasz has produced a short 18-minute video that explains what ADHD is, and what it is not.

Parents who wish to find out more information about the subject of ADHD and why this is such a commonly misunderstood and wrongly diagnosed condition of childhood can log onto www.reflection2020.com