

Beware of jumping to ADHD conclusions



A student at the Center for Attention and Related Disorders (C.A.R.D.) camp makes his way through the forest after making plaster casts of animal tracks at the Great Hollow Wilderness School July 29, 2003 in New Fairfield, Connecticut. The four-week camp boasted one instructor for every two campers and provides the structure, discipline, and social order necessary for children who suffer from Attention Deficit Hyperactivity and similar disorders.

There is no test for ADHD. It is based on observation, by its nature subjective. The scope for error and the human tendency to look for a quick fix suggest extreme care is needed before diagnosis.

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It is too soon to pronounce attention deficit hyperactivity disorder a false epidemic, but extra caution is in order when labelling and medicating a child, in light of research from the United States that shows as many as 20 per cent of diagnoses may be seriously flawed.

Every parent, teacher and pediatrician in Canada should be aware of the research. The youngest children in their kindergarten classes are heavily overrepresented among those diagnosed with ADHD. This results in the heavy overprescribing of psychiatric drugs such as Ritalin (more than two million prescriptions were filled at Canadian drugstores in 2007), with potentially harmful long-term effects, including high blood pressure and stunted growth – not to mention wasting time and money on a useless intervention, instead of doing something that might help a child.

The effect of being in the youngest group in a class is stunning. In states where children are allowed to enroll in kindergarten if they turn five by the end of November, 6.8 per cent of the November babies were diagnosed with ADHD; just 1.9 per cent of those born in the previous December received the diagnosis, according to Todd Elder, an economist at Michigan State University, who used data from a longitudinal study of nearly 19,000 pupils, overseen by the U.S. National Center for Education Statistics. Years later, in Grade 8, the youngest children are nearly twice as likely as the older ones to be taking stimulants for ADHD.

This is the flip side of the research findings popularized by author Malcolm Gladwell in his book *Outliers*: that children born in the first three months of the year are more likely to succeed on sports teams because they are wrongly seen to be better athletes than their younger peers, and are given more playing and practice time and attention.

It would be a sad irony if thousands of Canadian children are being wrongly diagnosed with a serious behavioural disorder, even as many others go undiagnosed and untreated by our overburdened children's mental health system.

There is no test for ADHD. It is based on observation, by its nature subjective. Most children, especially young ones, have times when they can't sit still. Those who truly have the condition may show poor judgment, lack social skills or face rejection from their peers. Parents, teachers and the children themselves need training to deal with these deficits.

The scope for error and the human tendency to look for a quick fix suggest extreme care is needed before doctors diagnose attention deficit disorders.