

Top Ten Reasons Parents Don't Want to Put their Children on Medication for ADHD, and Ten Reasons They Should Consider Doing So

Written by Melvin Oatis, M.D., Assistant Professor of Clinical Psychiatry, Tisch Hospital, these are comments he hears frequently from parents of children with attention-deficit/hyperactivity disorder.

Reason #10

"I don't believe in medication. I only want to do things holistically—I don't want to give my child a substance."

Dr. Oatis: Not believing in medication is almost like an ideology or a religion to some parents. Upon exploring this belief with parents, I usually find out that they're already giving their child vitamins or other supplements that they believe are beneficial. These may be products or substances that claim to be "natural, or organic, or derived from a plant extract" that the parents are finding in infomercials like Focus Factor, Kidease and other products that are not regulated by the FDA (Federal Drug Administration). The agents that you will obtain from your doctor are stimulant and non-stimulants that have been regulated by the FDA, and have shown to be effective in treating the symptoms of ADHD.

Reason #9

"My kid is either past puberty or my kid hasn't quite reached puberty, and I'm concerned about his development."

Dr. Oatis: Well, that's certainly a normal concern, because we're all concerned about our children's normal development. Another way to think about it is: If your child has ADHD and the symptoms are not treated, then these symptoms are going to have an impact upon their normal developmental trajectory—and by that I mean if we intervene in areas where children have problems, they are able to learn the necessary skills at an earlier age without developing other problems or thinking less of their own abilities. The medical community has been using stimulants since the 1950's and has shown that they are a safe and effective method of treating attention difficulties, and clinical trials with these medications are still underway.

Reason #8

"I don't want my child to be drugged; I don't want him to be dopey or be like a zombie—or the parent or child may think that taking medication proves that he's crazy."

Dr. Oatis: Medication has a great potential to help the problem; if your child has diabetes you'd give him insulin, if he has a problem with vision you would have no issue with obtaining eyeglasses; if he has a problem with executive functioning, like his attention span, and if there's something that can help him, why not give him the medication? Many children with ADHD may already think differently about themselves, and with some assistance they are able to see just how competent and capable they can be. If side effects occur in the context of medical treatment, these can be addressed by the physician.

Reason #7

"I don't want the school to know about medication, or I don't want my child to be labeled."

Dr. Oatis: Some parents fear that if their child has a diagnosis of ADHD somehow that label is going to stick with her throughout the school year and it is the only thing the school will see; the teacher is going to look at her differently; she's going to have a stigma, that something's going to be labeled as wrong; and she'll never reach her full potential. There may be individuals at some schools who may have a bias, however, it is usually the opposite. I have found that if the school knows that the child has ADHD appropriate accommodations can be made, for example, extended time for testing or making sure that she gets notes that she needs, and that she remembers to copy all of her assignments. Sometimes it's very useful to involve the school in the process of helping the child.

Reason #6

"My kid isn't hyperactive; he may be ADD, but he's not ADHD."

Dr. Oatis: That's reflective of a change throughout the years with the nomenclature. By consensus we use the DSM-IV (Diagnostic and Statistical Manual), there are three subtypes of ADHD; there's ADHD combined subtype, which is comprised of hyperactivity, impulsivity, and inattention. There's another subtype where the child is just inattentive, which is probably what many parents are alluding to when they say that their child is not hyperactive—and then there's a subset where they're hyperactive and impulsive. Medically, all three subtypes of ADHD respond to treatment with the same types of medication.

Reason #5

"The school just wants my kid to be perfect. They can't tolerate any imperfection in the child; they want him to sit up like an automaton. This is just a disorder that's manufactured by the school."

Dr. Oatis: The school is a place where children have to learn, and if a child is hyperactive he not only makes it difficult for himself to learn, it's also difficult for the rest

of the class to learn. So sometimes we may get a request directly from the teachers, or the teachers may be the first to make it apparent to the parents that the child may need to have some sort of intervention. This doesn't mean that the teachers say the child has to be medicated, but they may be telling the parents that they need to do something. Sometimes we have parents who say we're just doing this because the school wanted us to, but in the process they actually learn something about themselves and about their child.

Reason #4

"I don't want my child to be on medication when we're not around."

Dr. Oatis: Parents may be uncomfortable initiating medication with their child and sending them off to school without knowing the effects upon their behavior. In this case we can allay the parents concerns, by starting the medication on the weekend when parents are home to observe the effects before sending their child to school on a Monday. The side effects a child may experience initially are typically transient and often go away in a matter of days to weeks. Some parents say they don't want to give medication on a weekend, because their child is not in school. But it's important for parents to know that we often have to give the medication outside of school as well, because ADHD symptoms extend beyond the classroom. In order to establish the diagnosis the symptoms have to be apparent not only in school, but in two or more settings. So by definition the child with ADHD shows the difficulty in more than one place, and may need medication beyond the school setting.

Reason #3

"The medication will damage my child's body and there will be side effects."

Dr. Oatis: We remind parents that there are side effects with every medication— aspirin, Tylenol, multivitamins. Anything can have a side effect; so ADHD medication, both stimulant medications and non-stimulant medications, have potential side effects, but they're usually manageable. Some children have headaches or stomachaches when they start the medication, but they resolve in time. Some children may have a decreased appetite, which is common. For some children, sleep is affected, so we try to make sure we give the medication early enough in the day to minimize the possibility of interfering with their sleep. Another concern has been about growth, and some recent research literature says that if there is an effect on growth, the usual effect on height is less than an inch, so that isn't a major concern.

Reason #2

"My neighbor's child went on medication and didn't get better—she got worse."

Dr. Oatis: We ask parents: Do you know what your neighbor's child's diagnosis is? Do you know the doctor? Do you know what medication they've been given? You really don't know all the specifics, and your neighbor's child may not have ADHD, or she may

have some other things that are going on as well, so you can't judge your child's treatment response by your neighbor, your cousin, or even by yourself for that matter. Sometimes they may have an answer to all the above questions and still present with concerns, thus psycho-education about the benefits and side effects of the medication is essential before starting them.

Reason #1

"I don't want the child to take any drugs; I want the child in therapy; therapy is going to cure him."

Dr. Oatis: Well, there's certainly nothing wrong with therapy, and in fact, for children with ADHD a combination of treatments is often superior to medication alone. So when we do give medication we also talk about behavior modification as a means to help change the child's behavior at home and school, in an effort maximize the patient's academic productivity and overall functioning at home. Thus, having a child in therapy does not exclude them from also obtaining benefit from medication.