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Peter R. Breggin, MD Websites

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Dr. Peter Breggin's Professional Website
Dr. Breggin's professional website including his books, scientific papers, CV and bibliography and extensive free resources

Center for the Study of Empathic Therapy
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Official public figure Facebook page for Dr. Breggin

ADHD Issues for Children, Families and Society

The Diagnosing and Drugging "ADHD" Children—An American Tragedy

by Peter R. Breggin, MD, Psychiatrist, Private Practice, Ithaca, New York, Director, the Center for the Study of Empathic Therapy, Education and Living

The diagnosing of millions of children with ADHD in order to medicate them with stimulants and other psychoactive chemicals is an American tragedy, growing into a worldwide catastrophe. Never before in history has a society attempted to deal with its children by drugging a significant portion of them into conformity while failing to meet their needs in the home, school and society. The ethical scientist or physician, the concerned parent or teacher, must feel stricken with grief and dumbfounded that we have allowed the interests of powerful advocacy groups to completely override the interests of our children.

To make matters worse, on October 16, 2011 the American Academy of Pediatrics overrode the FDA and recommended that children as young as age four be diagnosed with ADHD and given the stimulant methylphenidate (e.g., Ritalin, Metadate, Focalin, Daytrana and Concerta). The scientific literature actually shows that 50% or more of children this young when give Ritalin, Focalin, Dexedrine, Adderall and other stimulants will become obviously depressed, lethargic, weepy--but more manageable. Moreover, it's been proven time and again that the stimulants stunt their growth. In addition studies show that stimulants will permanently change their brain chemistry, cause shrinkage of brain tissue, predispose children to cocaine addiction in young adulthood, stigmatize them with a false diagnosis, and push them toward becoming permanent consumers of psychiatric drugs.

This endorsement of drugging younger children by the American Academy of Pediatrics is an outrage. While focusing on ADHD and stimulants, the endorsement will open the door to every other psychiatric drug. Those weepy children who are having adverse reactions to stimulants will have an antidepressant added to their daily drug dose. When some of them become overstimulated, sedatives will be added to the regimen. When some of them develop drug-induced hallucinations and delusions, or mania, mood stabilizers and antipsychotics will be added. These new guidelines will encourage prescribers to throw caution to the wind with toddlers, opening a Pandora's box of drug intervention for children. Many young children will have their brains bathed with powerful and often toxic chemicals in the early years of their central nervous system development.

The scientific issues are simple enough. First, ADHD is not a valid medical syndrome. Its three main criteria—hyperactivity, impulsivity and inattention—could never be a valid syndrome. These criteria represent a superficial assessment of external behaviors that tend to disrupt classrooms or require attention at home. The causes of these behaviors are infinite—from boring classrooms and overstressed teachers to chaotic homes and overstressed parents, from children who lack discipline to children with admirable exuberance. Most children who display these behaviors will respond to an educational or home setting where a proper mixture of discipline and nurturing is provided. Others more rarely need special attention to their physical needs because they are malnourished, suffer from head injuries (growing in number from sports concussions), or struggling with a physical illness such as diabetes. Still others are the victims of abuse at home or in school (including the growing problem of bullying). But the vast majority of these children are absolutely normal. All they need is improved adult attention at home and in school.

Second, stimulant drugs simple crush spontaneous behavior. Innumerable scientific studies demonstrate without question that stimulants reduce the self-generated, autonomous behavior of animals and children alike. They also enforce obsessive behavior. The result is a more self-contained and less troublesome child, but the cost is a suppression of the child.

But the potential cost is even greater, since these drugs suppress brain function, cause lasting biochemical imbalances, at times produce atrophy of the brain, and predispose the child to cocaine addiction later in life—all clearly demonstrable in scientific studies (Reviewed in Peter Breggin, *Brain-Disabling Treatments in Psychiatry, Second Edition*, New York: Springer Publishing Company. Chapter 11, "Stimulant-Induced Brain Damage, Brain Dysfunction and Psychiatric Adverse Reactions," 2008).

In short, instead of meeting the normal needs of our children we are suppressing them with drugs. The average parent or teacher, of course, has no idea that what passes for medical treatment is actually a form of medical child abuse. The parent or teacher sees a more manageable child and assumes that this is best for everyone. In reality, the parent and the teacher have been deprived of learning how to assume parental and educational responsibility for the child. And the child is being deprived of the most important learning process of childhood —learning to grow in personal responsibility and self-direction. Instead the child is taught to believe, "I have ADHD" and "I need a pill to help me control myself."

Along with many other concerned scientists, physicians and educators, I have published many books and scientific articles to this subject. The scientific observations in this brief commentary are documented with hundreds of scientific citations in my scientific textbook:

Breggin, Peter. (2008). *Brain-Disabling Treatments in Psychiatry, Second Edition*. New York: Springer Publishing Company.

Chapter 10: From Attention-Deficit/Hyperactivity Disorder (ADHD) to Bipolar Disorders: Diagnosing America's Children, pp. 253-282.

Chapter 11: Stimulant-Induced Brain Damage, Brain Dysfunction and Psychiatric Adverse Reactions, pp. 283-316

Resources

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Better Non-BioPsychiatric Approaches

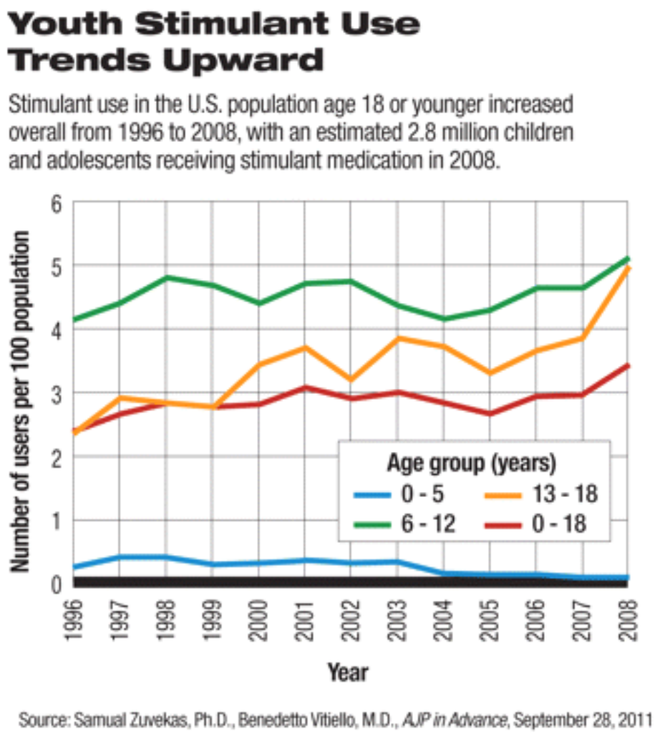
Treatment for the Deeply Disturbed
Help for Children
Traumatic Brain Injury
Peer Support Services

Child Tantrums Cured by 'Parent Management Training' *Wall Street Journal*, Nov. 8, 2011

Forget everything you may have read about coping with children's temper tantrums. Time-outs, sticker charts, television denial—for many, none of these measures will actually result in long-term behavior change, according to researchers at two academic institutions.

Instead, a set of techniques known as "parent management training" is proving so helpful to families struggling with a child's unmanageable behavior that clinicians in the U.S. and the U.K. are starting to adopt them. Aimed at teaching parents to encourage sustained behavior change, it was developed in part at parenting research clinics at Yale University and King's College London. Read more here.

ADHD Diagnoses Continue Their Upward Climb



by Jonathan Wolfe, *Psychiatric News*, October 21, 2011
"ADHD diagnoses are on the rise in the United States, with new research showing prevalence increases for both boys and girls, as well as the majority of racial/ethnic groups for which data were collected. Nine percent of U.S. children aged 5 to 17 were diagnosed with attention-deficit/hyperactivity disorder (ADHD) from 2007 to 2009, an increase of more than 2 percent from the number of such diagnoses reported from 1998 to 2000. *Read more*.

Stimulant Use for ADHD Continues to Rise Among Teens

by Leslie Sinclair, Psychiatric News, October 21, 2011: The percentage of children aged 4 to 17 who had ever received an ADHD diagnosis increased by about 22 percent from 2003 to 2007, and about two-thirds of them were receiving pharmacological treatment. Pediatric stimulant use has been slowly but steadily increasing since 1996, primarily as a result of greater use among adolescents. *Read more*.

Attention deficit Hyperactivity Disorder Among Children Aged 5-17 Years in the United States, 1998-2009 Akinbami L, et al, *NCHS Data Brief*, No. 70, August 2011

"The percentage of children ever diagnosed with attention deficit hyperactivity disorder (ADHD) increased from 7% to 9% from 1998–2000 through 2007–2009."

ADHD Issues for Children & Families

by Peter R. Breggin MD In *The New York Times* October 13, 2011

The drugging of children for A.D.H.D. has become an epidemic. More than 5 million U.S. children, or 9.5 percent, were diagnosed with A.D.H.D. as of 2007. About 2.8 million had received a prescription for a stimulant medication in 2008.

The A.D.H.D. diagnosis does not identify a genuine biological or psychological disorder. The diagnosis, from the 2000 edition of the "Diagnostic and Statistical Manual of Mental Disorders," is simply a list of behaviors that require attention in a classroom: hyperactivity ("fidgets," "leaves seat," "talks excessively"); impulsivity ("blurts out answers," "interrupts"); and inattention ("careless mistakes," "easily distractible," "forgetful"). These are the spontaneous behaviors of normal children. When these behaviors become age-inappropriate, excessive or disruptive, the potential causes are limitless, including: boredom, poor teaching, inconsistent discipline at home, tiredness and underlying physical illness. Children who are suffering from bullying, abuse or stress may also display these behaviors in excess. By making an A.D.H.D. diagnosis, we ignore and stop looking for what is really going on with the child. Read More in the *New York Times article* by Dr. Breggin: ADHD--A Misdiagnosis Anywhere October 13, 2011.

"Pediatricians Issue Dangerous New Treatment Guidelines For Attention Deficit Disorder" By Allen Frances, MD, *PsychiatricTimes.com*, October 17, 2011

Dr. Frances concludes in his essay:

> The recklessness of the AAP in producing this treatment guideline for ADD and of the

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Rain, winds, flooding around #Ithaca NY today again- it is a wet summer!
about a year ago

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Insurance giants creating massive database of patient records http://t.co/LQ5ihloVCo
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Saudi man falls ill after visiting Sierra Leone; Ebola can't be ruled out http://t.co/i2vPqlN2ch
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Sunflowers at sunset http://t.co/04D6eBrV6G
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Sunset http://t.co/U9bPO9VeXD
about a year ago

Older

American Psychiatric Association in reducing the thresholds for the DSM 5 diagnosis for ADD together prove that important public health decisions cannot be entrusted to narrowly focused professional organizations. Experts on any topic have an inherent intellectual conflict of interest that prevents them from performing properly balanced and unbiased risk benefit analyses. They consistently tend to exaggerate the benefits and ignore the risks of their suggestions—especially as these will play out in general practice. Experts drawn from pediatrics and psychiatry are needed to inform, but should not exclusively control, the development of the diagnostic and treatment guidelines for ADD. In my view, the AAP treatment guidelines and the DSM 5 diagnostic guidelines both need to be tightened before they will fit for use by the average practitioner. In their current form, both are far too expansive and far too risky—they are best ignored.

Subjective responses to initial experience with cocaine: an exploration of the incentive-sensitization theory of drug abuse
Nadine M. Lambert, Marsha McLeod & Susan Schenk, *Addiction*, 101. 713-725

...results [in this study] reported for effects of psychostimulant preexposure,however, are in line with the extensive psychopharmacological evidence from animal research that shows an association between psychostimulant pre-exposure and sensitization and self-administration of cocaine.

3 Invited Scientific Presentations at the NIH Consensus Development Conference on Diagnosis and Treatment of Attention Deficit Hyperactivity Disorder

Risks and Mechanism of Action of Stimulants by Peter R. Breggin, MD

Detailed and scientifically documented review of the many risks and adverse effects associated with stimulant drugs. Read more here. Invited presentation at the NIH Consensus Development Conference on Diagnosis and Treatment of Attention Deficit Hyperactivity Disorder.

Is Attention Deficit Hyperactivity Disorder a Valid Disorder? by William B. Carey, MD

"DSM-IV defines a mental disorder as a clinically significant behavioral syndrome arising from a dysfunction that results in present distress or disability. What is now most often described as ADHD in the United States appears to be a set of normal behavioral variations that sometimes lead to dysfunction through dissonant environmental interactions. This discrepancy leaves the validity ofthe construct in doubt." Read more here. Invited presentation at the NIH Consensus Development Conference on Diagnosis and Treatment of Attention Deficit Hyperactivity Disorder.

Stimulant Treatment as a Risk Factor for Nicotine Use and Substance Abuse by Nadine M. Lambert, PhD

"ADHD and childhood use of...stimulants have been shown to predispose children to early tobacco use and to adult use and dependence on tobacco and substances with stimulating properties." Read more here. Invited presentation at the NIH Consensus Development Conference on Diagnosis and Treatment of Attention Deficit Hyperactivity Disorder.

Other Scientific Papers and Articles

There Is No Such Thing as a Psychiatric Disorder/Disease/Chemical Imbalance
Fred A. Baughman, Jr, MD
Neurology and Child Neurology (Diplomate, American Board of Psychiatry & Neurology)
FELLOW, AMERICAN ACADEMY OF NEUROLOGY, Volume 3 | Issue 7 | July 2006

Dr. Fred Baughman's letters to the AMA in 2004 and the letter in 2005 summarizing the contradictions that ADHD diagnosis and drugging represent to sound science and ethical medical practice. His letters are illuminating of the marketing and politics of the ADHD proponents.
