Being an Educated Consumer of "ADHD" Research

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There is tremendous controversy around the issue of "ADHD", with lots of passion on all sides. Almost everyone with enough of an interest in "ADHD" to write or research on the subject has a strong point of view. For parents and others trying to read as much as possible and find what feels like the truth for them it is very important to read things with "healthy skepticism" using critical thinking. Don't accept things as fact just because someone states it strongly or because they have titles and degrees after their name. Use your own common sense, experience and intelligence in analysing what is being said, and especially what it *really* means.

There are four general guidelines that educated consumers of information need to be mindful of when reading "research" about "ADHD".

1. Watch out for bad science

Over the past 30 years there have been countless times we have heard about “breakthroughs” in “ADHD” research, and each time the breakthrough has proven to be hollow. Many of these studies have attempted to find differences in the brains of children diagnosed with “ADHD” and “normal children”. These studies often had major flaws in their design which cast significant doubt on the validity of their findings.

Specifically, there have been two major problems with ADHD studies. First, many of them studied a very small sample of children, sometimes fewer than ten. It is a rule of the experimental method that you have to have a sufficient random sample for the results of any study to be able to be generalized to the whole population. Second, the “ADHD” children in these samples typically were taking stimulant drugs, or had taken them in the past. Since we know the potential for stimulant drugs to cause brain damage in children, it raised the question of whether any changes in these children’s brains were because of “ADHD” or the side effects of these dangerous drugs. Other studies did not bother to report on the medication history of their subjects, making it impossible to determine the causes of any difference in brain structure or chemistry. Finally, more recent research has failed to compare previously unmedicated 'ADHD' children with 'non-ADHD' children of the same age or gender. This is problematic given that brain size is closely associated with age. So comparing the brains of different aged children, whether they are labelled 'normal' or labelled with 'ADHD', will invariably find differences.

If you would like some guidance on reading research reports, YANQ has published a concise document on it's website entitled “Research Reports for the Non-Scientist” by Rachel Martin. See the further reading section for more details.

The Key Questions below will help readers to spot some of major problems that have been highlighted with ADHD research.

Key Questions

1. Has the research report provided details of the medication history of it's subjects?
2. If yes, do the authors discuss the effects the medication will have on their subjects and the implications for their findings?
3. Has the research compared similar subjects? For example, is the control group of similar age, weight and sex to the experimental group?

2. Watch out for bias

A biased researcher is not a scientific researcher. Objectivity is the essence of the scientific method. The drug companies have sponsored much of the research looking for the existence of “ADHD” over the past three decades, as they want to be able to continue and to expand a business that nets them hundreds of millions of dollars every year. It is a common sense that a researcher supported with a huge grant from a drug company will want to give that company some favourable results. That is exactly why bias is the arch-enemy of objective research. Professional journals in the United States have been so concerned about drug companies “buying” researchers that at least two of them have suspended taking ads for these “ADHD” drugs. When you read a study that supports the medical model of “ADHD” or the use of these dangerous drugs, it is worth investigating who paid the money for the research to be done.

Key Questions to Ask

1. Have the authors disclosed any affiliations to companies or organisations that may have an interest in ADHD medication?
2. Have the authors provided information about the funding body (or bodies) behind the research, and any relevant affiliations these organisations have?

3. Which came first: the chicken or the egg?

The studies attempting to show that "ADHD" exists have focused on trying to identify differences in the brains or central nervous systems of children with "ADHD" and without it. The problem is that even if such a finding were made, it would be impossible to interpret what it means. It is believed that when people run they produce chemicals in their body that cause "runner's high". But how do we know if the running produced the chemicals, or the chemicals caused them to run?

It is not medically possible to determine levels of brain chemicals in a living person. Whenever someone is told they have a "chemical imbalance" it is based on theory and "symptoms", not laboratory studies. So if we found differences in brain chemicals between a person who feels depressed and one who doesn't, it would be impossible to determine if the chemicals caused the depression or the depression caused the chemicals. Similarly, if there ever were a discovery of a consistent difference in brain functioning in children with "ADHD", the question would still remain whether the behaviour caused the difference or the difference caused the behaviour.

4. The false underlying premise

Finally, even if researchers found a consistent difference between children who act a certain way ("ADHD") and children who don't, and even if they could somehow prove that the difference caused the behaviours, there is no reason to believe there is any "disorder". There may be physiological differences between people who are right-handed and left-handed, or people who prefer the colour red over the colour blue. But it doesn't make either group "sick".

We know that people have individual physical differences, but it is dangerous ground to say that those differences are a "disorder", just because they are in the minority, or because they cause problems with fitting into society's rigid structures (like public school). So all these millions of dollars are being spent to try to prove something which will, if proven, be meaningless. Maybe children with higher activity levels, or children with shorter attention spans, or children who don't like doing their homework, tend to have some physical difference. That will still not prove that "ADHD" exists as a valid "disorder".

Suggestions for Further Reading

ADHD Specific

Books

Armstrong, T. 1997. The Myth of the A.D.D Child: 50 Ways to Improve Your Child's Behavior and Attention Span Without Drugs, Labels, or Coercion. Penguin Books, Ringwood.

Chapter 1 is available online at: http://www.sntp.net/ritalin/myth_1.htm.
Chapter 2 is available online at: http://www.sntp.net/ritalin/myth_2.htm.
Chapter 3 is available online at: http://www.sntp.net/ritalin/myth_3.htm.

Breggin P. 2001. Talking Back to Ritalin, Revised : What Doctors Aren't Telling You About Stimulants and ADHD. Perseus Books.

Journal Articles

Baumeister, A. & Hawkins, M. 2001. *Incoherence of Neuroimaging Studies of Attention Deficit/Hyperactivity Disorder*. Clinical Neuropharmacology, Vol. 24

Cohen, D. & Leo, J. 2004. *An Update on ADHD Neuroimaging Research.* The Journal of Mind and Behaviour. Vol. 25, No. 2, pp. 161-166.

Furman, L. 2005. *What is Attention-Deficit Hyperactivity Disorder (ADHD)?* Journal of Child Neurology. Vol. 20, No. 12, pp 994 – 1003. Available online at: http://www.icspp.org/index.php?option=com_content&task=view&id=161&Itemid=72.

Leo, J. & Cohen, D. 2003. *Broken Brains or Flawed Research: A Critical Review of ADHD Neuroimaging Research*. Journal of Mind and Behaviour. Vol. 24, No. 1, pp. 29-56.

Timimi, S. 2004. *Developing non-toxic approaches to helping children who could be diagnosed with ADHD and their families: Reflections of a UK clinician*. In Ethical Human Psychology and Psychiatry. Vol. 6, No. 1, pp. 41-52. Available online at: http://www.yanq.org.au/images/stories/Documents/adhd-timimi_non-toxic_approaches.pdf

Timimi, S. 2004. *A Critique of the International Consensus Statement on ADHD*. In Clinical Child and Family Psychology Review. Vol. 7 No. 1, pp. 59-63.

Other Articles

Giù Le Mani Dai Bambini. 2005. International Consensus: ADHD and Abuse in the Prescription of Psychopharmaceutical Drugs to Minors. Available Online: http://www.giulemanidaibambini.org/consensus/consensus_en.html.

International Centre for the Study of Psychiatry and Psychology. 2002. Debunking the Science Behind ADHD as a Brain Disorder. ICSPP. Available online: http://www.icspp.org/index.php?option=com_content&task=view&id=37&Itemid=48

Jacobs, B. 2002. Queensland Children at Risk: The Overdiagnosis of “ADHD” and the Overuse of Stimulant Medication. Youth Affairs Network of Queensland, West End. Available online: http://www.yanq.org.au/content/view/207/9/.

Jacobs, B. 2004. *ADD & ADHD: Epidemic of a Phantom Disease.* In Nexus Magazine, Vol. 12 No. 2. Available online: http://www.nexusmagazine.com/articles/ADHDisbogus.html

Leo, J. 2000. *Attention Deficit Disorder: Good Science or Good Marketing*? Skeptic. Vol. 8, Nº. 1, pp 63-69.

Websites

Attention Deficit Hyperactivity Disorder: Exposing the Fraud of ADD and ADHD
http://www.adhdfraud.com.
A site created by Neurologist Fred Bauhman who argues that Psychiatry has failed to validate ADHD as a disease of any sort.

Death From Ritalin: The Truth Behind ADHD
http://www.ritalindeath.com
A website created by two parents whose child died as a result of taking drugs prescribed to 'treat' ADHD.

General Critiques of Psychiatry

Books

Breggin, P. 1994. Toxic Psychiatry: Why therapy, empathy, and love must replace the drugs, electroshock, and biochemical theories of the "new psychiatry." *St Martin's Press.*

Cohen, D. (Ed). 1990. Challenging the Therapeutic State: Critical Perspectives on Psychiatry and the Mental Health System (Journal of Mind and Behavior). Institute of Mind & Behavior, New York.

Joseph, J. 2004. The Gene Illusion: Genetic Research in Psychiatry and Psychology under the Microscope. PCCS Books, Ross-on-Wye, UK.

Johnstone, L. 2000. Users and Abusers of Psychiatry: A Critical Look at Psychiatric Practice. 2nd Ed. Taylor & Francis Group, Philadelphia.

Mendelsohn, R. 1979. Confessions of a Medical Heretic. Contemporary Books, Illinois.

Rampton, S. & Stauber, J. 2001. Trust Us, We're Experts!:How Industry Manipulates Science and Gambles with Your Future. Jeremy P. Tarcher/Putnam, New York.

Ross, C. A. 1995. Pseudoscience in Biological Psychiatry : Blaming the Body. John Wiley and Sons.

Szasz, T.S. 1997. The Manufacture of Madness: A Comparative Study of the Inquisition and the Mental Health Movement. Syracuse University Press, Syracuse (Reprinted Edition).

Whitaker, R. 2002. Mad in America: Bad Science, Bad Medicine, and the Enduring Mistreatment of the Mentally Ill. Perseus Books, Cambridge.

Journal Articles

Szasz, T. 1960. *The Myth of Mental Illness.* In American Psychologist, Vol. 15, pp.113-118. Available Online: http://psychclassics.yorku.ca/Szasz/myth.htm.

Other Articles

Martin, R. 2005. Research Reports for the Non-Scientist. Youth Affairs Network of Queensland, West End. Available Online at: http://www.yanq.org.au/images/stories/Documents/martin-research_reports_ns.pdf.

Moncreiff, J. 2003. Is Psychiatry for Sale? An examination of the influence of the pharmaceutical industry on academic and practical psychiatry. Institute of Psychiatry, London. Available Online via http://www.critpsynet.freeuk.com/pharmaceuticalindustry.htm.

Websites

Psychiatric Drug Facts
http://www.breggin.com.
This website is authored by Dr Peter Breggin, a psychiatrist and author of 'Toxic Psychiatry.' The site concentrates on exposing the problems with psychiatric drugs.

International Centre for the Study of Psychiatry and Psychology
http://www.icspp.org/
Includes a number of papers and articles that critique the medical model of mental 'illness'.