



Side Effects of ADD Medication

The following is an excerpt from chapter five of *The ADD Answer: How to Help Your Child Now* by Dr. Frank Lawlis and published by Viking. For more, go to www.franklawlis.com.

Medical students are often warned that "sometimes the treatment can be worse than the disease." I sincerely believe that is often the case when children with ADD are given medication to control their symptoms.

ADD medications are most often prescribed by family physicians — not by a pediatric psychiatrist — which makes me very suspicious. How much understanding do such physicians have of these very potent drugs? My personal and professional opinion is that they should be used very cautiously and only on a short-term basis with specific goals in mind. Most experienced school counselors concede that such medication loses most of its effectiveness by the teenage years anyway, so medications are not a long-term solution for ADD.

There are better and healthier options for treating your child's ADD, beginning with a strong family environment and a focus on healthy behaviors and goals, as we have discussed already, and including a range of approaches to stimulate the brain and focus the child's attention naturally, which will be discussed in subsequent chapters. I base my understanding of medication on years of experience in working with children and on years of working and researching ADD. Although I have had training in psychopharmacology, I always seek recommendations from referring physicians in matters related to medication. I also want to be very clear that I do not have any direct responsibilities for issuing prescriptions or for making the necessary laboratory assessments critical to any drug protocol, especially with children. However, I consult with a group of medical experts when devising medication strategies.

Let us be fair with doctors. There is an old saying credited to Abraham Maslow, a famous psychologist: "If the only tool that you have is a hammer, everything looks like a nail." Physicians nowadays are asked to evaluate and treat hundreds of childhood problems, and most feel that the only tools they have are drugs. Doctors also rarely observe the daily behavior of the child who is being treated. They usually have to rely on the observations and opinions of parents and teachers — not only as a basis for diagnosis but also for evaluating the results. Too often the only feedback the doctor receives on medication is that the parent no longer brings the child in to see him. If the physician doesn't hear anything more, he assumes the medication worked properly. But in truth, it could be that the parents simply looked elsewhere for help, or gave up.

The Circular Firing Squad

Too often when a child has ADD, everyone responsible for helping him is shooting in the dark. Doctors often don't get good follow-up information. Parents get frustrated and make decisions without adequate professional input. Instead of circling the wagons against ADD, we form a circular firing squad and shoot at one another.

Typically, parents, physicians, and teachers find themselves at odds over a child's treatment. Parents are often bewildered about what to do to help and protect their child. School administrators, understandably, are most concerned about the learning environment for all of their students. Too often, busy physicians treat the symptoms, not the child.

That is madness. But it is understandable madness and it is prevalent. We are a pill-popping, quick-fix society. School administrators are under pressure themselves to get classrooms under control. Few physicians are trained adequately to deal with ADD children. I have attended medical conferences on ADD in which the doctors on the dais obviously had no clue about the long-term adverse effects of medicating children. It is a very serious business, especially when dealing with any drugs that affect a child's neurological system.

Until recently, no studies systemically examined the long-term effects of drugs on children,

such as Ritalin and amphetamines (Dexedrine and Adderall). Some of the side effects of these drugs can be profound. They can be a greater threat to a child's health than most, if not all, ADD symptoms. Certainly they can cause psychosis, including manic and schizophrenic episodes ...

Unfortunately some physicians typically do not stop medicating when psychotic symptoms appear. Instead, they may slap on another diagnosis, of depression or antisocial personality, and then treat this diagnosis by adding antidepressants, mood stabilizers, or neuroleptics (commonly used for epilepsy) to the treatment mix. It is not unusual for children to be taking as many as five different medications, all based on adult prescriptions. Meds upon meds is madness upon madness ...

The side effects are not restricted to psychiatric problems. Stimulants excite the whole body, not only the brain. Stimulating medications also affect the cardiovascular system. One of the side effects of Ritalin is that it boosts the activity of the heart and the cardiovascular systems so that they develop beyond what is considered normal. There is also some danger of liver damage from medications used to treat ADD and side effects. Sleep and appetite problems resulting from medication are also of concern ...

Parents need to understand the potential dangers used to treat ADD. Although only 50 percent of children with ADD can be helped through drug therapy, the ones who respond to drug treatment face the following side effects:

- nervousness
- insomnia
- confusion
- depression
- agitation
- irritability
- stunted growth and development

Other side effects, in a lower rate of incidence, include:

- exacerbation of behavior symptoms (hyperactivity)
- hypersensitivity reactions (allergy-type reactions to environmental agents)
- anorexia (eating disorder)
- nausea
- dizziness
- heart palpitations (heart rate fluctuations)
- headaches
- dyskinesia (movement-of-the-body problems)
- drowsiness
- hypertension (high blood pressure)
- tachycardia (rapid, racing heartbeat)
- angina (heart pain)
- arrhythmia (heart rate changes)
- abdominal Pain
- lowered threshold for seizures