

Ritalin: A Magic Pill for ADHD?

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American society is one in which children and adults constantly face steep competition for resources, recognition, and advancement. It is evident in the gradual rise of the college and graduate entrance examination scores and in the increasing number of applications for various professional positions. Such an environment, which promotes competition, creates a demand for personal advantage. In many aspects, a performance-enhancing drug could often fulfill and satisfy this pervasive demand. Case in point: Ritalin is a drug commonly prescribed for the treatment of Attention Deficit Hyperactivity Disorder (ADHD), and the use of the drug has risen 150 percent in the 1990s. Although Ritalin has been proven to help children and adults cope with ADHD, it is not a cure for the disorder. Also, the rapid increase of the use of Ritalin in the United States has forced society to look deeper into Ritalin and question whether prescribing it is only a quick, inexpensive solution to a deeper social problem.

Ritalin is the trade name for methylphenidate and was developed in 1994 by Ciba-Geigy. It is currently marketed by Novartis Pharmaceuticals. The drug comes in two forms, Ritalin hydrochloride and Ritalin-SR (Slow Release). The patients who are approved to use this drug need to be at least 6 years old. Administered in dosages of 5, 10, or 20 mg, Ritalin is used to treat ADHD, Narcolepsy, or Hyperkinetic Child Syndrome. It is a proven treatment for stabilizing children with a behavioral syndrome characterized by symptoms such as moderate to severe distractibility, short attention span, hyperactivity, emotional liability, and impulsivity. These patients usually experience a significant amount of emotional and social stress as a result of having ADHD. Besides the drug Ritalin, a variety of treatments, such as behavior therapy, environmental modifications, and pharmacological treatment exist for the disorder. Although it is debatable which treatment works best, Ritalin remains the most popular one for ADHD.

It has been estimated that 2.1 to 2.7 million children—roughly 35 percent of the student population—in the United States have ADHD.³ Though researchers have examined this disorder in excruciating detail, many contentious questions still remain. Although extensive neurological



imaging techniques and genetics promise to shed some light on the cause of the disease, no one yet understands the immediate cause of ADHD. One of the most convincing arguments is that children with this disorder have an imbalance of neurotransmitters. However, this argument does not have much concrete evidence to support it, as scientists have compared brain imaging of the children afflicted by the disorder to that of normal children and have found no major difference.

It has become apparent that early diagnosis of the disorder enables more effective treatment for children. Often, children can be diagnosed with ADHD as early as age of three, and they would benefit greatly from a more thorough examination and diagnosis. If a child can be diagnosed with the disorder in his early stage of development, he can be treated and eventually cured with drugs such as Ritalin. In addition to drugs and medicine, the support of parents, administrators, doctors, and psychologists are also fundamental to helping a child get better. Also, doctors used to assume that children with the disorders would eventually “cure themselves” as they become older. However, this concept of thought was proved false: individuals with ADHD will continue to suffer from this disorder well into adulthood if it is undiagnosed and untreated.

Children who have ADHD often have many problems in school. In fact, 10 to 33 percent of such children also have learning disabilities. They have difficulty concentrating in class, cannot follow the directions and instruction of the teacher as promptly as other children in class and often feel agitated when they wait for their turn in activities. In many aspects, the disorders also make them a lot less efficient when they are assigned to accomplish a certain task.

Besides their inability to concentrate, children who suffer from ADHD often have problems cooperating with either their peers or instructors. Their impulse to be hyperactive and their induced lack of patience make them aggressive towards others. In addition, the children afflicted with this disorder are often not communicative and are therefore often rejected by their peers and adults. They often become anti-social and suffer from emotional difficulties. Ultimately, their self-esteem suffers because they are incapable of changing their own behavior and controlling their innate impulse caused by the disorder.

The disorder is considered by some, however, to be mostly concocted. Although not widely publicized, the company that manufactures Ritalin is financially tied to the nation's largest ADHD support groups. In fact, a class-action lawsuit, challenging the validity of the science

behind the mental illness and psychotropic drug was filed in May last year by the Dallas law firm of Waters and Kraus. It stated that the Novartis Pharmaceutical Company, the American Psychiatric Association (APA), and Children and Adults with Attention Deficit/Hyperactivity Disorder (CHADD) have been involved in a conspiracy to promote the diagnosis of ADHD. The strategy was extremely successful in increasing the market for its Ritalin product at the expense of children being misdiagnosed and drugged for no apparent medical reason. In addition, a second lawsuit filed in September 2000 in California and New Jersey claims that Novartis conspired with APA to create an illness, ADHD, by making the definition of the disorder so broad that it could be applied to any child, in order to expand the use of Ritalin.³

Alarming, even after four decades of Ritalin usage, the mechanism underlying Ritalin's effect is not known. Ritalin also has many side effects, ranging from the psychological, such as marked anxiety, tension, and agitation, to the physical, such as skin rash, abdominal pain and tachycardia. In most patients, the drug peaks at 1.5 to 2.5 hours and it lasts about 3.5 to 4.5 hours. Young patients often suffer from withdrawals as they come off the dosages.⁶ In all respects, Ritalin might be a cost effective way to deal with ADHD, but not the ultimate solution to this disorder.

In addition, although Ritalin is a proven treatment to the disorder, one must wonder whether the drug itself is the solution to both a biological condition and a social problem. Since no one has yet clearly defined the cause of ADHD or the disorder itself, the disorder is really defined by a set of characteristics that our society deems as a disorder. In today's competitive world, people often defer their personal happiness in the hope of achieving societal happiness through materialistic gains. Sadly, many individuals and parents are looking to quick, cost-effective drugs, such as Ritalin, to suppress their supposed disorder in order to achieve “happiness.”

The evident increase in both the diagnosis and the prescription of such drugs also raises the question of whether making a person behave differently through medication is acceptable. Ultimately, it is dangerous to treat ADHD only with medicine, ignoring its social implications. Every person is born different and inherits a very different set of genes. Diversity must be valued at all times. Thus, Ritalin may eliminate medical symptoms that implicate a disorder, but the underlying problems of ADHD must be examined and treated to obtain a true solution. ■

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