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“Face the thing that should not be”

“There is only one difference between a madman and me. The madman thinks he is sane. I know I am mad.” -Salvador Dali

How does a writer persuade his audience not to side with the much of the medical community on the issues of medicating attention deficit disorder when the writer himself is living proof that the medication actually works. Some believe that for the ADD mind stimulants are like water, something one simply cannot live without. Our bodies demand of us that we hydrate in order to function and our society demands of us that we focus in order to be.

Medication such as Adderall not only helps relieve the symptoms of attention deficit disorder, it allows the ADD “*afflicted*” to exist in a very simple and conditioned state of mind that is unlike anything else we are accustomed to things become slow and the world is viewed as one thing at a time –they become like the majority, simply put “*normal*”.

At the age of six I wanted to be a cook. At seven I wanted to be Napoleon. And my ambition has been growing steadily ever since. -Salvador Dali

Is living life in a one horse town really the best way to exist? Or is there really more out there?

Is there not more to life than following rules and regulations that you have not had a chance to yet break? How do you know what the other side looks like if you have never been there yourself? They say frog legs taste like chicken, but how does one know what frog legs taste like if one has never experienced chicken? Society allows the medical community to dictate written standards as to what is to be considered “normal behavior”

Adorable and loveable
Devilment and destruction
Delightful and entertaining

Aggressive and persistent
Dynamic and busy
Highly strung and sensitive
Distracted and clumsy

By Louise Gritt

This poem by a young child with ADD is a good example of the Ying-Yang approach to understanding this condition. Every good comes with its counterpart – the bad. Every element of “normal” contains within it aspects of abnormality...

For most people driving in a car on the highway at 90 miles an hour during a heavy rain storm without any functioning windshield wipers is a physical impossibility. For us, it is a way of life. As a blind man with heightened senses I do not rely on my *Seeing Eye Bitch*, for life itself is like an overly demanding girlfriend who not only appreciates but, insists that you pay attention to nothing other than the details of her existence. Do you not prefer to think about other things,

why care who the manufacturer of the mascara is, instead focus on its ingredients and chemical makeup that are within your mascara itself. Deeper more conceptual thinking is required here.

What the brain lacks in one area, it compensates in another. I cannot see the road, or the cars in front of me **clearly** in this never ending London rain, but I can feel them and through the use of imagination reality is formed and shaped for me but only after it is broken up into small little pieces.. The only difference is that once everything is stitched together the details are somehow just lost. They become irrelevant, as the brain is on to the next thought, the next girl, and the next highway or even a different car altogether.

Currently, the psychostimulant Methamphetamine is prescribed to children who are unable to give close attention to details, make careless mistakes, seem to not be listening when spoken to directly, do not follow directions, have trouble organizing, lose things, are forgetful and easily distracted. (**Diagnostic and Statistical Manual** of Mental Disorders (**DSM**))

Diagnosing children as ADD/ADHD has become a new fad in this country, almost an epidemic. In fact, in both adults and children the statistics seem to run rampant. In the late nineties, the rate of diagnosis of the disorders and drug prescriptions were increasing with such a ridiculous speed that statistics were considered to be obsolete by the time they were published in scientific journals (Neven).

Unlike diabetes, there is no blood test or urine sample that a doctor can use to determine if a child or adult is actually afflicted with the disorder. In fact, current laws only require that a doctor is takes a checklist approach to diagnosing the disorder. Simply put, if six or more of

these very common symptoms are present for a period of more than 6 months and where they become “inappropriate for development level” medication is prescribed.

Unfortunately, most of the time for a large number of medicated children it is the child’s teachers that determine what is deemed appropriate and what is not. A major problem with the ADD/ADHD epidemic is therefore, the fact that a teacher decides that a child should conform, pressures the parents and the parents turn to a doctor who is **not** required to evaluate the child based on anything further than the descriptions that the parents and the child’s teachers provide.

There are several issues on hand with the current policies around ADD/ADHD. For starters the symptoms that are being described to the doctor could very well be several other disorders masking themselves as ADD/ADHD. For example, children with bi-polar disorder exhibit very similar symptoms to those of ADD/ADHD. Therefore, if a bi-polar child is medicated for ADD/ADHD the symptoms of the bi-polar (e.g. inability to focus) are masked and placed on hold because regardless of whether or not the child has ADD/ADHD; methamphetamine will make them more focused.

The long term side effects of taking methamphetamine are very similar to those that we see on television for people who smoke it. Common side effects caused by psychostimulant include headaches, sleep problems and blunted appetites (Silver). The long lists of side effects are what prescribing physicians chalk up to the cost of being on medication. But in general patients aren't complaining of a small nagging headache, or a tiny curb in appetite. Research shows that most patients who experience headaches describe migraine like symptoms. High sensitivity to

light and sound that impairs normal daily activities and tends to restrict the individual to bed rest. The curb in appetite usually leads to unhealthy weight loss and malnutrition and when untreated. On the other end of the spectrum weight gain also appears to be a grave association with ADD/ ADHD. Some researchers are now classifying patients with ADD/ ADHD as high risk in future diagnosis of eating disorders (Richardson). More frightening is the fact that there are a significant amount of deaths reported each year for taking methamphetamine. What is the difference between the drug addict on the corner looking for his next meth hit and the millions of children who swallow meth pills –is it not the doctor in the equation who said it is ok?

More often then not, the children who are taking methamphetamine are in need of additional medication in order to deal with the many side effects that the medication causes. You treat one symptom in order to bring to existence another and then take additional pills in order to deal with them. The issue on hand is choice, and unfortunately a child of 3 years old is not yet allowed to make choices for him or herself; they are with no knowledge of their own rely on the education and awareness level of their parent or caregivers. Like a crack baby, forced into this world dependant on a stimulant and almost no way to deal with every day situations unless the drugs are taken. These young children are unfortunately, not given enough time for their brains to properly develop, they are never given the chance to actually learn to control themselves or their behavior on their own or with the use of behavioral therapy, and instead they are taught to mask things, quick fix –literally, just like junkies.

It would be absurd to argue that we should negate medicine and avoid giving medication to all children. If one is a diabetic and is unable to function without insulin then by all means give him

insulin. With ADD/ADHD things are slightly different, true, there are those who are just so “ADD/ADHD” that they are just unable to function without the drugs, but this is a rare case. For the most part, most children could be helped and taught to deal with the condition with the assistance of a properly trained therapist.

In the medical and research community there is disagreement regarding treatment methods. Pharmaceutical companies who stand to risk the gain or loss billions in the fight against ADD/ADHD wish nothing more than to prescribe one simple pill as a cure all for a clearly complicated disorder. Some physicians stand strong alongside drug treatment as an effective treatment of the many facets of ADD/ADHD. However, it seems that the patients in the community and some health professionals are screaming back in concern. The treatment for one disorder for many is heavily outweighed by the development of another. Suffering from binge eating and chronic migraine like headaches or even death is not worth the joy of being more focused. Medication is a mere top hat in the ever spreading diagnosis of ADD/ADHD. It covers the problem until the winds knock it right off your head. A more reasonable and effective approach is undoubtedly a mixture of treatments, and if at all possible, depending on the severity of symptoms the avoidance of drugs that could cause a multitude of problems for the patient in the future. Ultimately, the answer lies in the hand of the patient.

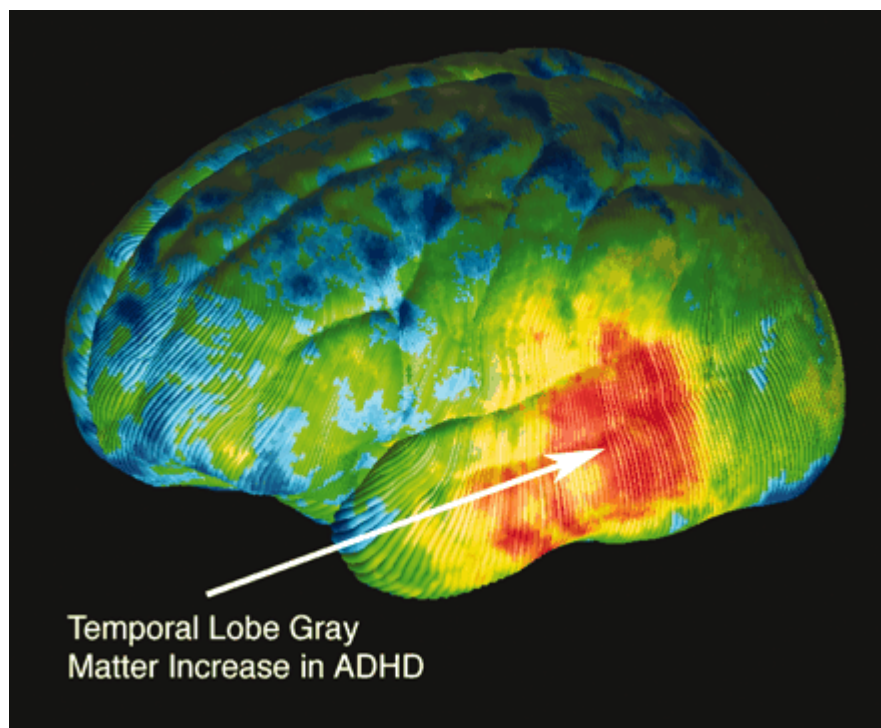
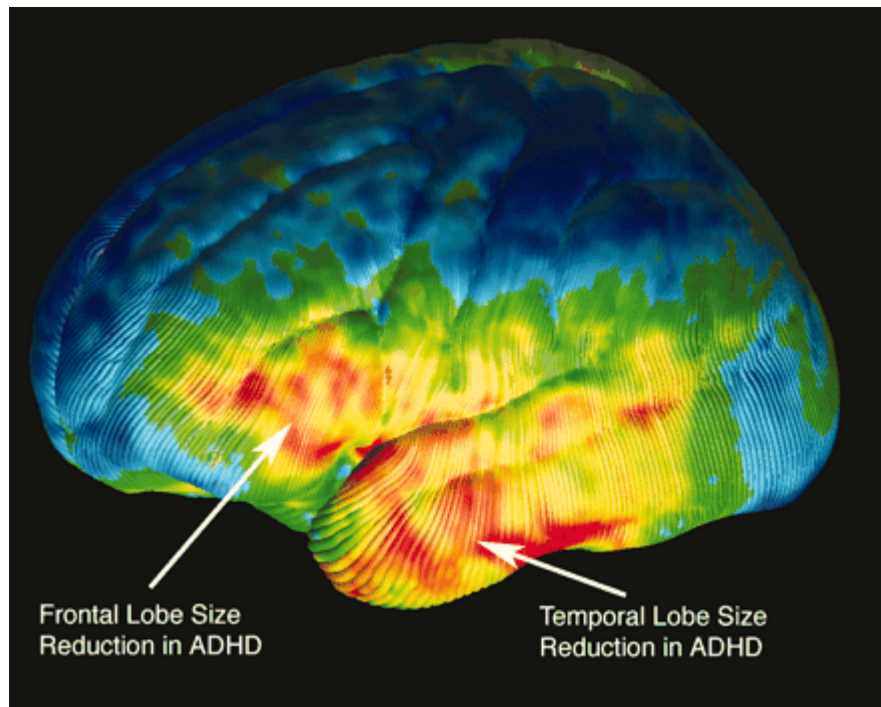
Therapy would certainly not work for everyone, especially not right away. However, it is very much safe to say that the majority of children, who are being pumped full of deadly chemicals could benefit enough from therapy – at least to the point where the actual dosage of methamphetamine could be reduced if not eliminated all together. There are other ways of

implementing safety nets around the ADD/ADHD controversy. Latest developments in technology now allow a doctor to conduct a brain scan to aid in determining if the child is actually ADD/ADHD in the first place. The design and function of the ADD/ADHD brain is different than that of a typically developing child and brain scans are able to bring to surface these noteworthy differences. Hence, if the technology is available and behavioral therapy has been proven effective is it not logical to make both mandatory to anyone who is seeking the medication?

You cannot beat stupidity and ignorance out of a parent who is willing to pump their child full of methamphetamine before the child's 4th birthday simply because the child is behaving different than his classmates and his teachers believe in absolute conformity as a sign of intelligence. Nor can you take these children away from their parents. You can however, enforce laws in order protect children from the neglect and abuse that their parent's ignorance is causing them.

The simple solution would of course include laws that make it mandatory to have a brain scan done before the medication is administered. Followed by behavioral therapy, the two in combination with each other would create solutions as apposed to bandages that constantly need to be adjusted and changed all throughout the child's life.

A three-dimensional, high-resolution MRI image of the brain of a patient with ADHD shows reductions in the size of specific areas within the frontal and temporal lobes. (UCLA Laboratory of Neuro Imaging) Sowell and Peterson observed significant differences in brain structure in the frontal cortices of both sides of the brains of the children with ADHD, with reduced regional brain size mainly confined to small areas of the dorsal prefrontal cortices (see images on next page).



I am not in favor of any one organization taking over the ADD/ADHD epidemic. In a perfect world we would not need private, non for profit or even United Nations controlled organizations to handle the issues around this cloaked form of child abuse. I am however, in favor of education, on a larger scale. But to accomplish this we would probably need to change America's name to something else—something that does not scream capitalism all over it. Granted, it will take a long time before these thoughts go beyond wishful thinking. ADD/ADHD is a fairly large business and it is a win-win situation for all parties involved (with the exception of the children) in the process –similar to your local street drug dealer who is a part of a larger hierarchy of people who profit from every hit the junkie takes.

Morals and standards are not required in order to pass the state medical exam. It takes more than just the will or desire of one person to take every junkie off the streets and reconstructing the way in which things are done in the past, it requires a deep analysis of every element involved in the process, it is a question of morals at the end of the day. It starts with the selflessness of the parent, the unstoppable dedication of the teacher and ends with the morally sound and skilled doctor.

Yes, water is indeed required, but, perhaps, one can accept the fact that water can be substituted with other liquids, maybe even juice. If this supplementation is possible, is that not enough reason?... Simply put, the morality and greatest good for the greatest number of people is a concept that we as humans, slowly over the course of time will develop, and once in place, perhaps, then, will people better understand the thing that should not be.

Bibliography

Centers for Disease Control and Prevention. (n.d.). *Attention-Deficit / Hyperactivity Disorder (ADHD)*. Retrieved from Centers for Disease Control and Prevention: <http://www.cdc.gov/ncbddd/ADHD/>

Centers for Disease Control and Prevention. (2000). *Symptoms of ADHD*. Retrieved from Centers for Disease Control and Prevention: <http://www.cdc.gov/ncbddd/adhd/symptom.htm>

National Institute of Mental Health. (n.d.). *Attention Deficit Hyperactivity Disorder*. Retrieved from National Institute of Mental Health: <http://www.nimh.nih.gov/health/publications/adhd/complete-publication.shtml>

Rosack, J. (2004, Jan). *Brain Scans Reveal Physiology of ADHD*. Retrieved from Psychiatric News / American Psychiatric Association: <http://pn.psychiatryonline.org/cgi/content/full/39/1/26>

American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders DSM-IV-TR Fourth Edition. Washington D.C.: American Psychiatric Association, 2005.

Barkley, Russell A. Scientific American: Attention-Deficit Hyperactivity Disorder. September 1998.

Barow, Karen. "ADHD Nutrition: Balanced Meals, Better Behavior". New York: New Hope Media, 2008.

Gorski, Terence. The Gorski-Cenaps® Model for Recovery and Relapse Prevention. Independence: Herald House/Independence Press, 2007.

Harvey, Simon. "Report 2006". Attention Deficit Hyperactivity Disorder Annual Report. New Canaan: A.D.A.M., 2006.

Michaels, Pamela. "Neurofeedback: Train Your ADHD Child's Brain". Mount Laurel: Attention Deficit Disorder Association, 2006.

Montgomery, Paul. "Pediatrics". Oxford: University of Oxford, 2005.

Neven, Ruth Schmidt. Rethinking ADHD : Integrated Approaches to Helping Children At Home and At School. NSW: Crows Nest, 2001.

Richardson, Wendy. "The Link Between ADD/ADHD And Eating Disorders". Mount Laurel: Attention Deficit Disorder Association, 2005.

Silver, M.D., Larry. "ADD Drugs: Say No to Side Effects". New York: New Hope Media, 2006.