

TO MEDICATE OR NOT TO MEDICATE

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One of the most difficult decisions for parents to make when their child has been diagnosed with AD/HD (Attention Deficit/Hyperactivity Disorder) is whether or not to treat the disorder with medication. This has been a controversial and emotional issue for many years, with professionals and experts being divided in their views, and presenting convincing arguments for both sides. The decision to medicate their child rests with the parents and in order to make an informed decision, as many facts as possible must be considered.

What is AD/HD?

AD/HD is a medical condition caused by a neurological dysfunction within the brain which affects a person's ability to concentrate and maintain attention to tasks. Specific chemicals in the brain (neurotransmitters) are necessary to carry messages along certain pathways, or circuits. Deficiencies in these chemicals cause the messages to be stopped short of its intended destination. When this happens, the function which is controlled by a specific circuit, does not work as well as it should. Depending on which circuit is involved, the child might be:

- *hyperactive* – fidgety, excessively active and/or talkative,
- *inattentive* – distracted by sound or visual inputs, and/or internal thoughts or
- *impulsive* – interrupting, calling out, acting or speaking before thinking.

Treatment of AD/HD involves raising the level of the deficient neurotransmitter with medication, thus helping him to concentrate better, and enabling productive learning. If left untreated, AD/HD can impair the child's ability to focus effectively on a learning situation, which can in turn create large gaps in his learning.

AD/HD is not a learning disability – some children with AD/HD do not have LD, and some LD children do not have AD/HD, but there are many LD children who also have AD/HD. Each disorder needs proper recognition and specific treatment. Treatment of LD involves remedial intervention while treatment of AD/HD involves medication.

Psychostimulant Drugs

These drugs work on the central nervous system and are most commonly used for children who have been diagnosed with AD/HD. There is strong evidence that they greatly improve the concentration levels of children suffering from attentional disorders and hyperactivity. They do not sedate or tranquilize.

- Ritalin (methylphenidate hydrochloride)
- Dexedrine (amphetamine)
- Deaner (deanol acetomidobenzoate)
- Cyclert (pemoline)

These medications have a good safety record, work quickly (within 30 – 60 minutes) and do not accumulate in the system. Possible side effects can include insomnia, decreased appetite, weight loss, headaches, irritability, stomach aches or slower growth. Precautions should be taken in patients with marked anxiety, motor tics or with a family history of Tourette Syndrome.

These medications can only be prescribed by a physician who will determine the appropriate drug, correct dosage and how often it is given. The medication is usually administered only in the morning so that its effectiveness is limited to school hours. Sometimes however, another dose is prescribed for lunch time for children with severe symptoms of AD/HD who need the medication to study in the afternoons. The administering of all medication, whether done at home or at school, should be strictly monitored and controlled and done under closely supervised conditions. The child should *never* be responsible for taking his own medication.

Parents must closely observe their child at home and watch for any symptoms which persist past the first week of starting on the medication. Perhaps the medication or dosage needs to be changed or eliminated. Any tics which develop should be reported to your physician immediately.

Sometimes the teacher is not told that the child is starting medication as an unbiased reaction is helpful in determining the medication's effectiveness – she will notice if there is any marked improvement in the child's symptoms. But if the child is not responding as was anticipated, then there is no reason to continue, and the medication should be stopped.

While there is ample evidence that medication can work wonders for a number of AD/HD children, it is not the right treatment for *every* AD/HD child. Sometimes the side effects outweigh the benefits, and sometimes it makes very little or even no difference at all to the child's symptoms. Parents also need to consider their own views on medicating their child and in some cases, there are also religious issues which need to be considered.

It is important to consider the arguments against the use of drug therapy when deciding whether or not to medicate your child. Some believe that drugs are just a temporary solution – that children do not learn how to manage their disorder without the use of medication until they stop taking them, by which time it might be much more difficult to learn coping strategies. Drug therapy can also be prescribed inappropriately to children who present behavior problems in the classroom, or because parents believe it will make their child easier to handle.

If you are opposed to drug therapy, there are other alternatives which can be considered.

Diet

Leading nutritionists believe that, more often than not, children with AD/HD have one or more nutritional imbalances and, that once identified and corrected, can dramatically improve energy, focus, concentration and behaviour. To improve AD/HD symptoms, they suggest the following:

- Check with a nutritionist to find out if there are any vitamin and mineral deficiencies. For example, a Magnesium deficiency can lead to excessive fidgeting, anxious restlessness, coordination problems and learning difficulties.
- Increase the essential fatty acid intake by giving more oily fish (salmon, sardines, fresh tuna and mackerel) and seeds (flax, hemp, sunflower and pumpkin).
- Eliminate chemical food additives like food colorings, flavorings, preservatives and other synthetic additives.
- Check potential allergens like wheat, dairy, chocolate, oranges and eggs. To test if your child is allergic to any food, remove suspect foods for two weeks and then monitor carefully as you reintroduce the foods one by one.

- Eliminate sugar, especially refined sugar and foods containing refined sugar. As we are all biochemically unique, it is advisable to consult a trained nutritionist for advice on a specific program suited to your child.

Natural Remedies

There are many natural alternatives to prescription medicines. A wide range of natural remedies and treatment on the market today can be used to treat just about anything – from AD/HD and allergies to concentration problems and memory loss. If you are considering this option as an alternative to medication, consult a registered homeopath who will determine your child's needs or visit www.nativeremedies.com for more information.

Behavior Modification

Behavior management or behavior modification is very effective in establishing guidelines for children with LD. It works by using positive reinforcement to encourage appropriate behaviors and by ignoring inappropriate ones.

When managing your child's behavior, you need to make sure that your goals are realistic and within his reach, that your requests are small and very specific, and that he will succeed. Instead of trying to change all his unacceptable behavior at the same time, work on one aspect only – for example, going to bed without making a fuss. Each time he goes calmly and quietly to bed, he might get to choose a story, or have extra cuddle time (positive reinforcement). Ignore the tantrums at bed time and try to remain as calm and patient as possible – sometimes a parent's reaction or attention becomes the reinforcement for these behaviors. Once this behavior is under control, move on to the next behavior change.

A behavior modification program should be implemented at school as well. Inappropriate behavior is identified, and the teacher explains why the behavior causes problems. Then, together with the child, they discuss ways to change the behavior, for example, raising his hand instead of shouting out answers in class. Every time he raises his hand he receives a smiley face on his chart, accumulating an agreed number of smiley faces for a reward (positive reinforcement). Whenever he shouts out, this inappropriate behavior is ignored.

Boost your child's self-esteem and confidence every opportunity you get. Let him know how proud you are of his efforts. Shower him with praise each time you catch him doing something great, especially if he's trying to control an inappropriate behavior. For more information and tips on how to manage your child's behavior, read the article *Survival Strategies : Managing Your Child's Behavior*.

When planning treatment for your AD/HD child, it is best to remember that there is no one way and there are no easy answers. Medication alone, without some form of academic remediation or other intervention, is rarely enough. Sometimes correcting a child's nutrition works well, sometimes a child learns to change his behaviour on a behaviour modification program. Sometimes medication is necessary, sometimes not. Often it is a combination of treatments which works best. And remember, what works well for one child may not work at all for another. You have to keep all options open, make informed decisions and experiment to find out what works best for your child.

For more advice and individual help with your child's specific problem, contact our Remedial Therapist.

The information in this article is designed for educational purposes only. It is not intended to be a substitute for informed medical advice or care and should not be used to diagnose or treat any medical conditions.

Please consult your doctor for any medical advice.

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