

The Ritalin Riddle

What drug-free options are available for children with ADHD?

By Suzanne King for MSN Health & Fitness

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When Mary Jo Barth's 10-year-old son was taking medicine for [ADHD](#), he became someone she didn't recognize. The boy who could never sit still just wanted to zone out in front of the TV. He was "lethargic," says the Strongsville, Ohio, mother.

[ADHD drugs](#) turned Kelly Devlin's jovial 8-year-old son into a sobbing mess. He cried all the time. "It was just too much," says Devlin, a Houston nurse. "He wasn't the same kid."

So Devlin, like Barth and a growing tide of parents with children suffering from attention-deficit hyperactivity disorder, threw out the drugs, determined their children would be better off without them.

ADHD, which affects more than 4 million children in the U.S., is a brain disorder that causes inattention, impulsivity and hyperactivity, to varying degrees.

Commonly—and often at the urging of schools—stimulants such as [Ritalin](#) and [Adderall](#) and, increasingly, a non-stimulant drug sold under the brand name [Strattera](#), are prescribed to treat the condition. But well-publicized worries about the drugs' short- and long-term health effects have prompted some parents to look for other options.

The wisdom of forgoing drugs, however, is hotly debated in the psychiatric community, and often roundly condemned. Shunning medicine for ADHD is like rejecting insulin for [diabetes](#), says Russell Barkley, a prominent researcher in the field.

"You've eliminated the most effective treatment," says Barkley, who serves on the faculty in the psychiatry departments at SUNY Upstate Medical School in New York and the Medical University of South Carolina.

Barkley and others who support treating ADHD with medication play down safety concerns about the drugs, saying the medications are fine for the vast majority of people. And in many cases, the unpleasant side effects, such as loss of appetite, lethargy and insomnia, are minimal or nonexistent after the drug has been taken for two to four weeks.

Parents shouldn't be ruled by fears of highly unlikely problems, says Dr. Steven Pliszka, chief of child psychiatry at the University of Texas Health Science Center at San Antonio. And they should remember that medication is widely considered the most helpful treatment for a condition that can inhibit learning and impede social growth.

"People should accept the fact that ADHD is a brain-based medical disorder and we're really not going to get around that fact," Pliszka says.

Seeking Alternatives to Meds

Still, prescribing medicine is no longer the only recommended option for treating ADHD. The American Psychological Association, for example, has recommended nondrug treatments first for many child patients. And the [American Academy of Child and Adolescent Psychiatry](#) recently released practice parameters that outline recommended nondrug therapies.

William E. Pelham Jr., professor of psychology and pediatrics at the University of Buffalo, believes drugs should be the last resort for treating children with ADHD.

While acknowledging that about one-third of children properly diagnosed with the disorder will benefit from drug therapy, Pelham says parents have legitimate reason to be leery of the option. "We have no idea what the effect of these drugs is on developing brains."

Real health risks have been tied to certain ADHD drugs. In rare cases, the medications have been linked to cardiac and psychiatric problems. In February, the U.S. Food and Drug Administration directed manufacturers of the drugs to develop guides to alert patients to those risks.

Pelham is among those bringing attention to nondrug therapies for ADHD.

"Psychosocial" treatments, such as behavior modification—focusing on and rewarding a child's positive behavior—should be the backbone of any treatment of ADHD, even if drugs also are used, Pelham says.

ADHD drugs help children only while they are on them—they offer no residual power, Pelham explains. So, teaching children and their parents how to compensate for the symptoms nonmedically could have a huge impact as the children grow older and—as they often do—stop taking the medication.

But nondrug treatments are time-intensive and can be expensive. Often insurance companies will not pay for counseling and other therapies, but they will pay to fill a prescription. And parents often feel pressure from schools to go the drug route.

Anecdotes abound about parents who were given the choice of either drugs or a special education class for their child.

A Test of Patience and Fortitude

Barth and her husband decided to take their son off the ADHD drugs last summer after years of trying various medications with little success. In addition to being quiet and lethargic on the drugs, their son had stopped eating and become dangerously thin.

But they didn't tell his school about their decision. They knew what they'd hear: That any trouble he had could be fixed by medication.

"Sometimes I wonder, should we go back to it?" Barth says. "But it didn't seem like it was helping."

So, for now, the family has decided to use nondrug therapies. Their son, who in addition to ADHD has a learning disability, is still impulsive and "hyper" at times, but he's also advancing academically and has started to read.

Barth has come up with various ways to help her son manage better at school. For example, in the morning before class, he has to wait in a hectic, packed gymnasium—a charged environment for any kid, but potentially derailing for a child with ADHD. So Barth got the school to give her son a job to help him stay calm: He's responsible for making deliveries to the school office.

While he's fine one-on-one at home, Barth says that when other kids are around, her son often starts bouncing off the walls. "I've taught him, 'When you're overwhelmed, go play by yourself.' "

Other times when he's starting to get wound up or isn't focusing, she sends him outside to run around or ride his bicycle. The key, Barth says, is to stay positive.

To be sure, all parents of children with ADHD are familiar with these tricks to keep their kids focused and as even-keeled as possible.

Other parents describe having to tell their children to do something repeatedly before getting the right response. And disruptive behavior in the classroom continues to be a trouble spot for these young live wires.

Many times, parents who decide not to medicate their children are forced to change schools, sometimes several times, or end up home-schooling in order to arrive at an educational environment that works.

Devlin, the Houston nurse, moved her son, who also has [Asperger's](#), from a traditional elementary school to a public Montessori. There he can choose what he wants to work on and whether to sit or stand or collaborate with friends.

Devlin spends time at school with her son every morning to be sure he's on track. She makes charts outlining goals he needs to accomplish at home and school and rewards him when he achieves them. She's also looking for a counselor to work with her son, something his school does not provide.

It's not perfect, Devlin says. "I have to stop myself from getting mad at him sometimes and realize that that's just the way he is and he's not misbehaving on purpose." But she and her husband are certain they'd never turn back to the drugs their son took for only a few days.

"It was strongly pushed on me," Devlin says. "Every meeting we [had with the school], they would ask me, 'What medication is he on?' "

When they found out he wasn't on anything, administrators would ask why and explain how drugs could help. "Help, help, help. That's all I kept hearing, was how helpful they could be," Devlin says. "I'm sure they work with some kids.

"To me, it made things worse."

More About ADHD on MSN Health & Fitness:

- [Socialization Strategies for Children With ADHD](#)
- [Sometimes, a Good Day; Sometimes, I Have ADHD](#)
- [A Teamwork Approach to Teaching a Child With ADHD](#)
- [The Upside of ADHD](#)

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