



ADD, ADHD, TGD, TEA, TOD, TOC, Bipolaridad...

Cuestionando etiquetas



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Health experts' consensus on "Attention Deficit Disorder with or without Hyperactivity"

The undersigned, prominent professionals in the fields of psychology, psychiatrics, neurology, pediatrics, educational psychology and psychomotricity, would like to file the following request with the Health department:

We live in a time in which there are multiple psychopathological "diagnoses" and therapeutic treatments that simplify the determinations of children disorders reverting to a reductionist approach to psychopathological problems and their treatment. This interpretation inadequately applies all the breakthroughs from the neurosciences to illegitimately create an extreme biologism which disregards human's complex subjective processes. Proceeding in a concise, schematic manner without any scientific rigor, diagnoses are made and even new symptoms are defined from observations and by associating arbitrary traits frequently constructed on confusing and antiquated notions. This is the case for "Attention Deficit with or without Hyperactivity Disorder" (ADD/ADHD).

This diagnosis in general is made from questionnaires filled out by parents and or teachers and the treatment usually calls for: medication and behavior alteration.

The result is that children are medicated from an early age, with a medication that does not cure (it is given according to the situation; e.g. to go to school) and, in many cases, conceals a serious symptomatology with subsequent effects or camouflages deterioration that worsens through time. In other cases, medication pseudo-controls behavior and creates the possibility of the having future teenage impulsions, given that it doesn't modify the child's motivations that could control them; provided that both the medication as well as "behavior alteration" tend to silence symptoms without questioning what determines them nor in what context they appear. Thus, they try to restrain children's symptoms without changing the environment or diving into the child's psyche, fears or anxieties.

In other words, first they diagnose a disability, a "deficit" for life, and then they medicate and try to modify behavior. So, they put a label on them, reducing the complexity of the infant's mental life to a simplified paradigm. Instead of finding a psyche in continuous growth that is creating its structure in which conflict is a building block and all effects are complex; it is simply and exclusively seen as a neurological "deficit".

We have found children diagnosed with ADD or ADHD that show psychotic behavior, others that are in mourning process or have suffered constant changes (adoption, migration, etc.); it is also common to diagnose children that have been violence victims including sexual abuse.

At the same time, the media talks about the subject as if it were a sort of epidemic, explaining characteristics, ways of detecting it and treatment options; making diagnosis and the use of medication commonplace. Taken to an extreme, any child by the simple fact of been a child is restless -likes to explore and move around- and becomes a candidate for attention deficit, even when many of these children show they have perfect concentration capacity when they find something interesting. We know that learning problems are usually a frequent reason for consultation and complicate a child's life given that he is portrayed as a failure in the social scene. He "doesn't pay attention in class", seems to be the adults repeated complain which comprises a significant amount of schooling problems.

There are some elementary schools in which an alarming number of students are medicated for ADD without questioning the adult's difficulties to control, transmit, and educate or the type of stimulation the children are subject to in and out of school. That is to say, it is presumed that the child is the only actor in the learning process.

We think that children that cannot pay attention to school subjects, do not sit still or seem to be "in another planet", express different conflicts through their conduct.



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At a time in which adults are in crisis, this type of treatment overlooks the high impact of the context, despite the research that proves the importance of the surrounding in which the child is in.

While human beings are an effect of a history and their surroundings, and cannot be analyzed in isolation, we have to also consider in what situation, time and with whom they interact. The family, mainly, but also the school are institutions that impact on said constitution. Institutions that are in turn defined by the society they are in. Are hyperactive and absentminded children revealing something that is going on in the present days? Overwhelmed parents, depressed parents, teachers that are exceeded by demands, an environment in which words have lost value and rules are usually confusing; does this all have an effect on the difficulty to pay attention in class?

The huge contradiction that is generated between short and quick stimuli that children are accustomed to, from an early age, with television and computers, in which messages are usually a few seconds long, with a visual predominance as opposed to longer teaching periods based on reading and writing to which children are not used to at all, has not been taken into consideration.

Hence, it is completely inappropriate, from the public health point of view, to standardize diagnoses of all restless and or absentminded children without a detailed clinical research.

In this way, in schools we find absentminded children that stay still and disconnected, others that move endlessly; some play in class while others respond immediately to every stimuli without even thinking. A child that doesn't pay attention that moves around, in general, pays attention in a different way and to other things than to what we would expect. And they must not be encompassed in a sole nosographic entity. We don't dismiss the importance of neurological disorders, of current neurology breakthroughs and the privilege of available medication for certain pathologies. But we consider that in this case very different problems are assigned to an unverifiable neurological deficit.

The consensus within the scientific community is that what is considered as ADD/ADHD reflects complex situations related to different pathologies. Nevertheless, this is not always taken into account.

We believe that multiple expressions of infant suffering are amalgamated within that label, but each one should be considered as unique and treated examining their multidetermination.

That is to say, the difference is between thinking that: a) a manifestation implies a psychopathological symptom with an organic origin that has a specific treatment, or that b) a manifestation can be caused by multiple and complex reasons that need to be identified and to define the more accurate treatment.

Also, there is a conflict of opinions between the idea that the diagnosis can be made by parents and or teachers based on questionnaires (as if they were a bystander) and thinking that every observer is related and part of that which he is observing, that parents and teacher are completely associated to the child's problems and could never be "objective" (by the early XX century, Heisenberg suggested that the observer is part of the system). Also, the questionnaire is usually full of vague and imprecise terminology (e.g. "restless" is not always the same for different people). This leads us to think that it is impossible to diagnose in a quick manner without taking into consideration the child's work in the interviews. From our point of view, we find a suffering child with several difficulties and those difficulties hinder learning; we need to study what is happening to be able to help him.

It is also important to point out that many times what is considered is not so much the suffering but how the child's behavior disrupts the environment, hence, medication is used to calm a child who "misbehaves".

Even when the scientific media speaks about the contraindications of the different medications used in these cases, it calls our attention how the media persistently advertises the use of medication as a privileged therapeutic option in cases of ADD manifestations. All the drugs used for restless children or with concentration difficulties have significant contraindications and



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side effects such as the increase of the symptomatology, in the case of psychotic children, as well as development problems.

In different studies on methylphenidate it is stated that:

- It cannot be administered to children under the age of six.
- It is not advised for children with tics (such as Tourette syndrome).
- It has risks for psychotic children because it increases their symptomatology.
- It generates development problems.
- May cause insomnia and anorexia.
- May lower the convulsive threshold in patients with convulsion history or with abnormal EEGs without seizures.

With regards to amphetamines in general, they are now forbidden in some countries -Canada-, and their addictive potential are also recognized.

In the case of atomoxetine, it has been concluded that it produces (in a statistically significant percentage):

- increased heart rate
- weight loss, resulting in development problems
- flew syndromes
- effects on blood pressure
- vomiting and loss of appetite
- there is no long term monitoring

We also raise the following question; does long term medication administered to produce immediate effects (effect generated magically without the subjects processing it) unleash a psychic addiction when placing a drug as vital attitude modifier and generator of "good performance"?

Considering the wide circulation of this "syndrome" and the possibility of including the medication in the compulsory medical program, taking into account everything previously mentioned, the undersigned suggest:

- That all children be evaluated by professionals, and that they be treated according to the specific difficulties each one presents.
- That medication be used as a last resort -and not the first- and that it be agreed upon by a consensus of professionals.
- That the child's environment be taken into account. The family and the social group he belongs to and also society as a whole may be propitious or favorable for disruptive attitudes, concentration difficulties or aimless motor functions.
- That mass media reduce the wide spreading of information about the deficit attention disorder (given that it is a disorder that does not have the complete consensus of professionals) and, above all, restrain recommendations of medication use as a magical solution to school problems.

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