

“GIU’ LE MANI DAI BAMBINI®”
NATIONAL CAMPAIGN FOR THE DEFENCE
OF CHILDREN’S RIGHT TO HEALTH



**INTERNATIONAL CONSENSUS:
ADHD AND ABUSE IN THE PRESCRIPTION
OF PSYCHOPHARMACEUTICAL DRUGS TO MINORS**

(January 2005)

Introduction

“Giù le mani dai bambini” ® is the most visible campaign for the defence of children’s right to health ever organised in Italy, and at present is the most rapidly growing campaign compared to similar initiatives in Europe. The aim of the campaign is to ensure complete and correct public awareness (teachers, parents, adolescents themselves, etc.) on the subject of abuses in the administration of psychopharmaceutical drugs to children and teenagers. With over 11 million children chronically dependent on amphetamines in the United States alone, this situation has now become a genuine medical emergency that is also affecting Italy (for more information consult our website www.giulemanidaibambini.org).

This initiative, promoted by the network of hospital volunteers that has formed a Committee of Associations and Bodies representing over 6 million Italian citizens, is organised with the patronage of RAI – Radio Televisione Italiana. Celebrities from the world of entertainment and science, ranging from Ray Charles (who died recently) to Beppe Grillo and many others, have added their support to the campaign, as can be seen from the Testimonial section on the website. The Campaign has set up a highly qualified Scientific Committee and has launched a complex series of interventions all over the country. The initiative is a non-profit enterprise, as well as being apolitical and non-confessional. The information portal on Internet, which is managed by our volunteers, is currently the most well informed and complex on this subject in Italy. “Attention Deficit and/or Hyperactivity Disorder” (ADHD) syndrome has been the subject of an impressive number of trials and scientific studies. At present the elective solution used to treat this disorder is the pharmacological one (stimulants based on amphetamines and other drugs), and to a far lesser extent a clinical pedagogical approach, psychotherapy and autonomous social interventions.

The financial resources have been focused predominantly on research – largely non-independent given that it is funded using resources provided by the manufacturers themselves – aimed at identifying the presumed biological causes of the syndrome, as well as the effects of pharmacological interventions, penalising the psychological, environmental and social causes, as well as autonomous pedagogical, psychotherapeutic and social interventions.

The experimental methods used and the results obtained have been the subject of heated debate and lively controversy among experts in this sector, attracting attention from the media and the general public over the past few years, and have highlighted problems that are still unresolved. Attention – and the absence of emotional-type problems – are the general prerequisites for learning of any kind, and the identification of a pathology affecting attention and movement that inhibits learning represents a classification that will have dramatic consequences on a personal, familial, school and social level.

The signatories of this document, renowned experts in the clinical and experimental field, wish to outline the current state of affairs using an approach marked by intellectual honesty and professional expertise. This report takes into account the latest and/or least well known experimental results accredited by the scientific community, as well as past and ongoing academic debate in order to cast light on a subject of prime importance in the panorama of the child’s right to health which concerns the scientific community and society as a whole. The report argues in favour of a more ethically correct approach to a problem that for the past fifty years or so has been the victim of largely unsuccessful treatment methodologies.

ADHD as a disease

It is accepted practice to define ADHD – in terms of primary causality – as a “genetically determined disease”, relegating the psychosocial causes to “minor contributing causes” if not simple “litmus papers” able to pinpoint what is already determined at a genetic level, without influencing the timing or manner of onset of the symptoms. On this aspect, it is worth underlining that no direct causality has yet been demonstrated between ADHD and any gene or pool of genes, and no biological marker (phenotype) has been identified with certainty.

The body of research on homozygotic and dizygotic twins and on siblings is strongly affected by the non-demonstrated presumption that the children always grow up in the same environment. It is virtually impossible for this to happen. In addition, the results of these studies are distorted by the fact that the genes govern the synthesis of proteins, which in turn are influenced by environmental factors like stress, trauma, lack of parental sensitivity.

The presence of this type of disorder in genealogical trees does not represent scientifically acceptable proof per se of the genetic status of ADHD, given that the variables of “learning through imitation” and “learning through conditioning” were not taken into due consideration. For nearly a century the powerful effects of both these factors in moulding behaviour have been experimentally demonstrated beyond any shadow of doubt by the doctrine of Behaviourism.

Turning to the most recent and accredited study carried out by the school of organicist psychiatry, “F. Xavier Castellanos et al, *Developmental Trajectories of Brain Volume Abnormalities in Children and Adolescents With Attention- Deficit/Hyperactivity Disorder*, Journal of the American Medical Association (JAMA 2002;288:1740-1748)», it is worth noting that, in an interview given to FRONTLINE on 10 October 2002, after the study had been published, Castellanos gave the following reply to the interviewer’s question

“How close are we to identifying a biological marker for ADHD?”:

“I don’t know. I don’t think we’ll know until we’ve found it... we’d like to find a biological marker. We’d like to find any objective finding, something that confirms what we’ve understood about how ADHD works. The problem is that we’re searching in the dark, and we don’t know where research is leading us. My personal opinion is that we’ll stumble on for the next 3 or 5 years...”

Therefore, the thesis for the disease remains a mere hypothesis, and the use of terms like “disease” and “mental illness” are scientifically illegitimate at present. In the best of hypotheses, ADHD is a simple list of dysfunctional behaviours, and this is too little to identify a disease. The inadequate definition of these behaviour-symptoms from an operational point of view even makes it impossible to categorise ADHD clearly as a psychopathology. Based on the scientific results currently available, the diagnosis of ADHD risks being sustained mainly on economic grounds and not aimed at the real benefit of the child/patient.

The diagnostic procedure for ADHD

In line with what was said earlier about the concept of disease, the diagnostic procedure used is evidently deficient. The APA manual of diagnostics comments in DSM-IV that:

“... there are no laboratory tests confirmed as diagnostic procedures” for “Attention-Deficiency Hyperactivity Disorder”.

In the document «2000 American Academy of Pediatrics Annual Meeting Attention Deficit Hyperactivity Disorder: Current Diagnosis and Treatment, Mark L. Wolraich, MD», it is pointed out that:

“However, the diagnosis of ADHD continues to be linked to limited diagnostic criteria. Diagnosis depends on the behaviour of children observed by various sources, in particular parents and school teachers, who often disagree, and no clear method has been put forward to resolve these discrepancies. One of the sources of disagreement is the fact that behaviour is influenced by the environment. The school class may give rise to different forms of behaviour than those observed at home. Moreover, the way observations are reported is often subjective due to the lack of specific expertise in monitoring behaviour which leads observers to use their own personal method of judgement. Moreover, the criteria remain the same irrespective of age and stage of development, whereas in practice children’s behaviour also varies depending on their growth status”.

A careful analysis of the comments on experimental tests that the specialists use to calculate the thresholds of attention and hyperactivity reveals data that prompt us to reconsider our convictions. It emerges that children can pay attention to tasks they enjoy, but not those relevant to learning which they perceive as “less enjoyable”. Hence the use of terms like “lack of attention in a context of scant motivation”, or “learning anxiety” as well as “hyperactive behaviour” in a family context that reveals severe psychopathologies.

It is debatable that all this can simply be transformed into a biological illness, yet it is clear that various kinds of personal and social dynamics are involved and have been largely ignored by scientific research. When confronted with attention disorders and hyperactivity, an in-depth standardised medical screening is required together with a detailed analysis of the young patients’ social relations, their real level of school learning and many other factors that may cause abnormal behaviour in children. This leads to the conclusion that the diagnostic procedures do not yet have any scientific justification that allows a certain diagnosis to be made beyond all reasonable doubt.

Pharmacological treatment and its effects

The cure is a therapeutic procedure that leads to recovery by removing the causes that generated the pathology. The relief and remission of symptoms, however important, do not qualify therapeutic intervention as a cure. Both the cure and the treatment of symptoms must guarantee respect for human dignity and for psychophysical integrity, a condition that most of the psychopharmaceutical drugs currently available in commerce are unable to fulfil. There is no doubt that these pharmaceutical products have severe collateral effects, including the death of the patient.

One of their effects is that symptoms are suppressed by taking the drug regularly, and suspension of pharmacological treatment results in a re-emergence of the situation prior to the period of regular administration. This is the reason why long-term administration is necessary, even when it is not recommended by the specialists and sometimes by the manufacturers themselves.

In a document dated December 1999 “Long-Term Effects of Stimulant Medications on the Brain”, the NIMH (National Institute of Mental Health) declared that:

“Stimulants suppress the symptoms of ADHD but do not cure the disorder, and as a result children labelled ADHD are often treated with stimulants for many years...”.

Treatment with these pharmaceutical products does not improve the school performance of these children given that learning procedures are much more complex than just “paying attention”. On the subject of the prescription of Methylphenidate (Ritalin), Cesare Cornoldi, Professor of psychology at Padua University, affirms:

“It is as well to remember that positive effects can be seen while the drug is being administered, particularly on controlling impulsiveness, hyperactivity and attention; instead, the disorders affecting learning, behaviour and the difficulty of social interaction require different forms of intervention. Generally speaking, however, pharmacological treatment is chronic because if the drug is suspended – without interventions of a psychological and pedagogical-didactic nature – the child will soon re-present the same symptoms. (Cesare Cornoldi, *Iperattività e autoregolazione cognitiva*, Erickson, 2001, p. 188.)

In 1993 the US Department of Education appointed James M. Swanson, Director of the Research Centre for ADHD of the University of California, Irvine (UCI), a well-known supporter of the biological thesis for ADHD and an advocate of the use of psychopharmaceutical drugs for minors, to carry out a study to highlight the state-of-the-art regarding the efficacy of Ritalin. A total of 300 journals (9000 articles) were consulted, ranging over 55 years of literature.

These were the extremely disappointing results:

1. the long-term benefits have not been experimentally verified.
2. the short-term benefits of stimulants should not be regarded as a permanent solution for the chronic symptoms of ADHD;
3. stimulants may improve learning in some cases but damage it in others;

4. in current practice the doses prescribed may be too high for an optimal effect on learning, and the duration of the effect too short to influence performance at school;
5. there are no noticeable effects on abilities and the higher mental processes, and parents and teachers should not expect significant improvements in school performance or athletic abilities, social skills, learning of new concepts;
6. no improvement in long-term adjustments, parents and teachers should not expect improvements in this respect.

(Extract from “*Talking Back to Ritalin*”, 2001, by Peter R. Breggin)

This leads to the conclusion that psychopharmaceutical drugs do not improve school learning, do not cure the presumed pathology ADHD, but rather act on symptoms by allowing better social acceptance of children by adults. Scant attention has been dedicated to studying the psychopathological repercussions that pharmacological treatments have on children. Moreover, the new molecules marketed as “innovations”, that appear to have none of the collateral effects caused by stimulants, are in fact banal “remakes” of the psychopharmaceutical drugs used in the past renowned for their potentially damaging medium to long-term collateral effects. The cases deserving attention from a clinical point of view – a very small minority – should be treated primarily with a pedagogical type approach (traditional and clinical pedagogy), methods which are now undergoing a real classification in Italy in the form of standard and specifically targeted intervention protocols.

Reinterpreting the data

A growing number of studies have been published over the past few years that identify correlations of various kinds with ADHD. These are physical pathologies, reactions to medical treatments, different environmental conditions and negative conditions during pregnancy, psychopathologies able to mimic the symptoms of ADHD and fulfil the same diagnostic criteria. The nosography of ADHD tends to distract doctors who then neglect to explore these causes, with potentially considerable damage to the child’s health.

It is important not to forget that studying and staying still and attentive at school are conditions that impose sacrifices on all children, with different measures of success reflected by the Gaussian curve. In addition, the variables underlying these changes are so numerous that we are unable to evaluate them and express clinical judgements at present.

Can all the correlations that have emerged be reinterpreted as causes? Can we hypothesise that the symptomatology of ADHD is in fact an aspecific constellation of symptoms, indicators of a personal disorder that refer to a wide range of causes?

Can we abolish the nosography of ADHD with its ideological burden in the same way as homosexuality was treated years ago (originally classified as a mental illness like ADHD)?

This is real challenge that we are facing: a hypothesis that deserves as much scientific attention as we can achieve, a different way of carrying out trials, and an approach that is ethically different from the use of psychopharmaceutical drugs in children and teenagers, which should be inspired by the utmost caution and as a last resort in extreme cases in order to prevent and restrict the possible risks of widescale abuse, as has been documented repeatedly in both the scientific literature and by authoritative sources of information.

Promoting organisations



			
			

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