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Deficit of attention

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Drugs may not always be the best medicine for children

IN the era of fast food, it is hardly surprising that parents and teachers will be tempted to look for instant solutions for behavioural problems or distress. There have been significant advances in neurology in recent years that, along with better drugs, have given a medical legitimacy to the chemical route to controlling small children. The real question, however, is whether we are really helping children or just trying to make life easier for busy adults.

The medicalisation of childhood behaviour coincides with concerns about the erosion of parenting and supervisory skills. It is paradoxical that a generation of parents who take such pride in "putting the children first" so easily give up when a child doesn't behave like a little adult. Attention Deficit Hyperactivity Disorder has become the classic case, and is gaining in popularity as an explanation for disruptive or destructive behaviour, as perceived through adult eyes.

As Justine Ferrari reports today, 14 academic researchers from seven universities are warning the federal Government of the dangers in the first-resort diagnosis of ADHD. This is not to say many children are not being helped by commonly prescribed stimulants such as dexamphetamine and methylphenidate. But under recommendations being considered by the Royal Australasian College of Physicians for its guidelines on ADHD at the request of the Government's medical researcher funding body, teachers may be looking too hard for such disorders as an explanation rather than on other signs, such as stress from struggling to keep up with schoolwork. Children from disadvantaged backgrounds, where parents may lack the sophistication to counter this approach, would be most at risk of being shunted into such a category as ADHD, landing them with a psychiatric disorder that could dog them for the rest of their lives.

They are not the first to raise concerns. In April last year, NSW District Court judge Paul Conlon suggested ADHD was being overdiagnosed, saying many young offenders had been diagnosed with ADHD and treated with stimulant drugs over extended periods of time, which he claimed would make them more likely in future to turn to drug abuse and criminal behaviour.

It is all too easy for an adult to slap the book shut when misbehaviour occurs and declare that the child needs a visit to a doctor for diagnosis. We should look first at solutions that have served generations of parents, and more importantly children, well: a mix of firmness, understanding and two-way communication.

The suggestion by some medical professionals that as many as one in 10 children suffer from ADHD is self-cancelling. A syndrome so prevalent would have to be within the range of normal behaviour. Even with the best parenting in the world, children can have problems. But medication should be the last resort, not the first.

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