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A Rush to Medicate Young Minds

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By Elizabeth J. Roberts
Sunday, October 8, 2006; Page B07

I have been treating, educating and caring for children for more than 30 years, half of that time as a child psychiatrist, and the changes I have seen in the practice of child psychiatry are shocking. Psychiatrists are now misdiagnosing and overmedicating children for ordinary defiance and misbehavior. The temper tantrums of belligerent children are increasingly being characterized as psychiatric illnesses.

Using such diagnoses as bipolar disorder, attention-deficit hyperactivity disorder (ADHD) and Asperger's, doctors are justifying the sedation of difficult kids with powerful psychiatric drugs that may have serious, permanent or even lethal side effects.

There has been a staggering jump in the percentage of children diagnosed with a mental illness and treated with psychiatric medications. The Centers for Disease Control and Prevention reported that in 2002 almost 20 percent of office visits to pediatricians were for psychosocial problems -- eclipsing both asthma and heart disease. That same year the Food and Drug Administration reported that some 10.8 million prescriptions were dispensed for children -- they are beginning to outpace the elderly in the consumption of pharmaceuticals. And this year the FDA reported that between 1999 and 2003, 19 children died after taking prescription amphetamines -- the medications used to treat

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Eli Lilly and Co.'s Strattera treats ADHD.
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ADHD. These are the same drugs for which the number of prescriptions written rose 500 percent from 1991 to 2000.

Some psychiatrists speculate that this stunning increase in childhood psychiatric disease is entirely due to improved diagnostic techniques. But setting aside the children with legitimate mental illnesses who must have psychiatric medications to function normally, much of the increase in prescribing such medications to kids is due to the widespread use of psychiatric diagnoses to explain away the results of poor parenting practices. According to psychiatrist Jennifer Harris, quoted in the January/February issue of *Psychotherapy Networker*, "Many clinicians find it easier to tell parents their child has a brain-based disorder than to suggest parenting changes."

Parents and teachers today seem to believe that any boy who wriggles in his seat and willfully defies his teacher's rules has ADHD. Likewise, any child who has a temper tantrum is diagnosed with bipolar disorder. After all, an anger outburst is how most parents define a "mood swing." Contributing to this widespread problem of misdiagnosis is the doctor's willingness to accept, without question, the assessment offered by a parent or teacher.

What was once a somber, heart-wrenching decision for a parent and something children often resisted -- medicating a child's mind -- has now become a widely used technique in parenting a belligerent child. As if they were debating parental locks on the home computer or whether to allow a co-ed sleepover, parents now share notes with each other about whose child is taking what pill for which diagnosis.

These days parents cruise the Internet, take self-administered surveys, diagnose their children and choose a medication before they ever set foot in the psychiatrist's office. If the first doctor doesn't prescribe what you want, the next one will.

There was a time in the profession of child psychiatry when doctors insisted on hours of evaluation of a child before making a diagnosis or prescribing a medication. Today some of my colleagues in psychiatry brag that they can make an initial assessment of a child and write a prescription in less than 20 minutes. Some parents tell me it took their pediatrician only five minutes. Who's the winner in this race?

Unfortunately, when a child is diagnosed with a mental illness, almost everyone benefits. The schools get more state funding for the education of a mentally handicapped student. Teachers have more subdued students in their already overcrowded classrooms. Finally, parents are not forced to examine their poor parenting practices, because they have the perfect excuse: Their child has a chemical imbalance.

The only loser in this equation is the child. It is the child who must

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endure the side effects of these powerful drugs and be burdened unnecessarily with the label of a mental illness. Medicating a child, based on a misdiagnosis, is a tragic injustice for the child: His or her only advocate is the parent who lacked the courage to apply appropriate discipline.

Well-intentioned but misinformed teachers, parents using the Internet to diagnose their children, and hurried doctors are all a part of the complex system that drives the current practice of misdiagnosing and overmedicating children. The solution lies in the practice of good, conscientious medicine that is careful, thorough and patient-centered.

Parents need to be more careful with whom they entrust their child's mental health care. Doctors need to take the time to understand their pediatric patients better and have the courage to deliver the bad news that sometimes a child's disruptive, aggressive and defiant behavior is due to poor parenting, not to a chemical imbalance such as bipolar disorder or ADHD.

The writer is a child and adolescent psychiatrist in California and the author of "Should You Medicate Your Child's Mind?"

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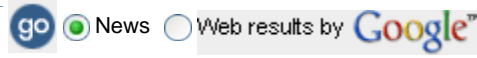
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