ADD/Attention Deficit Disorder:

What We Know, What It Means, What We Can Do

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Introduction

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"Please, learn to control yourself!" – Any teacher

Attention Deficit Disorder: an inability to concentrate; easily distracted; spacing out

Kurtis is a five-year-old boy who just started kindergarten, and he loves to come to school. During story time Kurtis can sit on the rug nicely without bothering other children; in fact, he never talks to other kids while on the rug. However, he is not paying attention to the story either. Kurtis' head quietly bobs from side to side looking at everything and everybody in the room, except the book. When asked a question about the story, Kurtis will respond with, "There is a picture on the wall, that is about to fall down, Mrs. Perez." Or, "There is a piece of paper under Lisa's desk."

Attention Deficit Disorder with Hyperactivity: an inability to concentrate along with behavior of constant movement

Here she comes. I know it is her, because I can hear her in the hallway drumming a song on the locker. I do not have to see her or hear her voice – that's Kerry alright. Kerry is a fourth-grader who has been diagnosed with Attention Deficit Disorder with Hyperactivity (ADHD). She loves to touch everything. It's as if her brain thinks through her hands. When sitting at her desk, her knee bobs up and

down as if she is marching. When walking through the hallway, her hand is extended outward to touch every locker. She cannot wait until recess when she seems to run continuously. I often wonder, "Does she ever get tired?". Her mother reports that at home she is the same way – an endless fountain of steam. She seems to be motor driven. Kerry can stay up late at night and get up early in the morning. She finds it difficult to listen to anything that takes longer than ten seconds to explain. Her desk is a war zone! She is challenging in the classroom, and often difficult to handle. On the days when she is absent, the classroom appears to have less commotion.

Regular Folks

You will not see wheelchairs, braces, crutches, or any physical characteristics that distinguish them in a crowd. The visible symptoms are subtle, and hidden. Children and adults with Attention Deficit Disorder (ADD) *look* like regular folks. But behind the face lies a perplexing disability, one whose associated behaviors tell the story. These behaviors quickly label ADD children as "motor mouths"; whirling dervishes; or as being clumsy, lazy, or dysfunctional by those who don't understand the special challenges of ADD.

There are many causes of ADD and other types of cerebral dysfunction. Some are known, others are unknown, and still others are considered "speculative and unproven." This book addresses several treatments that are prevalent and standard, as well as some new and exciting treatments that can change the way we look at this perplexing and often vexing condition.

Although ADD does exist, it has also been recently over diagnosed, with the cure often dispensed in the form of a drug, given out like candy. This book imparts information that will prove helpful to the teachers and parents, but most of all, to the school-age children who struggle to "control themselves".

A Country Obsessed

ADD and ADHD seem to form an epidemic sweeping the country. These designations are attached to an increasing number of children; upwards of a million in recent years representing three to five percent of school-aged students. More and more are being recommended for the standard medication, Ritalin (methylphenidate), a member of the amphetamine category of drugs. It was reported in Hoffman (1997) that in some school districts, more than seven percent of their children are receiving this drug treatment.

Are ADD and ADHD on the rise, or is our awareness of these conditions increasing? Is shaping children's behavior in a pharmaceutical way the answer to this issue? A media controversy has ignited on the subject, with everyone from Scientologists to the editorial staffs of the *Wall Street Journal* and the *Journal of the American Medical Association* expressing concern about possible prescription overuse. In 1993, a United Nations report estimated that the U.S. was producing and using five times more Ritalin than all other peoples in the rest of the world combined.

Often, an inappropriate diagnosis is given. In the *Archives of Pediatric and Adolescent Medicine*, a recent

survey revealed that doctors often spend less than an hour arriving at a diagnosis of ADHD. Some experts agree that this is not enough time for a child to be accurately assessed. A more complete diagnosis can be determined by a team of several people, including the child, and a long case history. If completed properly, this process takes more than an hour (1995).

Pharmacological Frenzy

According to Dr. Mary Ann Block, the author of *No More Ritalin: Treating ADHD Without Drugs* (1996), "We have an ADHD industry. The people running this industry are making a great deal of money from it. I would not object to money being made if the problem were actually being fixed or cured, unfortunately that's not the case."

The real controversy about ADD is whether we are seeing a tendency to label aberrant behavior as ADD: from the bright child who is a bit of a pain in the neck and acts up in class; to the quiet child who seems distracted and uninterested in school; to an average child who may be suffering from some real physical sensation that he or she cannot control. It is unfortunate that ADD and ADHD have become a vogue diagnosis for a multitude of different behavior patterns which may have a number of distinct causes. Dispensing the same therapeutic drug to all children with behavior problems is an abdication of responsibility.

The prescription rate has grown more than 600 percent since the 1990's with about 80 to 85 percent of ADHD children now receiving drugs. This could well give cause for wondering if the connection between nutrition

and ADD was made only recently *(Gormley, 2000)*. The answer is a resounding "No"! Books and chapters abound on this connection, including those by the following:

1. Dr. William Crook on excess sugar (1987 and 1991)
2. Dr. Leo Galland on artificial ingredients (1988)
3. Dr. Cass Ingram and Judy Gray on calcium/Omega-3 fat deficiencies and food colorants (1994)
4. Dr. Howard Peiper (1997)
5. Dr. James Gormley on DHA (fish oil) supplements and ADHD (1999)
6. Dr. Rapp on food allergies in the early 1980s
7. Dr. William Walsh on metal metabolism disorder in 2004.

(Gormley, 2000).

Nutrition and ADD

Part I:
Terms

Rodriguo is 35 years old and works as an electrician. Although he is smart and capable, he never liked school. "My teachers never really liked me either, and I really didn't know why. I never looked for trouble or tried to make mischief, I just couldn't sit still long enough to pay attention. I liked to move around a lot. My teachers said I was hyper."

What We Know

Attention deficits have evolved over the years in scientific terminology and the classification of symptoms. The latest revisions to the disorders are defined in the *Diagnostic and Statistical Manual of Mental disorders*, fourth edition, or *DSM IV*. Currently all attention deficits are grouped under the designation AD/HD or attention deficit/hyperactive disorder.

Two main categories are defined: ADD, predominately *inattentive*, and ADHD, predominantly *hyperactive-impulsive*. A third category is considered, *ADHD-combined*, which is a combination of inattentive and hyperactive. (See Table 1: Types of ADD pp 8.)