

A new study challenges the idea that ADHD is purely biological

colbycosh@gmail.com

Colby Cosh, National Post

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Good science tends to emphasize data over interpretation. In this regard, the new Canadian Medical Association Journal research paper from University of Alberta sociologist Lisa Stroschein is nothing if not good science. Prof. Stroschein has attracted worldwide attention this week for her findings from the National Longitudinal Survey of Children and Youth (NLSCY), in which she found that in a large sample of families followed between 1994 and 2000, children of divorce were about twice as likely to be prescribed Ritalin as those in two-parent households. In its eagerness to avoid confronting the ongoing controversy about Ritalin prescriptions for children, the paper borders on being self-effacing. But that will do nothing to diminish its force. It is destined to land smack-dab in the middle of the sometimes furious international tempest over the medicalization of personality.

Ritalin is normally administered to children diagnosed with what is now called attention deficit-hyperactivity disorder (ADHD), a pattern of behaviour characterized by inattention, poor impulse control, and fidgetiness or squirminess. There are no physiological criteria for a diagnosis of ADHD; it is a list of undesirable traits that has been the subject of a frustrating semantic tug-of-war over whether it is truly a "disorder" with some ultimate physical basis.

Over the past 20 years, the use of Ritalin has risen dramatically, reaching the point of near-ubiquity in some schools. It is prescribed to boys three or four times as often as to girls. Its effects on the central nervous system closely mimic that of cocaine. As a cognitive enhancer, it is an overt target of drug-seeking behaviour by older adolescents and college students, and is a popular street drug.

For all these reasons, parents who feel they have been left with no option but to administer Ritalin to their children very much want to believe that they are treating some sort of objectively existing illness. Some may regard the panoply of theories about the biology of ADHD as a confirming indicator; we are all free to suspect zinc deficiency or poor circulation or premature birth -- anything to avoid blaming the household environment. ADHD has, in fact, shown to be highly heritable in twin studies, but the nexus between the genes and the behaviour remains elusive. And now we have Stroschein's study, not the first to arrive at the same conclusions, which suggests that divorce appears to be some sort of carrier for this disorder. Could there be some sort of virus that thrives in law offices? Or will we be forced to concede a significant place for parenting in the development of the ADHD child's symptoms?

Stroschein does offer alternatives, but they are hardly comforting. If you tap the heels of your ruby slippers together, you can just maybe believe that the numbers are the result of random chance. In the study sample, the incidence of Ritalin use was 3.3% in the maritally stable households and 6.1% in the broken homes. Given the sample size, the true population figure (within the typical 95% confidence limits used in most social science research) could be as high as 3.8% on the former side and as low as 4.2% on the latter. But because we're talking about multiplying the chances of two improbable events, that's a fairly extreme longshot. Moreover, some Ritalin prescriptions may have been overlooked in between NLSCY questionnaires, and some divorced couples may have dropped out of the longitudinal study, so the real difference is likely to be bigger than it looks.

What, then, is left for those who insist on ADHD as a specifiable neurological disorder and nothing but? Stroschein suggests that there might be "an indirect tendency of parents with a history of mental health problems to divorce" --i.e., your ADHD child isn't wacky because your marriage was lousy; both happened because you were sort of crazy to begin with. Stroschein also postulates that "although clinicians are advised to distinguish between the symptoms of ADHD and the effects of stressors such as parental divorce on child behaviour, a prescription for [Ritalin] may result simply from increased contact with the health care system following divorce." This explanation would imply an enormous number of inappropriate prescriptions, but then, Stroschein's data are almost impossible to reconcile with the belief that psychiatrists are following professional standards for Ritalin prescriptions anyway.

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