Attention Deficit Hyperactivity Disorder (ADHD) has become the fourth most common condition sending children to the pediatrician, behind only ear infections, upper respiratory infections and sore throats.

Few conditions in children cause as much stress and worry for parents as ADHD, and few conditions have as many long-term ramifications that affect all aspects of the child’s life. How parents decide to address ADHD in their child can dramatically affect her future on many levels.

According to the Centers for Disease Control (CDC), 9.5 percent of all children in the United States have been diagnosed with ADHD as of 2007. When you add to that the number of children who may have the condition but have not yet been diagnosed, the number is even more alarming.
The CDC also reports that roughly 4 percent of all children in the U.S. are on ADHD medications. That means there are 2.7 million children in the U.S. who are currently taking mind-altering drugs, most of which are Schedule II controlled substances. Drugs are included on the Schedule II listing if they have currently accepted medical uses but also a strong likelihood for abuse and addiction. Common ADHD drugs that are registered as Schedule II are Ritalin, Concerta and Adderall. Other common Schedule II drugs include cocaine, oxycodone, methamphetamine and methadone.

The other class of medication that is commonly used for ADHD are antidepressants, such as Strattera. While not a stimulant like Ritalin, Concerta or Adderall, Strattera shares one important feature with its stimulant counterparts, in that they have all received a “black box” warning from the Food and Drug Administration (FDA). An FDA black-box warning appears on a prescription drug’s label and is designed to call attention to serious or life-threatening risks. It is the strongest type of warning that can be placed on a medication.

The black-box warning for methylphenidate (Ritalin, Concerta) cautions that the medication is addictive and can lead to abuse. It even states that the medication should be “given cautiously to patients with a history of drug dependence or alcoholism,” due to its addictive potential.

The black box for the amphetamines (Adderall, Vyvanse) also warns of the high abuse potential, warning that “administration of amphetamines for prolonged periods of time may lead to drug dependence and must be avoided.” It goes on to warn that “misuse of amphetamines may cause sudden death and serious cardiovascular adverse events.”

Strattera has received a black-box warning not because of the potential for abuse but because the drug has been linked to an increase in suicide. The FDA states that Strattera “increased the risk of suicidal ideation in short-term studies in children or adolescents with ADHD.” It emphasizes that “patients who are started on therapy should be monitored closely for suicidality, clinical worsening, or unusual changes in behavior.”
While in many cases the ADHD drugs may get a desired effect in children, the question remains: At what cost?

According to a December 2010 study, 31 prescription drugs were identified as having the strongest link to violent behavior. Of those 31 drugs identified, 3 were ADHD drugs, 11 were antidepressants and 6 were sedatives. This study provides yet another example of what can happen when you alter the function of the brain with powerful medications.

A story in the July/August 2009 issue of Scientific American asks the question, “Do ADHD Drugs Take a Toll on the Brain?” The article cites recent studies that suggest that “stimulant drugs could alter the structure and function of the brain in ways that may depress mood, boost anxiety, and could lead to cognitive defects.” Animal studies are suggesting that methylphenidate (Ritalin) may alter the brain in ways similar to that of cocaine, and that after only two to four weeks of ingesting amphetamines in a similar formulation to Adderall, baboons showed evidence of amphetamine-induced brain damage.

As with all antidepressant medications, little is known about the long-term effects of Strattera on children. But regardless of the short- and long-term adverse effects of taking these drugs, we must also ask ourselves what message we are sending. We start from an early age trying anything and everything to keep our children off drugs. We have school education, law enforcement and public awareness programs about it, all focused on teaching our children that drugs are bad, and a dead-end street. But while we’re lecturing them on the destruction that drugs can cause, 4 percent of them are on a Schedule II controlled substance prescribed by their doctor and handed to them by their parents or school.

We hand our children a pill for everything. Headache? Take a pill. Can’t sleep? Take a pill. Too fat? Take a pill. Feeling depressed? Take a pill. Trouble in school? Take a pill. We train our children to react to any challenge in life by running to the pharmacy, yet in the same breath we tell them, “Don’t do drugs!” We have to seriously consider the state of our culture and society when millions of our children nationwide are on a daily diet of Schedule II controlled substances to function.

Many parents who decide to put their children on ADHD drugs do so with a heavy heart, and even more do it because they’re not aware of what else they can do to help their children. Parents are often confused and frustrated with trying to solve their kids’ ADHD problems and explain, “We don’t want to resort to medications, but we have to do something.”
One of the reasons for so much frustration with this condition is because the philosophy of “find the problem and drug it” leaves a lot to be desired. Sure, medications may mask symptoms for a while in the best of cases, but when you factor in the possible side effects and long-term ramifications, drug therapy has serious questionable aspects.

Most parents are not aware that there are other ways to address ADHD. As a chiropractor who focuses on children with neurodevelopmental issues, I have found that a comprehensive approach is needed for maximum improvement in children with this condition. ADHD is a neurological disorder and great care must be taken to improve not only the overall function of the nervous system, but the neurosensory system in particular.

To improve the function of the nervous system, a multipronged approach is needed, including removing nerve interference with chiropractic, neurointegrative exercises created based on the specific neurosensory needs of the individual child and addressing his or her toxicity or dietary issues. This approach is safe, effective and does not include the risks associated with medications.

Instead of looking at ADHD as a condition that must be treated, chiropractors look at ADHD as evidence that the nervous system of the child is in a state of dysfunction and needs to be improved. With this approach, the goal is to improve neurological function from the inside out, instead of temporarily manipulating symptoms from the outside in.

Chiropractic specifically seeks to reduce neurological interference from vertebral subluxation, a phenomenon commonly seen in children where abnormal motion of the spine is associated with impaired neurological function. While not a treatment for ADHD, correction of vertebral subluxation through chiropractic adjustments has been shown to result in improved nervous system function and improvement in ADHD symptoms.

Also valuable when addressing children with ADHD is to determine if there is any neurosensory dysfunction involved. The neurosensory system is primarily made up of the five senses, plus two less widely known systems called the vestibular system and proprioceptive system. These senses are how the brain becomes aware of what’s going on in a person’s environment. Although these sensory systems develop normally in most children, it is becoming more and more common for one or more of these sensory systems to become delayed or impaired. When this happens, the sensory system as a whole begins to break down, and the result is that the brain is not able to process sensory input correctly. As a result, symptoms may manifest that
look like ADHD or other learning difficulties, such as with reading comprehension or spelling, as well as behavioral problems. Neurosensory integration exercises have also been shown to improve neurological function and improvement in ADHD symptoms.

Another key in helping children with ADHD is to address any nutritional issues that may be present. While this topic can be quite involved, depending on the diet of the child, one of the most important areas of focus is on the child’s fatty acid profile. Numerous studies have demonstrated that optimal omega-6/omega-3 fatty acid ratios are essential when addressing ADHD. The ideal omega-6 to omega-3 ratio is 1.5:1, with 4:1 being good. Once a person has greater than a 10:1 ratio, they are at high risk for many conditions, including neurological conditions such as ADHD. The typical omega-6/omega-3 ratio in most Americans, including children, is above 12:1. Correcting the fatty acid balance in children with ADHD is another critical step in any attempt to improve the condition.

While there are some occupational therapists that can help with neurosensory integration, and some healthcare providers that are knowledgeable with rebalancing fatty acid levels and other advanced nutritional/toxicity issues, only a chiropractor is qualified to detect and correct vertebral subluxations.

The best-case scenario for parents of children with ADHD is to find providers that address all three components of neurological improvement: subluxation correction, neurosensory integration and nutritional optimization. This gives the child the best chance of success in addressing ADHD without resorting to ADHD drugs.

The website for the International Chiropractic Pediatric Association (icpa4kids.org) is a great resource for locating a chiropractor who focuses on children.