

ADHD: More of It, Better Diagnosis, or Both?

Written by Kelly Brogan, M.D.

Saturday, 01 September 2018 00:00 - Last Updated Thursday, 03 January 2019 09:22

“[Diagnostic and Statistical Manual of Mental Disorders 5 (DSM-V)] is a wholesale imperial medicalization of normality that will trivialize mental disorder and lead to a deluge of unneeded medication treatment—a bonanza for the pharmaceutical industry but at a huge cost to the new false positive patients caught in the excessively wide DSM-V net.”

—Allen Frances, DSM-IV Taskforce Chair



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Psychiatry, at large, is coming under correction after decades of collusion with industry and media. Based on the passion of crusaders like journalist Robert Whitaker, the epidemics that psychiatry has created are being exposed, and the finger is now pointed back at psychiatry itself. Yes, those “healers of the soul” (can you believe that’s what the word psychiatrist actually derives from?) have to begin to take responsibility for their part in over-diagnosis and over-treatment of vast swaths of the population. The guild of psychiatry, as Whitaker calls it, has accomplished its malfeasance through the following means:

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Embracing impressionistic and entirely subjective diagnostics (no scientific or physiologic tests for diagnosis)

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Explosive numbers of DSM diagnostic categories, determined by “experts” with often undisclosed conflicts of interest

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Primary treatment with medication, which itself begets more treatment with more medications, and greater disability, according to Whitaker’s data analysis

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Cozy relations with pharmaceutical reps, serving as key opinion leaders influencing public perceptions around biological psychiatry, ghostwriting, and data manipulation for outcomes supportive of pharmaceutical sales

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Support of direct-to-consumer advertising teaching the public about convenient myths that serve medication sales and the medicalization of mental illness

Extra, Extra, Read All About It

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What has been less explored is the collusive role of the media in generating public beliefs about mental illness and its best treatment.

I dare say that journalists have gotten either very lazy, very scared, or both. It is a rare journalist— like Jeremy Hammond, or Sharyl Attkisson— who actually digs deep for the truth on a matter. Most interview only the most accessible mainstream mouthpieces, look no further than industry-influenced professional associations, and parrot orthodox catchphrases that manipulate public fear rather than clarify the nature of a given dilemma.

What happens when there is a disconnect between the available science (or even acknowledgement of its ambiguity) and what is being represented to the public on the glossy pages of a magazine, or in the scrolling typeface of their iPhone's daily news app? How is this corrected? Who is responsible?

Herein lies the beauty of the Internet. The truth is available. If you look, you will find it, and you will know it when you do. It is the democratization of information.

Responsible Reporting

Researchers Jeffrey R. Lacasse and Jonathan Leo have been working to bridge the gap between public consciousness and available science. In 2005, they published a paper called “Serotonin and Depression: A Disconnect between the Advertisements and the Scientific Literature.” It explores the serotonin meme—one that was not, is not, and should not be regarded as a meaningful scientific explanation for depression, despite Zoloft commercial references to chemical imbalance.

Since 2000, they have been working to shine a bright light on the ADHD epidemic and published a brilliant exposé titled “The New York Times and the ADHD Epidemic.” Ever wonder what the deal is with ADHD's overdiagnoses and overtreatment, but also feel that it's a real issue?

In their subtle but powerful indictment, Lacasse and Leo suggest that the relationship between media outlets like the Times and Big Pharma may be responsible for “teaching” the public that

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there is science to support ADHD as a discrete brain disease with safe and effective treatments. The researchers maintain that, in the paper's selection of expert opinion and neglect of important research, the Times has painted a very skewed picture of the epidemic:

Critics of the Times often cite their supposed liberal bias. If anything, the Times' reporting of mental health issues would seem to be the opposite, case, as they have tended to side with the corporate interests of the pharmaceutical companies...at least prior to [Alan] Schwarz's arrival, it appears that the Times was too deferential and not skeptical enough of those academic experts whose prominence was in large part due to their pharmaceutical company connections. The pharmaceutical company marketing plans go far beyond simple advertisements. We live in an era where many experts list their main employer as a medical school, and their "side job" as a pharmaceutical company consultant, yet they make hundreds of thousands of dollars more in consultant fees than their medical school salary.

ADHD: Too Many Questions

With 10,000 toddlers (2 or 3 years old) medicated for ADHD according to the CDC, and 11 percent of boys on stimulants, we should have more answers than questions on the nature of this illness, don't you think? The psychiatric guild would have you believe that all of these children have genetically loaded brain diseases. In fact, bereavement, problematic homes, and complex psychosocial dynamics (like those in foster care) are not exclusion criteria for diagnosis—meaning those kids are interpreted to still have a neurologic deficit requiring medication treatment.

So, if we agree that we are over-diagnosing (as most in mainstream psychiatry are willing to acknowledge), and we don't have an objective test for diagnosis, then how do we tell earnest parents who just want a quick fix that their children are actually abusing stimulants rather than legitimate psychiatric patients? How do we know if the problem is the school, the family, or the child? What if the problem is actually real, but not genetic nor a stimulant deficiency?

Something Is Really Wrong

Here's the thing. This is a both/and situation. Psychiatry, industry, and the media have created an epidemic. But there also is an epidemic. This is where the wastebasket function of psychiatric diagnosis comes in. When conventional lifestyles and associated medical and pharmaceutical interventions create problems (unrecognized as legitimate by orthodox doctors) for people, psychiatry is all too happy to give these patients a home.

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Our children are undeniably sick. But why? Why is it that over 9 percent of children have asthma, almost 6 percent have food allergies, and 9.5 percent have ADHD? Why do more than 200,000 kids and teens have type 1 diabetes, 1 in 68 has autism, and 1 in 6 has a developmental disability? According to statistics from 2006, 17 percent of black children (and almost 13 percent of white children) have eczema. More than 300,000 children under 15 have epilepsy. One in 1,000 children develop arthritis. Why?

I stand by what I've written previously:

When you take a woman who has been eating processed food, taking The Pill, antibiotics, and maybe even a PPI, exposed to xenoestrogens, endocrine disruptors, and friendly-bacteria-slaughtering pesticides and you grow a baby in that womb, there is a good chance you have created a time-bomb. Throw in 70 doses of 16 neurotoxic and immunosuppressive vaccines by age 18, some formula and genetically modified and processed baby food, four years of plastic diapers and Johnson's 1,4-dioxane baby wash and ... Houston, we have a problem.

Our children are suffering from the cocktail effect, a newly minted phrase for the unexpected synergy of toxic exposures. It necessitates a different approach to behavioral, cognitive, and mood symptoms. We must first nurture a nontoxic lifestyle, and meet these children where they are by investigating the why of their symptoms. If pathology remains after this layer, then we must first do no harm—which might look like strategic nutrition, better physiologic assessments, and smart supplementation. Children are also intensely sensitive to energetic interventions, which makes yoga, homeopathy, and energy medicine safe and effective, and always my first choice for my own children.

First Do No Harm

“Doing no harm” will never look like prescribing children amphetamines, violence-inducing antidepressants, and antipsychotics. We must reallocate our fear where it belongs. We should be afraid, not of our children's behavior—behavior that is often an expected response to the lifestyles we expect them to conform to, and the toxicants we ply them with. We should be afraid of contracting with a pharmaceutical model that has been proven to generate more problems and worse outcomes. We should be afraid of chemically altering our children, of applying a heavy hand to their evolution as individuals. We should be afraid of what happens when we allow ourselves to be courted by the illusion of the convenience of the simple, quick fix.

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Because there is no such thing.

There is no free lunch. There is only rebalancing, and that takes work, attention, and belief in the power of the body and mind to heal. The results of this approach are nothing short of transformative. When we heal through natural medicine, there's no tradeoff. There's only liberation, and a fresh set of eyes through which to see the truth.



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