

# WHAT EVERY EDUCATOR SHOULD KNOW ABOUT RITALIN

## **What is Ritalin?**

Ritalin (methylphenidate) is the drug commonly prescribed for attention deficit hyperactivity disorder (ADHD), the most common neurobehavioral disorder in school-going children.

## **What are the typical behavior patterns of ADHD children?**

Children are restless, inattentive and impulsive, and have problems with school, their peers and their families. They're also usually boys, who are diagnosed with ADHD at least three times as often as girls are.

## **Is there a physiological basis to ADHD?**

In a study, which lasted 10 years, more than 100 ADHD children were compared with a similar number of non-ADHD youngsters. It found three areas of the brain to be "significantly" smaller in ADHD children - the right prefrontal lobe, a region of the cerebellum and two parts of the basal ganglia. ADHD children who were taking no medication had strikingly smaller white matter volumes than both non-ADHD children and medicated ADHD children.

## **Is ADHD in the genes?**

Compelling evidence suggests that it is an inherited condition. Family studies show that someone with a parent or sibling with ADHD has a fivefold greater risk of ADHD than someone in the general population.

### **Is the diagnosis dependable?**

When suspecting ADHD, it is important to approach a professional who is well trained in ADHD. Much of Ritalin's bad publicity has been due to misprescribing of the drug. An accurate diagnosis should be accompanied by a thorough clinical evaluation and a research of collaborative information from parents and teachers.

### **Is Ritalin prescribed too readily?**

Case studies indicate that this is not usually so, but the dosage may be wrong, it may be the wrong type of Ritalin, or it may be being administered at the wrong time.

### **What are the long-term effects?**

Contrary to media reports, children who have been on Ritalin do not seem to have increased risk of substance abuse. Ritalin isn't habit-forming, has no long-term dangerous side effects and the short-term side effects can be managed.

### **Which children should be put on Ritalin?**

A child who shows symptoms before the age of 7, exhibits behavior problems in 2 distinct settings (school and home) for at least 6 months and where these behavior cause significant distress.

### **Do children outgrow ADHD?**

Two-thirds of ADHD youngsters outgrow at least some of their symptoms by late adolescence.

(Adapted from Readers Digest: May 2003)