Attention Deficit Hyperactivity Disorder (ADHD) has become a hallmark disorder of American society, especially among children. The Center for Disease Control estimates seven percent of the school-age population has the disorder and numerous studies have shown that the number of children, adolescents and now adults who are treated with medication for the disorder continues to increase. It has been the most common psychiatric diagnosis among children for several decades. The widely-used medication treatment, Ritalin, has become synonymous with the disorder (although now there are more than a dozen different medications used). Until the last decade this had been a mostly American phenomenon, with European and other countries diagnosing and treating a fraction of the numbers treated in the United States, but in recent years the diagnosis has migrated to other countries, although still at much lower rates.

Rick Mayes, Catherine Bagwell and Jennifer Erkulwater give us a thorough and thoughtful social and historical account about the emergence and expansion of the ADHD diagnosis and treatment. Their detailed history of the disorder is fascinating and well-researched, presenting a provocative analysis of the impact of policy changes on ADHD. The roots of ADHD are in the chance discovery in the 1930s of a misnamed “paradoxical effect” of stimulant medications that could reduce hyperactive and restless behavior in children, but the treatment did not become well-known until the approval of Ritalin for use with children in the 1960s. During this period we see a series of names for a disorder that Ritalin and similar medications were deemed to treat: organic drivenness, minimal brain dysfunction, hyperkinesis, hyperactive syndrome and ADHD. All of these assumed but did not demonstrate some kind of underlying biophysiological disorder. An important conceptual shift occurred when focus on the disorder shifted from disruptive behavior to attention difficulties. Reframing the problem from largely hyperactive behavior to include inability to sustain attention was a significant definitional change that widened the net of children who could be diagnosed and treated for ADHD. It also altered the gender balance, because the symptom array now included girls who spaced out as well as boys who acted up.

While the number of children diagnosed grew steadily during the 1970s and 1980s, expanding to include adolescents, it was in
the 1990s that the ADHD diagnoses skyrocketed. The prevalence went from 900,000 4–17 year old children diagnosed in 1990 to 3–4 million children diagnosed by the end of the decade. Mayes, Bagwell and Erkulwalter posit three policy changes that helped trigger the surge of ADHD in the 1990s: (1) a 1990 Supreme Court decision that engendered a change in the Supplemental Social Security (SSI) program to allow it to include low income children with disorders like ADHD, (2) in response to the lobbying of parents of ADHD children, Congress passed a law in 1991 that included ADHD as a “protected disability” under Individuals with Disability Education Act (IDEA), resulting in children with a diagnosis receiving special accommodations, (3) in the 1990s, policymakers expanded the number of children who would be eligible for Medicaid, allowing new populations of children (mostly poor) to have access to diagnosis and treatment. In that decade, the number of prescriptions for stimulant medications increased six-fold.

According to the authors a backlash against ADHD treatment began in the later 1990s. But the roots of this are much earlier; perhaps one benchmark would be the well-publicized claims of “drugging school children” in Omaha in the 1970s. There have long been critics and skeptics of ADHD and its treatment, and while noted, they do not seem to have influenced the authors’ assumptions about ADHD. Throughout the book the authors assume ADHD is a “real disorder,” that diagnosis is generally accurate, and that stimulant treatments are safe (p. 11 and elsewhere). This is reflected in the most disappointing chapter in a book by social scientists. Chapter One presents ADHD in a thoroughly unremarkable and uncritical light, reiterating mainstream medical understandings and claims concerning ADHD. This could just as well have been written by one of the eminent ADHD medical experts (who are widely cited in the chapter). The authors accept the common medical assumption that there is an underlying biological dysfunction. Such contentions have been proposed for decades but the evidence for an organic basis for most children who are diagnosed with ADHD remains elusive, despite genetic claims and sophisticated imaging on brain scans. And even if one found some validated biophysiological differences, the sociological question remains, does difference mean disease?

While the authors are persuasive about the impact of policy changes, especially on poor children, they skirt the role of the pharmaceutical industry in the ADHD story. Although they acknowledge that many physicians who were involved in creating the influential DSM-III diagnostic definitions of ADHD had financial ties to drug companies and give brief mention of the rise of direct to consumer advertising, they don’t examine the role of the pharmaceutical industry in promoting ADHD and its stimulant treatment. It seems reasonable to ask what role did the pharmaceutical industry have in the expansion of ADHD diagnosis and treatment, especially in shifting the targets and thresholds for treatment. This is a significant piece of the puzzle that is given short shrift here.

Sami Timini and Jonathan Leo have compiled a collection that is profoundly critical of the medical and educational conceptualization and treatment of ADHD. The contributors include authors who are well known for their professional critiques, skeptical physicians and practitioners, and promoters of esoteric solutions. The chapters are virtually all critical of the current medical perspective and treatment of ADHD and range from the analytical to the prescriptive. While contributions to such volumes can be notoriously uneven, I was particularly impressed with a couple of the more analytical chapters. Lydia Furman, an academic pediatrician, provides an excellent review of the physiological evidence for ADHD and concludes that a “review of the supporting literature for ADHD reveals no clear evidence for a discrete disease or condition” (p. 43). The core symptoms of inattention, impulsivity and hyperactivity can result from numerous other conditions, and the screening tools for ADHD have not been validated. In other words, contrary to Mayes and his colleagues, most authors in this volume question whether ADHD is a valid disorder and if the regular stimulant treatment is warranted or safe. Psychologist Jay Joseph presents a critical view of genetic ADHD research, especially
twin and adoption studies, concluding that the search for ADHD genes is fruitless. Sociologists Nicky Hart and Louba Benassaya provide a provocative argument for a social class analysis of ADHD diagnosis and treatment, but regrettably the data are not yet there. Reading the chapters on globalization of ADHD reinforced my impression that ADHD diagnosis and treatment are spreading from the United States to distant parts of the world. Some of the other chapters were strong on criticism but weak on data or analysis; it is incumbent on critics to be as rigorous as are the advocates of ADHD, and a number of these chapters fall short. But books like this are important, written by outsiders who do not share the assumptions of the medical paradigm and, indeed, are often deeply skeptical of it. Authors here ask hard questions about the validity of diagnosis, the source of the disorder, the efficacy and safety of treatment, and offer some alternative interpretations and practices. Books like this can provide a challenge to accepted mainstream assumptions.

After decades of diagnosing and treating children for ADHD, we are seeing some interesting changes that should be grist for the sociological mill. This classic case of the medicalization of deviance is undergoing some significant changes. As noted, ADHD is going global; both the influence of the American psychiatric profession (and its “bible” DSM-IV) as well as opportunistic drug companies are helping to spread the gospel of ADHD stimulant medication treatment to places where it hardly existed previously. Furthermore, ADHD used to be considered a disorder of children and adolescents, but with the emergence of adult ADHD it is seen increasingly as a lifetime disorder. This opens new populations for treatment. In recent years we have heard about diversion of ADHD medications to students in high school and college who want to take the stimulants as a kind of cognitive enhancement. This has led to a grey market in schools, where students can trade or purchase drugs like Ritalin. While we don’t have much data, there have been reports of youngsters actually seeking an ADHD diagnosis for the social benefits (e.g. untimed tests) or as ready access to the stimulant medications. As a newsmagazine cover once stated, ADHD: Not just for children anymore.

The Case for Demedicalizing ADHD

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It is not initially apparent why a book co-edited by a psychiatrist and a neuroanatomist would be important for sociologists to read and consider thoughtfully. Sami Timimi and Jonathan Leo suggest this book is “an antidote” to the often one-sided mainstream framing of ADHD as medical disorder. The articles in Rethinking ADHD provide a detailed history and challenge to the dramatic rise of the medicalization of a seemingly new disorder. Although it is somewhat uneven in the quality of the articles and there are some articles that some sociologists may gloss over, this collection is important for us as scholars, teachers and parents of a generation of students (especially boys) who have been diagnosed as having substantial learning disorders. Perhaps the strongest part of the collection is the diversity of the contributors and professional perspectives presented in the volume. The case for demedicalization of ADHD is not just an issue of professional conflict between health and mental health clinicians. The contributors represent psychiatrists, psychologists, educators, social workers and even one sociologist.
Children’s psychiatric and medical diagnoses are among the most contested and controversial, and ADHD is no exception. How medicalization occurred is the focus of the first part of the book. The first sentence in the introduction reads like the introduction to a mystery novel: “Something strange has been happening to children in many Western societies in the past couple of decades” (p. 1). This intriguing introduction provides the initial framework for challenging the medicalization of ADHD. This anti-medicalization framework is the starting point through which the contributing authors have framed their essays. The editors provide a critical social history of the ADHD child in the last century that doesn’t accept ADHD as the inevitable outcome of the ever increasing march of science. This introduction is particularly important to the overall book because it outlines the how and why doctors and scientists have thought about hyperactivity, impulsivity and poor concentration in children dating back to the early twentieth century. Over the last 100 years, children have been given diagnoses ranging from minimal brain damage (MBD ) to attention deficit disorder (ADD) to the latest category attention deficit hyperactivity disorder (ADHD). ADHD is the most current diagnostic category in the latest edition of the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (DSM). DSM diagnostic criteria are used in the United States to make an official diagnosis of ADHD. The fact that ADHD is an official psychiatric disorder is rarely discussed and it is more often viewed or referenced only as a learning disorder. The editors also introduce and highlight the most important modern player in the ADHD industry: pharmaceutical companies. Finally, gender plays a major role in the ADHD industry: more boys than girls (especially in the United States) are diagnosed and medically treated for ADHD.

The volume is divided into four major parts: the medical model, culture, pharmaceuticalization and alternative paradigms. The first section on the medical model provides a thorough overview and critique of current medical thinking and practice about ADHD. Readers may be surprised that the medical evidence for the diagnosis of ADHD is more contentious than is usually portrayed. The article by Lydia Furman outlines and summarizes the current medical knowledge debates about ADHD and concludes that there is not clear or substantial evidence to suggest that ADHD exists as a discrete disorder or condition. This conclusion is complemented by articles on the genetic component of ADHD by Jay Joseph (he argues there is not good evidence) and the review of neuroimaging research by Jonathan Leo and David Cohen (there is not good evidence to indicate that ADHD brains are different).

If there is substantial medical disagreement and evidence about ADHD, why do the numbers of diagnoses continue to rise in Western societies? The second section on ADHD and culture focuses specifically upon this question. The article by Timimi explores some of the frameworks for consideration including: ADHD is real and the science is better at diagnosing it, ADHD is real and something is going on in the environmental milieu affecting children’s health, and finally ADHD is the reflection of ways in which childhood is viewed and how children’s behaviors are being recast in society. He maintains that the first perspective is not supported and that the other two perspectives have the potential for increasing the dialogue and directions for future study about ADHD. The other four articles in this section document the implications of cultural differences and the globalization of ADHD. Brian Kean describes the rapid increase of ADHD diagnoses over a fifteen-year period in a select table of Western countries linked to the increased promotion of pharmaceutical drugs to control children’s behavior. He highlights and provides more in-depth differences and similarities between the United States and Australia in terms of government controls, professional and parent group lobbying and the direct and indirect marketing of a pharmaceutical solution for treating ADHD. The chapter by Nicky Hart and Louba Benassaya provides another national contrast between the United States and the United Kingdom. Brief summaries of the development of ADHD in the two countries are both fascinating and illustrative of cultural differences in the way that ADHD is accounted for in diagnostic
criteria and the resulting prevalence data. The prevalence and pharmaceutical treatment of children is much higher, and more girls are diagnosed in the United States than the United Kingdom. One of the major reasons suggested for this disparity lies in the fact that the United States takes more of a clinical/biomedical approach to ADHD through the milder and more gender inclusive diagnostic criteria of the DSM, whereas the United Kingdom and most other countries use the International Classification of Disease (ICD) criteria.

The third section of the book focuses upon the role of drug therapies and pharmaceutical interventions in ADHD treatments. In particular, Grace Jackson’s chapter makes an impassioned case against using the currently accepted medical use of stimulants to treat ADHD in examining the effects of stimulants on the developing brain. Leo and Jeffrey Lacasse examine how and why direct-to-consumer advertisements of ADHD drugs oversimplify the medical knowledge about ADHD treatments (as more established than it really is) and shape the public awareness. Cohen, Susan Hughes and David Jacobs highlight the way in which one particular ADHD drug was developed and how the differences between published and non-published clinical trial data affected the drug implementation in human subjects in unforeseen ways.

The final section (and academically the weakest) tries to summarize the antimedicalization perspective and explores alternative paradigms for ADHD, including the notion that today’s children are distressed but not medically or psychiatrically ill. These are valuable personal insights and perspectives, but the articles lack the rigor and evidence provided in the other sections of the book.

Overall, this is an important collection of chapters about ADHD for medical sociologists, and gender and education scholars. For those who are interested in the gendered processes of medicalization and the history of diagnostic categories, it is a book worth the time and money. For parents, educators and other health professionals it is important to be reminded that ADHD is not readily accepted as real by many physicians, scientists and scholars.