



# phoenix pharmacy

## Ritalin

Ritalin is the brand name of an amphetamine-like stimulant commonly prescribed for Minimal Brain Dysfunction (MBD) in children, or as it is now been re-called, "Attention Deficit Disorder". Ritalin, genetically known as methylphenidate hydrochloride, is manufactured by CIBA. It is also sold by different companies under the brand names of Methidate, and less commonly, Apo.

At least 300 symptoms identified by a University of Arkansas Medical Centre task force in 1966 have been used to justify prescribing stimulant drugs for MBD children including:

*"Spotty or patchy intellectual deficits," "achievement low in some areas, high in others," "hyperkinesis" or its opposite "hypokinesis," "general awkwardness," "slowness in finishing work," "reading disabilities," "arithmetic disabilities," "poor printing, writing, or drawing ability," "easy fatigability," "peer group relationships generally poor," "thumb-sucking, nail-biting, head-hanging and teeth-grinding in the young child," "slow to toilet train," "explosive," "sleep abnormally light or deep," "physically immature, or physical development normal or advanced for age," "possibly antisocial behaviour," "possibly negative and aggressive toward authority," "sweet and eventempered, cooperative and friendly," "impaired ability to make decisions, particularly from many choices."*

But the fact is, after more than 20 years of using Ritalin and other amphetamine-like drugs for MBD in children, no one has proven that this syndrome is actually a "disease" or that drug use effectively changes behaviour in the long run.

Studies of the long-term effects of using Ritalin have found that the drug is most successful at *controlling* or *managing* behavior but does not improve a child's scholastic skills any more than

they would normally develop should that child not be on drugs. Forty percent of



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"hyperactive" children do not even respond to stimulants commonly prescribed to increase attention and concentration.

Most studies indicate that while taking the drug, many continue to have serious social and behavioral problems long after discontinuing medication. One study done at the University of Illinois Champagne-Orbana in the late seventies by Professor Robert Sprague, found that, "what may be the basic core problem in hyperactivity remains after treatment is stopped. And that is a lifelong difficulty with inattention and social skills." Sprague's results have been duplicated in other studies done in North America.

Ritalin is the preferred drug prescribed for children over other stimulants such as Dexadrine, Benzadrine and the new drug Cylert (whose questionable pre-release tests are documented in the book *The Myth of the Hyperactive Child*), because it has less unpleasant effects than any of the other drugs.

Most experts do agree that these



stimulants make children more manageable but how and why the drugs work the way they do is still not fully understood. The belief that Ritalin and other amphetamine-like drugs act in a paradoxical manner by sedating over-active children has been disproven: they act in a similar manner on "normal" children and may also stimulate both "hyperactive" and "normal" children. Stimulants have been used on "hyperactive" adults to calm them down and on the aged to "speed" them up.

Even the syndrome of "hyperactivity" has been challenged. That it appears to be a phenomena more common to North America than Europe, casts serious doubt on the actual true incidence of this condition. (On the Isle of Wight, just off the coast of England, only one twelve-year-old for every thousand is reported to be hyperactive. In the United States one child in 500 to 600 children is considered hyperactive, and questionnaires done on the problem have found American parents and teachers consider 50% of young people to be hyperactive.)

Many researchers and specialists believe "overactivity" or "hyperactivity" is caused by a variety of influences ranging from social/economic/family problems, to personality clashes with school teachers and overly large classroom sizes to environmental causes. Because boys are labelled "hyperactive" in an almost 9 out of 10 ratio to girls, the term "hyperactivity" has also been implicated as an intolerance for natural boyhood behavior.

Early results from rigorously con-

trolled tests indicate that some hyperactive children may show behavioral improvement when on the Feingold diet which eliminates additives, dyes and foods with salicylates (like apples and tomatoes) but less dramatic short-term behavior changes than those who take stimulants.

Behavior modification techniques used with and without drugs have been found to be effective with some children. Researchers are also looking into the effect of fluorescent lighting and the possible over-absorption of lead and other trace metals by these children.

## Taking It

Nobody said bringing up children was going to be easy and bringing up an over-active child can be more than a handful. If every conceivable reason for "hyperactivity" has been investigated and everything possible has been done to rectify the situation and the use of Ritalin is still indicated, be aware of the following side effects:

(These side effects also apply to adults and the aged who may be taking this drug).

Growth retardation (in weight and/or height) has been reported in children who have taken this drug. Growth should be carefully monitored during long-term use. Ritalin is not recommended for use in children under six years of age. If improvement is not observed after appropriate dosage adjustments over a one-month period, the drug should be discontinued. Ritalin should not be taken later than 3:00 p.m. A daily dosage above 60 milligrams is not recommended.

EXPECTED SIDE EFFECTS: insomnia, nervousness.

ADVERSE EFFECTS: (If these develop, stop taking this drug and see your doctor as soon as possible).

Mild: Skin rash, hives, drug fever, joint pains, reduced appetite, weight loss, nausea, abdominal discomfort, vomiting, headache, dizziness, drowsiness, rapid or forceful heart palpitation.

Serious: Severe skin reactions, extensive bruising.

This drug has been known to cause 'paranoia' and other 'psychotic' behavior in some people.

Consult your doctor and use with caution if you have epilepsy, high blood pressure, or are taking any MAO inhibitor drugs. This drug should *not* be taken if you have glaucoma. Ritalin may enhance

the effect of the following drugs: oral anticoagulants, anti-convulsants, phenylbutazone, tricyclic antidepressants, atropine-like drugs. Ritalin may decrease the effect of guanethidine. A blood cell count should be done regularly while on this drug.

The following foods (rich in tyramine) and drinks should be avoided while on Ritalin:

Aged cheese of all kinds

Avocado

Banana Skins

Beef & chicken livers (unless fresh and used at once)

"Bovril" extract

Broad Bean pods

Chocolate

Figs, canned

Fish, canned

Herring, pickled

"Marmite" extract

Meat extracts

Meat tenderizers

Sour cream

Raisins

Raspberries

Soy Sauce

Yeast extracts

Beer (un-pasteurized)

Chianti wine

Sherry wine

Vermouth

Do not take any non-prescription items for cough, colds or sinus problems while on Ritalin without first checking with your doctor.

Smaller doses of this drug are advisable for older people. This drug should not be taken during pregnancy or while nursing. Tolerance to this drug develops quickly; Ritalin should be discontinued slowly under a doctor's supervision.

\*\*\* Ritalin should not be taken in amounts exceeding your prescription. This drug can be dangerous if taken in an over-dose.