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Attention Deficit Hyperactivity Syndrome: The Chinatown Child Development Center Experience

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A mounting pile of research supports the present hypothesis that ADHD is a biologically based disorder which is caused by hypofunction of the prefrontal lobes of the brain, particularly the right prefrontal portion of the brain; and that this decreased function results in the "disinhibition" which causes the three primary symptoms of ADHD: hyperactivity, impulsivity and inattention. If the diagnosis of attention Deficit Hyperactivity Disorder - ADHD is indeed accurate , then one of the primary treatments, and most effective, is pharmacologic intervention. The primary medications are the psychostimulants such as Ritalin (generic name: niethylphenidate), Dexedrine (dextroamphetamine) and Cylert (pemoline).

It is not unusual in our clinic to have children with several DSM-IV disorders simultaneously or what some have called "mixed states", which may require aggressive, or multiple combined psychopharmacology.

We have noticed several patterns of resistance to psychostimulants and to psychopharmacology in general:

1. Noncompliance, due to parents having problems with attentional disorders themselves, ranks as one of the more serious causes of problems with acceptance of and compliance with a medication regimen.

2. Religious beliefs in the primacy of the male lineage, in order for one to pass into immortality as an ancestor, interferes greatly in the acceptance of a mental health diagnosis, or treatment for that diagnosis, since such diagnosis or treatment may be viewed as contaminating the family gene pool and threatening the family lineage.

3. Chinese-American physicians may be unaware of the influence of their own belief systems or unconscious resistances to diagnosing mental disorders n children, particularly their male patients.

4. Our referrals often come, not just from pediatricians or family practitioners, but through the public school system. It is often the combination of poor academic and school behaviors and the encouragement of the teacher, principal and school counselor which results in a direct referral to our clinic, at times without the primary care physician's knowledge.

5. Primary care physicians may believe that use of psychopharmacologic medications in children is risky and ineffective. Recent studies have shown that in. uncomplicated ADHD, methylphenidate alone is as effective as intensive counseling or behavioral therapy. There is an old saying that the diagnosis of ADHD is not made in the office, but is made by others. Treatment of ADHD can be started with a dosage of 0.5 mg/kg/day and ramped up to 1.0 or 1.5 mg/kg/day in divided doses. I prefer an AM dose after breakfast and a PM dose after lunch. Primary care physicians must often establish relationships with outside non-medical observers, and to trust their observations, in order to make a timely, appropriate diagnosis and treatment of ADHD. Many of our parents have made arrangements with local elementary or middle schools to administer the AM or after lunch dose. Referral back to the child psychiatrist or psychotherapist should take place with more complicated cases with co-morbid diagnoses.

Effective treatment results in improved school performance, reduced anti-social behaviors, improved pro-social behaviors, reduced incidence of criminality later in life, and a vastly improved self-image.