Ethical issues of treating children with ADHD medications: Implications of high rates of misdiagnosis

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ADHD and Rates of Misdiagnosis

- Definition of Attention Deficit Hyperactive Disorder (ADHD)
- DSM-V: "persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development."1
- ~11% of children 4-17 yrs. have been diagnosed with ADHD as of 201112
- 62% of referrals for suspected ADHD were not confirmed by a specialist2
- The CDC’s PLAY Study found that only 39.5% of children receiving medication for ADHD in SC and 28.2% in OK met the case definition for ADHD3

Risks

- Do not know the medication’s effects on children without ADHD
  - React differently to other stimulants such as caffeine4
- Might be gifted and bored. Should be placed in more challenging classes5,6
- High levels of comorbidity with other psychiatric disorders that cause damage if not treated correctly1
  - Conduct disorder, antisocial personality disorder
  - Changes might be permanent10
- Side Effects of unnecessary medication?

Benefits

- Improve performance in school14,15
  - Cognitive enhancement
  - Lessen burden on the teacher and parents
- Personality changes
  - Increase risk taking8
  - Decrease sociability
  - Hinder Creativity?

Mixed

- Personality changes
- Changes might be permanent11
- Do not know long term effects in clinical trials?
- Side effects of the medication?

Additional Concerns for Young Children

- Untested and unapproved for children under the age of 6 years old (Ritalin)7
- Differential effects in early childhood13
- Less input in the decision making process
- Less reliable diagnosis – more chance you end up in the category of misdiagnosis

Citations and Acknowledgements


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