Medication Corner

Do you remember the 1980's? I certainly do. Years ago, I dubbed the 80's "The Decade of ADHD." Why? Well, because many mental health professionals in the Land of the Free during those years were finding ADHD under every nook and cranny. In the Fort Worth-Dallas Metroplex, where I lived and practiced at the time, there was a large pediatric mental health clinic that was notorious for diagnosing every child who came in the front door as ADHD. And out the back door the youth would almost invariably emerge with a script for Ritalin.

Anyway, I spent a goodly portion of the 80's and early 90's performing thorough work-ups on many of these same children, only to discover—voila!—that ADHD was either not a player, or at most had but a cameo role. This was after boatloads of parents had brought in their kiddoes to my office, wondering what the heck was going on with them. Not only had the Ritalin not worked, but most of the youngsters were worse off behaviorally than pre-Ritalin.

I may not be the sharpest knife in the kitchen, but an emerging trend was evident, even to me.

Do I believe ADHD to be a viable clinical syndrome? Of course. It's just that in my clinical opinion, ADHD didn't and doesn't lurk under every rock, like unto a McCarthy Era communist.

Fast-forward now to the 90's. I regard the 90's (and into our current millenium) as "The Age of Bipolar." Since the 90's, we now find Pediatric Bipolar Disorder under every rock. And with that comes a slew of mood stabilizers, frequently in the form of anti-convulsant meds such as Tegretol, Depakote, Gabatril, Trileptal, etc.

Now, do I believe in the validity of Pediatric Bipolar Disorder (PBD)? A subset of the mental health field does not. I do however. But as with ADHD, just not on every street corner. Again, to determine just exactly what it is that comprises the root cause of a given child's behavioral problems, one has to thoroughly evaluate the child. Because it may be ADHD that is the culprit, or it may be PBD that is the culprit, or it may be that the culprit turns out to be the highly pedantic/sophisticated clinical entity known as "something else."

Unfortunately, what with so many complex children not having the benefit of a thorough neuropsychologic (NP) evaluation, they are at great risk for misdiagnosis. If I had a dollar in American money for every parent I've talked to over the years whose child has been seen by a half-dozen or more separate clinicians—prior to finally getting at the root cause (AKA the correct diagnosis)—I could feed all the starving children of Africa. Anyway, misdiagnosis leads to what? For starters, it results in the all-too-common toxic combo plate of:1) medications and 2) multiple/ serial residential treatment center (RTC) placements.

I call this toxic combo plate the TOP ("Tack-On Phenomenon").

TOP occurs when, with each ensuing placement, the child in question has another, and then yet another, psychotropic "tacked on." After five or six placements, the youngster has accrued five, six, or more, medications. Why aren't some of these medicines removed, as the youth is re-evaluated upon entry to a new venue?

Don't get me started….

As we all know, much has been written in the popular press about the pitfalls associated with psychotropics and youth. While true, the other side of the coin is that many children besieged with attachment disorder and accompanying additional diagnoses simply cannot live (at least for a portion of their lives) without appropriate and reasonable medication as part of their treatment plans.

The emphasis here being "appropriate and reasonable."

As a professional who has had the privilege of following hundreds of clients across the lifespan, beginning in 1976—ages 5 to 85—I am here to tell that a sizeable chunk of these persons would have been flushed into a virtual abyss, sans the benefit of appropriate and reasonable medications.

Thank the Lord for competent and caring psychiatry. (The absolute dearth of physicians trained in psychopharmacology pertaining to attachment/trauma issues is however grist for another article.)

My approach with parents, vis-à-vis their children? I see a duty to lay out what the viable <u>options</u> are for them—in terms of possible appropriate and reasonable medications (as well as the pros and cons of other/non-pharmacologic interventions). Parents generally cluster within one of three groupings: 1) those who are anti meds; 2) those who are pro meds; and 3) those who are ambivalent regarding meds.

Further, my job as pediatric neuropsychologist is to: a) hear where the parents 'are'; and b) lay out the smorgasbord of psychotropic (and other) options, based upon their child's unique neuropsychologic blue-print/profile.

My responsibility is not to force-feed George Bush the Elder's broccoli down their throats. It is to present all the available options, on behalf of their youth. Then, the parents' job is to consider, pray over, and seek out additional wise counsel before making a decision on meds (or any other treatment options)—either yea or nay.

Thus, it is not my right to make this call. It's the <u>parents'</u> right.

But if I can emotionally and rationally support the parents, perform a competent and comprehensive exam of their son or daughter, and then articulate what the options are—along with all attendant pros and cons—then I have done my job.

Yes, I do cringe when youth come into me bathed in obvious polypharmacy. And yes, I am disgusted when medications are abused. But anything can be abused: religion, physical exercise, nutrition, and—pharmacology.

So let's not throw the proverbial baby out with the murky bathwater. How many times have I seen a complex child, struggling with a nasty case of attachment disorder, flower-up and improve by virtue of an effective treatment plan which included the judicious use of medications? (Answer: a bunch.) The end result was that the youngster's little neurochemical aquarium was hosed out and cleansed. Then, good attachment therapists and other members of the treatment team could do their jobs.

The moral of this story is that there is hope—even for the most difficult youth among us. Let's consider using everything here on earth God has given us—including medications.

But let's use them well.