

ADHD TREATMENT

Renata Schoeman

On 29 May 2016 Sunday Times reported on the non-medical use of ADHD medication (specifically methylphenidates (MPH) such as Ritalin and Concerta) as “smart-drugs” and possible “gateway drugs”.

The title of the article “ ‘Kiddy cocaine’ lets students aim for the highest marks” with a sub-title “ ‘Milder forms of tik’ ” prescription drug is highly sought after, but experts warn of its danger” clearly can contribute to the stigma surrounding ADHD as a diagnosis and the treatment thereof.

In this article, Francois Steyn’s (from the department of Social Work and Criminology, University of Pretoria) research was highlighted with regard to the prevalence of non-medical use of MPH by undergraduate students (SAJP, 2016). In his study 818 students completed a survey in which 1 in 6 (17.2%) of respondents indicated past MPH use, although only 2.9% has been diagnosed with ADHD. Nearly a third (31.7%) of users obtained the MPH products illegally.

DR PIERRE VIVIERS (STELLENBOSCH UNIVERSITY’S CAMPUS HEALTH SERVICES) SAID THAT THEY HAVE TREATED STUDENTS WHO HAD BECOME “EXTREMELY ADDICTED TO THE DRUG”, WHILE DR JACQUES MALAN (PSYCHIATRIST WITH A SPECIAL INTEREST IN SUBSTANCE ABUSE) DESCRIBED RITALIN AS A “MILDER FORM OF TIK” AND THAT GENERAL PRACTITIONERS AND PSYCHIATRISTS WERE WRITING PRESCRIPTIONS WITH “VERY LITTLE PROPER ASSESSMENT”.

THE SOUTH AFRICAN SOCIETY OF PSYCHIATRISTS (SASOP) WOULD LIKE TO INDICATE THE FOLLOWING:

- SASOP do not support the cosmetic use of medication, i.e. to treat patients in the absence of a diagnosis. This implies that the use of MPH as “smart drugs” or cognitive enhancers is not supported.

- SASOP believes in the comprehensive diagnostic assessments by an adequately-trained and skilled healthcare professional, preferably a psychiatrist, prior to initiating drug treatment. Such an assessment should include a diagnostic interview, appropriate assessments by an educational psychologist and/or occupational therapist, and collateral information from family members and/or the employer. Rating scales can aid in the diagnosis.
- A diagnosis of ADHD should be made according to established diagnostic criteria (APA, 2013). ADHD is characterised by severe and impaired levels of inattention, hyperactivity and impulsivity, with symptoms already evident in childhood.
- Early diagnosis and intervention, and ongoing treatment (which includes compliance to treatment) are crucial in preventing complications (including psychiatric comorbidity such as substance abuse, mood- and anxiety disorders) and long-term costs for individuals with ADHD (Schoeman, 2016).
- International guidelines recommend the use of stimulants (MPH derivatives) and non-stimulant medication (e.g. atomoxetine) as first-line treatment (e.g. BAP, 2007; NICE, 2013). These treatments are effective and, although side-effects may be present, if used judiciously, is not harmful to individuals with ADHD. Psychotherapy and social skills training should also form part of treatment. South African guidelines are being developed.



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Adults with ADHD continue to be faced by scepticism from those around them, fuelled by persistent and sceptically uninformed media-driven perceptions that ADHD is not a real disorder with real consequences and costs. To use terms such as “kiddie cocaine” and to compare MPH to drugs of abuse

