

# No Convincing Evidence of Long-Term Benefit to Children from ADHD Treatment, Researchers Say

*New research is the latest to find that ADHD drugs likely expose children to more harm than benefit.*

WASHINGTON, DC, US, September 29, 2022 /EINPresswire.com/ -- A new study that looked for the long-term effect of treatment for so-called attention-deficit/hyperactivity disorder (ADHD) in children concluded there is no convincing evidence of any long-term benefit.

Dutch researchers led by Annelieke Roest examined systematic reviews on the effectiveness and harms two or more years later of treatment for ADHD in children 6 to 12 years old.

Most of the underlying studies examined stimulant-type drugs, like methylphenidate and amphetamine, and found that any initial benefit from pharmacological treatments decreased over time, with little if any long-term benefit.

While the researchers were not able to find any underlying studies that reported information about the long-term adverse effects of pharmacological treatment, the known harms of ADHD drugs include restlessness, insomnia, stunted growth, mood or behavior changes, uncontrolled muscle movements, high blood pressure, heart problems, and stroke. Suicide is a known risk when discontinuing ADHD drugs.

"Given the lack of evidence for clear long-term benefits, the harms of pharmacological treatment [for ADHD] may outweigh the benefits, especially in the long term and in milder cases," the researchers wrote in the *Journal of Child Psychology and Psychiatry*, citing an underlying study.

[1]



Research found children taking the ADHD drug methylphenidate were at 18 times greater risk of experiencing major depression. When the drug was discontinued, the risk dropped back to starting levels.

The ADHD drug methylphenidate was the subject of another recent study of non-depressed children, which found that once started on the drug, the children were 18 times more likely to experience depression than before. When the methylphenidate was discontinued, that higher risk dropped back to starting levels within 60 days.

Writing in *Clinical Psychopharmacology and Neuroscience*, the researchers in that study concluded a link exists between major depression (MDD) and methylphenidate (MPH): "This study found a significantly positive temporal association between MDD and MPH treatment in youth with ADHD." [2]



The Citizens Commission on Human Rights took concerns about the rampant diagnosing and drugging of children for ADHD to the UN Committee on the Rights of the Child, which in 2015 recommended a system for monitoring excessive use of ADHD drugs in children.

This finding corroborates earlier studies that found a link between methylphenidate and depression. In a 2019 study, Israeli researchers found that children who were first prescribed methylphenidate between the ages of 6 and 8 and continued to take the drug had a 50% higher risk for being prescribed antidepressants for depression during their teen years. [3]

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*Researcher Annelieke Roest,  
University of Groningen, The  
Netherlands*

The U.S. Drug Enforcement Administration (DEA) classifies methylphenidate in the same category as cocaine, morphine and opium. Methylphenidate has been referred to as “kiddie cocaine” because of its many similarities to cocaine. The DEA states that use of these drugs can lead to “severe psychological or physical dependence” and that “these drugs are also considered dangerous.”

These known adverse effects have not stopped psychiatrists and other prescribers from writing prescriptions for ADHD drugs for 3.2 million American

children under the age of 18, including 58,000 children 5 years of age and younger.

Even more fundamentally, ADHD is a label subjectively applied to a collection of behaviors common to children. The “diagnosis” has no scientific validity, making it a label that is far too easy to pin on children. In a 2021 study, researchers led by Luise Kazda, MPH, reviewed 334

published studies in a comprehensive evaluation of the evidence for overdiagnosis of ADHD in children 18 and younger. Publishing the results in *Pediatrics*, the researchers concluded that “convincing evidence was found that ADHD is overdiagnosed in children and adolescents.” [4]

This view was also held by the late psychologist Keith Conners, who conducted the first formal trials on methylphenidate. He later realized that ADHD diagnoses were out of control, calling ADHD misdiagnoses “an epidemic of tragic proportions.”

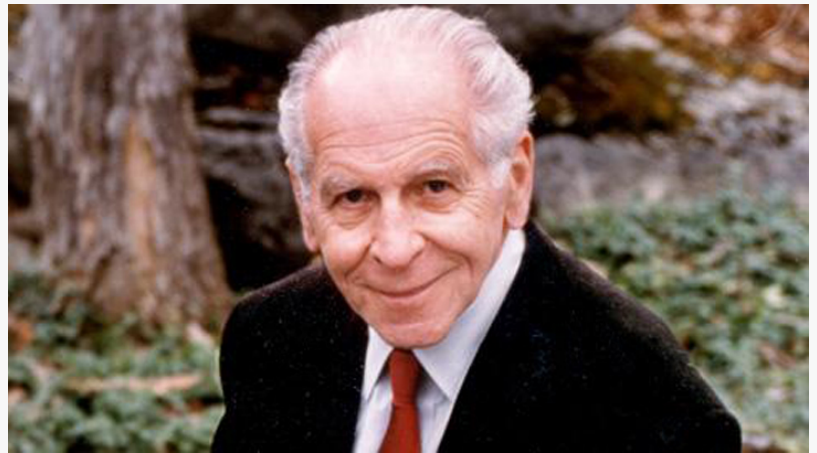
The Citizens Commission on Human Rights (CCHR) took concerns about the rampant diagnosing and drugging of children for ADHD to the U.N. Committee on the Rights of the Child, which responded with hearings and a recommendation in 2015 for the establishment of a system for “monitoring of the excessive use of psychostimulants for children.” It also said that government should “take the necessary measure to prevent any pressure on children and parents to accept treatment with psychostimulant drugs.”

Physician Mary Ann Block, D.O., author of *No More ADHD*, says: “By taking a thorough history and giving these children a complete physical exam as well as doing lab tests and allergy testing, I have consistently found that these children do not have ADHD, but instead have allergies, dietary problems, nutritional deficiencies, thyroid problems and learning difficulties that are causing their symptoms. All of these medical and educational problems can be treated, allowing the child to be successful, without being drugged.”

CCHR co-founder, the late professor of psychiatry and humanitarian Thomas Szasz, M.D., observed that children naturally have short attentions spans, but psychostimulant drugs are not the solution.



CCHR co-founder, professor of psychiatry and humanitarian Thomas Szasz, M.D., said that children’s naturally short attentions spans grow by receiving appropriate attention from people who love them, not by stigmatizing diagnoses and toxic drugs.



Dr. Thomas Szasz

“Their attention spans grow by receiving appropriate attention from parents, grandparents, siblings, teachers, schoolmates, friends, in short, from people who love them and have their best interest at heart,” he wrote. “Children’s attention spans do not grow from attention administered to them in the form of stigmatizing diagnoses and toxic drugs.”

WARNING: Anyone wishing to discontinue or change the dose of any psychiatric drug is cautioned to do so only under the supervision of a physician because of potentially dangerous withdrawal symptoms.



The Citizens Commission on Human Rights was co-founded in 1969 by members of the Church of Scientology and Dr. Szasz, recognized by many academics as modern psychiatry’s most authoritative critic, to eradicate abuses and restore human rights and dignity to the field of mental health. CCHR has been instrumental in obtaining 228 laws against psychiatric abuses and violations of human rights worldwide.

The CCHR National Affairs Office in Washington, DC, has advocated for mental health rights and protections at the state and federal level. The CCHR traveling exhibit, which has toured 441 major cities worldwide and educated over 800,000 people on the history to the present day of abusive and racist psychiatric practices, has been displayed at the Congressional Black Caucus Foundation Annual Legislative Conference in Washington, DC, and at other locations.

[1] <https://acamh.onlinelibrary.wiley.com/doi/epdf/10.1111/jcpp.13677>

[2] <https://www.cpn.or.kr/journal/view.html?volume=20&number=2&spage=320#B19>

[3] <https://pubmed.ncbi.nlm.nih.gov/30828744/>

[4] <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2778451>

Anne Goedeke

Citizens Commission on Human Rights, National Affairs Office

+1 202-349-9267

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