

## Picture Profile

# Baughman Dispels The Myth of ADHD

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By [Kelly Patricia O'Meara](#)

Photograph by Fred Greaves

Retired California neurologist Fred A. Baughman Jr. fired off a letter in January 2000 to U.S. Surgeon General David Satcher in response to Satcher's Report on Mental Illness. "Having gone to medical school," Baughman wrote, "and studied pathology — disease, then diagnosis — you and I and all physicians know that the presence of any bona fide disease, like diabetes, cancer or epilepsy, is confirmed by an objective finding — a physical or chemical abnormality. No demonstrable physical or chemical abnormality: no disease!

"You also know, I am sure," Baughman continued, "that there is no physical or chemical abnormality to be found in life, or at autopsy, in 'depression, bipolar disorder and other mental illnesses.' Why then are you telling the American people that 'mental illnesses' are 'physical' and that they are due to 'chemical disorders?'"

Baughman concluded his six-page letter to Satcher by saying that "your role in this deception and victimization is clear. Whether you are a physician so unscientific that you cannot read their [the American Psychiatric Association's] contrived, 'neurobiologic' literature and see the fraud, or whether you see it and choose to be an accomplice — you should resign."

It is this direct, no-nonsense style that has made Baughman a pariah among the psychiatric and mental-health communities and a hero to families of children across America who believe they have been "victimized" by the attention-deficit/hyperactivity disorder (ADHD) label. The "disease," Baughman tells **Insight**, "is a total 100 percent fraud," and he has made it his personal "crusade" to bring an end to the ADHD diagnosis.

**Insight:** You've spent 35 years in private practice as an adult and child neurologist, diagnosing real diseases. What spurred your interest in the ADHD diagnosis?

**Fred A. Baughman Jr.:** Through the 1970s and 1980s the ADHD "epidemic" began to impact all of us, and the numbers of children being referred to me were increasing dramatically. I'd examine these kids to determine whether they did or did not have real diseases. After giving them thorough examinations, doing such tests as I deemed were necessary, I couldn't find anything wrong with them.

I was becoming more and more aware that something was afoot from the tone with which the diagnoses were being made in schools and by psychiatrists who were part of the school team. And never mind that I could find no scientific basis for the diagnosis. But here were pediatricians and school psychiatrists practicing mental health in ways that did not make sense. Principals and teachers would threaten that if I didn't diagnose ADHD they'd find someone who would. As a neurologist, I'm in the business of diagnosing real diseases, so this attitude on the part of people who should know better was very disturbing.

## Personal Bio

**Insight:** You are among a small number of physicians publicly to challenge the psychiatric community about this diagnosis. Why do you think so many doctors are diagnosing ADHD when they, too, must know there is no scientific data to support it?

**FAB:** Most physicians, like the public, have bought into the whole psychiatric line. The populace at large has been so brainwashed by this "tyranny of the experts" that they cannot bring themselves to believe things are other than what the psychiatric industry and the pharmaceutical companies tell them. The population has been told again and again that these "diseases" exist, despite the fact that there is no scientific proof to back up their claims.

People have been lied to so often that they can't disabuse themselves of the notion that these so-called diseases are chemical abnormalities of the brain. Psychiatry never has proved that ADHD, let alone depression, anxiety or obsessive-compulsive disorder [OCD], even exists. Yet this hasn't stopped doctors from diagnosing them. It simply was decided during the early days of psychopharmacology — of psychiatric drugs — that these were nice theories and they were fed to the public as fact.

**Insight:** With the diagnosis comes the "fix," the prescription pills that reportedly help control these diseases.

**FAB:** Yes, that's right, and like the unscientific diagnosis no one really knows how these drugs work on the brain. It's all just theory at this point.

But then this same psychiatric community says even depression is a disease resulting from a chemical imbalance. They also say that OCD is a disease with a known chemical abnormality of the brain. In neither case is there proof to support either claim. Through the years, though, they've gotten to fudging their line a bit, saying instead: "Well, it's a psychiatric disorder."

**Insight:** You've testified before Congress on this issue, and several of your papers on these matters have been published in medical journals. Recently you traveled to France to address a committee of the Parliamentary Assembly of the Council of France as a counterweight to ADHD advocates. What kind of response did you get?

**FAB:** I was charged with presenting the argument against the diagnosis and treatment of ADHD. I never expected it to go so well.

Three European psychiatrists presented the case for the ADHD diagnosis using the same old slide-show presentation, presumably showing brain atrophy in the patients diagnosed with ADHD.

**Fred A. Baughman Jr.:**  
The outspoken neurologist began his private practice in San Diego in 1975.

**Currently:** Leading critic of chemistry-set psychiatry.

**Personal:** Born Nov. 14, 1932, El Centro, Calif. Married with three children; three grandchildren.

**Education:** B.S., New York University, 1955; M.D., adult and child neurology, New York University, 1960.

**Career accomplishments:** American Board of Psychiatry and Neurology, 1968; fellow, American Academy of Neurology; medical adviser, National Right to Read Foundation; member, Academic Review Panel, Research in English Acquisition and Development (READ) Institute.

**Publications:** "The Glioma-Polyosis Syndrome," *New England Journal of Medicine*, 1969; "Re-evaluation of CHANDS," *Journal of Medical Genetics*, 1979; "Treatment of Attention Deficit Hyperactivity Disorder," *Journal of the American Medical Association*, 1995.

I pointed out to them, as I've done numerous times here in the states, that all the patients in the slides whose brains showed atrophy also had been on stimulant therapy, so there was no way to know that the atrophy was not, in fact, caused by the drugs rather than the alleged brain disorder ADHD. A member of the council committee summarized what had transpired during the day and basically said they didn't believe what the psychiatrists had presented about ADHD — that they were skeptical about the appropriateness of the drugs recommended for the diagnosis.

One of the psychiatrists was so intimidated by my argument that he threatened to leave the meeting. It was just amazing to see this guy get so frazzled. The council was terrific, and I couldn't have imagined so favorable a response. It was so unlike a typical U.S. response. I think the Europeans are trying to resist this whole ADHD business.

**Insight:** You set up a Website, [www.adhdfraud.org](http://www.adhdfraud.org), to help get information out to parents who have been impacted by the ADHD diagnosis. What kind of response are you getting from parents?

**FAB:** I hear from many families who have been victimized by this diagnosis. By the time they find me their eyes usually have been opened and they realize the fraud of the diagnosis. But they also realize how serious the diagnosis is for the child and the problems it can create for families.

On the other side of the coin, of course, are the perpetrators at the National Institute of Mental Health [NIMH] and the academic psychiatrists who put out the ADHD propaganda. These people also know who I am and try not to respond to the letters and papers I write. They don't want to see me at medical conferences and seminars because they know that I have the facts, take no prisoners and am willing to show that they are perpetrating a fraud. If they can keep the public in the dark about the facts of this alleged "disease" then science is beside the point.

I'd love to debate the surgeon general or anyone in the hierarchy of academic psychiatry, but I don't think any would agree. The surgeon general wouldn't even respond to the letter I wrote to him about his Report on Mental Illness, so I don't see him stepping up to the plate anytime soon.

**Insight:** You've testified in court for nearly two dozen families who were fighting the ADHD diagnosis. What should parents do when their child has been diagnosed?

**FAB:** People are being told in no uncertain terms that this "disease" exists and should be treated with drugs, so it's extremely difficult to get the truth out. The essential first step of the perpetrators is to label the child with ADHD. I've seen how these things turn out for those who try to go up against the system, and it is very sad. Before parents find themselves in a legal adversarial relationship with the school system and county officials, they should get their child out of that school and either homeschool them or put them into a parochial or private school. I tell parents with children caught up in this fraud that, for now, going against the system is a no-win situation.

**Insight:** What will it take to turn the establishment crowd on this issue?

**FAB:** I'm trying to expose the medical fraud and to get just and appropriate medical treatment for children when it is needed and, where it isn't required, I'm trying to get appropriate education, parenting, disciplining and training so these children can achieve self-control. They all certainly are capable of it.

We've got to do something because we're talking about 6 million to 8 million children who have been diagnosed with ADHD. This just can't wait.

*Kelly Patricia O'Meara is an investigative reporter for **Insight**.*

# RORY'S STORY

Rory was delivered with the aid of forceps. The nurses said he cried a lot because he probably had a headache. During the ensuing months the crying and sleepless nights continued. His eating pattern was also poor. He would have bouts of fever and sickness. The health visitor and doctors had no helpful explanation for my worries. As time went on it became obvious that he was also unable to entertain himself. He could not suck his thumb and did not cuddle any soft toys; in fact they would promptly be thrown out of his playpen, cot or pram, at which point he would cry until someone played with him.

As time went, on it became apparent that he had excess energy. He was only happy when active. Most activities involved emptying cupboards, drawers etc., and later on daredevil exercise in the garden – climbing down over walls too high for him, scaling the roof and riding his tractor full pelt down a narrow path to hit into a wall at the bottom. From an early age we kept him busy with physical exercise and activities and also sent him to nursery at 2<sup>1</sup>/<sub>2</sub> thinking the mental stimulation would prove helpful. At first all went well, but gradually he seemed to go backwards and became very disruptive in the classroom. Learning was an effort and school became a trial. He soon became the class clown. Within two weeks of the new term the dark circles under his eyes were pronounced and he would have a cold. This was to remain the pattern of his schooling for the next 9 years.

Another worrying feature of his development was the way his eyes would blank during periods of hyperactivity. He could not take in what was said to him and one had to hold him close (eye to eye) and say “Rory listen to me”.

There appeared to be no expert help to hand. Health visitor, doctor and school all said he would grow out of it. Meanwhile, family life was difficult in the extreme. At six he still woke up during the night and only slept until 4 or 5 a.m. His brother (18 months younger) also came in for some rough handling.

The saddest thing was that we knew he was a bright little boy who could not express himself properly. It was also apparent that he desperately wanted to be loved and liked but went the wrong way about getting it. Only one or two close friends would invite him to birthday parties. He was not often asked over to play or, as he got older, to stay the night.

Constitutional homoeopathy did help to a degree, but we were not getting to the root of the problem. At 6<sup>1</sup>/<sub>2</sub> a friend commented on the change of shape in his face, something that my mother and I had also noticed. She advised that I took him for cranial therapy. This was the beginning of a long journey, but at last we were beginning to find the way. Some of you by now may have recognised the symptoms of Attention Deficit Hyperactivity Disorder (ADHD), a condition affecting a frighteningly large proportion of our young people today.

Over the next few months much of the hyperactivity disappeared. For the first time in his life he could sit on my lap and really cuddle me as well as tell me he loved me. He began to go back through all the developmental stages that he had missed to that point. These included cuddling soft toys, putting all sorts of things to his mouth (as a baby/toddler nothing was ever put to his mouth), crawling and even sucking his sheet, shirt or occasionally his thumb to name but a few.

The cranial therapy did stop the hyperactivity but did not get rid of the underlying depression that was ever present or the inability to cope with school or social interactions. During this period we also tried supplements in the form of mineral/vitamins; coenzyme Q10, pycnogenols and others. During the two years of supplementing there was no noticeable difference in the condition.

Schooling was still very difficult and was not doing Rory any good at all, either educationally or emotionally. He was just becoming more and more demoralised. There were periods when he could not eat or sleep for worrying. In the summer term of 1998 I wanted to take him out of school and home educate. My husband was very unhappy about this decision. Unable to reach an agreement, Rory went back to school in the Autumn term and, as always, three weeks into school we were back to the old routine, not eating or sleeping properly, coming home and shouting at us, or hitting his brother and needing excessive help with his homework. We were back at the edge again.

At the end of August 1998 I received a tape from Mandy Rickard which I found really exciting. As with every stage of Rory's treatment I carefully checked out the authenticity of what I was being told. This took a while and it was not until Sunday, 3<sup>rd</sup> October 1998 that he took his first dose of Maximol Solutions and Revenol. We doubled the dose as instructed. So by the end of school on Monday, 36 hours later, he had had three doses. He came home from school a happy boy; he did not shout at anyone, hit anyone and to cap it all he sat down and did his homework on his own.

Tuesday and Wednesday were the same. On the Wednesday night I said, "Rory how do you feel?" His reply was full of excitement: "Mummy, I feel happy". Now, this was by no means the end of our problems; instead it was the beginning of the road out of them. There were many ups and downs, but over the next 8 months his energy levels improved. For the first time in his life he did not have continual colds and he grew – he could no longer win the competition for 'who was the thinnest in the class'.

With all of the improvements we saw, it seemed that it would just take time and patience for the learning disability to go. Rory at 11 could only read haltingly, and then with a great deal of help. This obviously affected his ability in most other subjects. In July this year, we were able to purchase Einstein, a nutritional and antioxidant support for brain function, and began immediately.

Well, all I can say is that this has proved to be the icing on the cake. A month into the new school year, instead of the usual reports from his teachers that he was being disruptive or having problems, his English teacher ran after me one day to tell me that he was ahead of the others in his English book; he was doing comprehension work and generally progressing very well. His mathematics were taking off in the same vein. At the end of this first term he has achieved a 'C' grade in everything except Science and Computer Studies and an 'A' in sport.

There are a number of aspects that have been left out of Rory's story but I am sure that many people reading this will be able to relate to it and, I trust, will take heart. I would like to thank Tom Mower and Neways for providing such safe and powerful supplements and enabling children like Rory to know that they will have not only a normal life but also a successful life. I would also like to thank Mandy and Ashley for caring enough to spend time and money introducing others to these fantastic products.

Corinne Smith

## STIGMATIZING “ADHD” AND STIMULANT DRUGS OUSTS RECRUITS FROM ARMED SERVICES

Few parents are warned that children labelled with Attention Deficit Hyperactivity Disorder (ADHD) for which they are customarily prescribed dangerous, potentially addictive drugs, can later be disqualified from joining the armed forces to protect their country. The problem could worsen because of recently released guidelines from the American Academy of Pediatrics (AAP) that endorse the psychiatric-invented condition and the cocaine-like drugs prescribed for it.

In the light of the recent terrorist attacks on America, consider that in 1998, the U.S. military discharged more than 3,100 recruits with psychiatric histories. Discharges ranged from recruits with lengthy psychiatric treatment to those who had been diagnosed with ADHD. The drugs prescribed for ADHD are amphetamine-like stimulants. Other psychiatric drugs prescribed children include tranquilizers, antidepressants and, less frequently, amphetamines and barbiturates.

The most serious problem is the potentially volatile mix of people labelled and drugged who are given possession of deadly weapons.

While on a comparatively minor scale to the terrorist attacks on New York and Washington, in recent years, six teenage shooting sprees linked to psychiatric drugs have led to 19 deaths and 51 wounded. This included 14-year-old Kip Kinkel who killed two and wounded 22 others at his Springfield, Oregon high school, and Eric Harris’s killing rampage at Columbine High School, leaving 13 dead and 23 injured. Both boys were taking prescribed stimulants or antidepressants.

Ms. Jan Eastgate, International President of the psychiatric watchdog group, The Citizens Commission on Human Rights, (CCHR) said, “The country’s future security is potentially being minimized because of a diagnosis that has absolutely no scientific proof to substantiate it and because of drugs that are known to induce violent rages, suicidal behaviour and have even been implicated in terrorist training.”

At least 250,000 children worldwide, some as young as seven, have been used by revolutionaries and terrorists for armed combat and in some cases have been trained to kill using psychiatric drugs and cocaine. According to a UNICEF report, many children have been given amphetamines and tranquilizers to enable them to “go on murderous binges for days.”

In 1999, *Human Rights Watch* reported that under the influence of drugs, “child combatants armed with pistols, rifles and machetes actively participated in killings and massacres, and severed the arms of other children....” Group spokesperson, Corinne Dufka, said, “It seemed to be a very organized strategy of getting the kids, drugging them up, breaking down their defence and memory, and turning them into fighting machines that didn’t have a sense of empathy and feeling for the civilian population.”

Locally, stimulants prescribed for ADHD are like amphetamines and, according to a recent study published in the *Journal of the American Medical Association*, are more potent than cocaine.

The AAP guidelines, influenced by psychiatric, psychological and pharmacological interests, say that stimulants reduce the “core symptoms of ADHD.” Eastgate says, “Hitting a child over the head with a two by four would *reduce* his fidgeting, squirming, talking excessively or losing his pencils—all symptoms of ‘ADHD.’ Just because a drug alters behaviour doesn’t prove the existence of a disease or that the drug ‘works.’”

Beverly Eakman, author of *Cloning of the American Mind*, says, “These drugs make children more manageable, not necessarily better. ADHD is a phenomenon, not a ‘brain disease.’ Because the diagnosis of ADHD is fraudulent, it doesn’t matter whether a drug ‘works.’ Children are being forced to take a drug that is stronger than cocaine for a disease that is yet to be proven.”

Pediatric neurologist Fred Baughman, says, “Virtually all professionals of the extended ADHD ‘industry’ convey to parents and to the public that ADHD is a ‘disease’ and that, as such, children are ‘abnormal.’ This is a perversion of the scientific record and a violation of the informed consent rights of all patients, especially parents.”

Critics say that the AAP guidelines give credence to a list of behaviours that in 1987 were literally voted into existence as a “mental disorder” by a show of hands at an American Psychiatric Association Committee. Within a year, 500,000 American children were suddenly stricken with this newly invented “disease.” Today, that figure has reached 6 million, with more than \$15 billion spent annually on the diagnosis, treatment and study of childhood psychiatric “disorders.”

“ADHD is a for-profit disorder at the expense of children’s lives and, it now seems, the expense of our armed services,” Eastgate said.

**Citizens Commission on Human Rights Press Release, October 2001**

**CTM Comment: Drug-based psychiatry of course does not even pretend to ‘cure’ any mental illness, but merely uses drugs to reduce or dampen symptoms. Many of these mental disorders, such as ADD/ADHD have their roots in nutritional deficiency and food allergen causations, as explained in [Health Wars](#). Psychiatry over the years can be characterised by many criminal acts perpetrated by its ‘doctors’ with the use of mind-altering drugs and electro-shock therapies that are a brazen abuse of human rights. An independent review of all things psychiatric is long overdue and badly needed by a globally co-ordinated, citizen-appointed independent panel.**

# Vaccines and Neurological Damage

...ADD and learning disorders in children are now being traced to childhood vaccinations, as well as convulsions, paralysis, and epilepsy. Brain damage is by far the most common adverse reaction associated with vaccinations, although their actual numbers are not often reported correctly.

## List of Vaccination-induced Neurological disorders:

- Encephalitis
- Ataxia/Apraxia
- Retardation
- Meningitis Paralysis
- Paralytic polio
- Ms Gullain Barre Syndrome
- Lupus
- Hyperactivity - ADD, LD
- Demyelination diseases
- Auto-immune Diseases Epilepsy
- Convulsions - Seizures
- Blindness
- Deafness
- SIDS
- Epilepsy
- Mental confusion - lowered IQ
- Brain tumors (SV-40)

# **THE CONTROVERSY BEHIND AND THE DIVERSE MEDICAL OPINION ON ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) AND LEARNING AND BEHAVIORAL DISORDERS**

These drugs make children more manageable, not necessarily better. ADHD is a phenomenon, not a brain disease. Because the diagnosis of ADHD is fraudulent, it doesn't matter whether a drug works. Children are being forced to take a drug that is stronger than cocaine for a disease that is yet to be proven.

Beverly Eakman Author,  
President National Education Consortium 2001

Situation:

More than six million American children have been diagnosed with a disorder, Attention Deficit Hyperactivity Disorder (ADHD), for which there is no scientific basis. They are prescribed powerful, potentially addictive drugs. The Journal of the American Medical Association recently published an authoritative study showing that one of the stimulants used to treat ADHD is more potent than cocaine.

You may receive literature or read in the media claims about ADHD being a brain dysfunction, a no fault brain disease, a chemical imbalance in the brain a severe disorder effecting 5% of our nations children.

The following is to provide you with facts about the lack of science and veracity behind these assertions and to show that there has been a severe dereliction of duty with regards to informing parents fully about the causes of classroom behaviour and learning problems, thereby violating the very essence of informed consent.

Consequently, parents have been coerced into placing their child on a psychotropic drug and even threatened with a charge of medical neglect if they took their child off the drug. In some cases, all that was wrong was that the child had a problem with allergies and needed phonics and extra tutoring.

Schools are now required by law to screen children for ADHD and the numbers of children being labelled with ADHD in the public schools has skyrocketed. Special Education budgets are astronomical and many Special Education analysts attribute this to the number of children now being categorized as "learning disordered", and particularly ADHD.

## **Attention Deficit Disorder and Attention Deficit Hyperactivity Disorder (ADHD)**

In 1980, Attention Deficit Disorder (ADD), which is literally a list of behaviours, was voted to be a mental disorder at a committee meeting of the American Psychiatric Association (APA), and included in the APA Diagnostic & Statistical Manual for Mental Disorders, DSM-III (third edition).

In 1987, Attention Deficit Hyperactivity Disorder (ADHD), was literally voted into existence by the American Psychiatric Association and inserted in the DSM-IV. Within one year, 500,000 children in the U.S. were diagnosed with the disorder.

"...We do not have an independent, valid test for ADHD, and there are no data to indicate that ADHD is due to a brain malfunction."

1998 National Institutes of Health  
Consensus Conference on ADHD

The medical community has elevated Attention Deficit Disorder (ADD) and Attention Deficit Hyperactivity Disorder (ADHD) to the status of diagnoses, and most people believe that these are real diseases. They aren't and doctors who label children ADD or ADHD don't have a clue what's really ailing them.

Dr. Sydney Walker III  
Psychiatrist

**The psychiatrist does not do any testing.  
The psychiatrist listens to the history and then prescribes a drug.**

Let me clear this up right now. ADHD is not like diabetes and [the stimulant used for it] is not like insulin. Diabetes is a real medical condition that can be objectively diagnosed. ADHD is an invented label with no objective, valid means of identification. Insulin is a natural hormone produced by the body and it is essential for life. [This stimulant] is a chemically derived amphetamine-like drug that is not necessary for life. Diabetes is an insulin deficiency. Attention and behavioural problems are not a [stimulant] deficiency.

Dr. Mary Ann Block,  
author of No More ADHD

### **ADHD is Not Caused by a Dopamine Over-Production in the Brain**

While some studies assert (but cannot prove) that an over-production of dopamine is a cause of ADHD (Lancet study reported in The Wall Street Journal, March 27, 2000), this is extremely misleading: Brain scans and tests to confirm ADHD have never been done on "drug naive" patients; i.e., the tests have been done on subjects who were either on psychotropic drugs, or had previously been on psychotropic drugs, both of which can alter brain chemistry.

Pediatric Neurologist Fred Baughman clarifies this point: "Researchers from Harvard and Boston Life Sciences' studied a mere 6 adult subjects 'diagnosed' with ADHD who were on drug treatment until 4 weeks prior to the brain scanning which was said to show the chemical imbalance. The researchers and Lancet editors know as well as I, that the drugs their subjects were on until a month before scanning, cause long-term, even permanent, changes of the brain, and that the changes reported could not be claimed to be [anything] other than drug-induced.

Dr. Fred Baughman points to a review of brain scanning by a Dr. Swanson, collaborating with F Xavier Castellanos of NIMH. He said, they concluded that the brains of ADHD subjects were 10% smaller than those of normals, and claimed this as proof that ADHD is a brain disease. What Swanson failed to acknowledge was the fact that virtually all of the ADHD subjects had been on long-term Ritalin treatment, and that this was the likely cause of the brain smallness. Swanson did acknowledge this fact, immediately thereafter, when I made the point from the audience.

Castellanos acknowledged, in an interview published in the January, 2000, Reader's Digest that Incontrovertible evidence (that ADHD is a disease) is still lacking, and also that these smaller areas of the brain could be the result of stimulant treatment:

### **Making Children Ineligible for the Armed Services**

In 1998, the U.S. military discharged more than 3,100 recruits with psychiatric histories, either in boot camp or within the first six months of enlistment. Documented cases of discharges ranged from recruits with lengthy psychiatric treatment, to those who had been diagnosed with Attention Deficit Hyperactivity Disorder (ADHD). The drugs prescribed for ADHD are amphetamine-like. Other drugs prescribed children include tranquilizers and, even, barbiturates. Few parents are warned that this fabricated diagnosis, and the customary subsequent prescription of dangerous, potentially addictive drugs, would disqualify their children from joining the armed forces to protect their country.

## **DSM-IV Diagnostic Criteria for ADHD**

The following diagnostic criteria for ADHD are specified in the DSM-IV (American Psychiatric Association, 1994):

1. Six (or more) of the following symptoms of inattention have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:
  - a) often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities
  - b) often has difficulty sustaining attention in tasks or play activities
  - c) often does not seem to listen when spoken to directly
  - d) often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behaviour or failure to understand instructions)
  - e) often has difficulty organizing tasks and activities
  - f) often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)
  - g) often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books or tools)
  - h) is often easily distracted by extraneous stimuli
  - i) is often forgetful in daily activities
  
2. Six (or more) of the following symptoms of hyperactivity-impulsivity have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:

Hyperactivity:

  - a) often fidgets with hands or feet or squirms in seat
  - b) often leaves seat in classroom or in other situations in which remaining seated is expected
  - c) often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness)
  - d) often has difficulty playing or engaging in leisure activities quietly
  - e) is often "on the go" or often acts as if "driven by a motor"
  - f) often talks excessively
  - g) often blurts out answers before questions have been completed
  - h) often has difficulty awaiting turn
  - i) often interrupts or intrudes on others (e.g., butts into conversations or games)

## **Prescribing Kiddie Cocaine to our Children from the Drug Enforcement Administration (DEA) 1995 Report on Methylphenidate**

Like other schedule II stimulants, abuse of methylphenidate, the stimulant most prescribed for ADHD can lead to tolerance and severe psychological dependence. The literature indicates that the addiction produced by methylphenidate abuse is neither benign nor rare in occurrence, and methylphenidate is more accurately described as producing severe dependence. In clinical studies methylphenidate is self-administered by humans and produces patterns of reinforcing and subjective effects similar to d-amphetamine. Methylphenidate and d-amphetamine produce similar patterns of subjective effects, including increases in rating of euphoria and drug liking. In a study of the incidence of cocaine use and abuse in adult subjects exposed to methylphenidate as children, medicated ADHD subjects who tried cocaine reported higher levels of drug dependence than non-medicated ADHD subjects and controls. Recent data suggests that pre-exposure to stimulants, including methylphenidate, in childhood, may predispose these same individuals to the reinforcing effects of cocaine. ADHD adults have a high incidence of substance abuse disorders. With three to five percent or more of today's youth being administered methylphenidate on a chronic basis, these are issues of concern. Typical of other CNS stimulants, high doses of methylphenidate often produce agitation, tremors, euphoria, tachycardia, palpitations and hypertension. Psychotic episodes, paranoid delusions and bizarre behaviour characteristic of amphetamine-like psychomotor stimulant toxicity have all been associated with methylphenidate abuse. Severe

medical consequences, including death have been reported. Case reports document that methylphenidate abuse can lead to marked tolerance and psychic dependence in children and adults. Psychotic episodes, violent behaviour and bizarre mannerisms have been reported. A significant body of literature is available that describes the actual abuse of methylphenidate and consequences associated with that abuse. Some of the earliest reported abuse cases came out of Sweden where the widespread abuse of methylphenidate led to its withdrawal from the Swedish market in 1968.

### **The Consequences of Stimulants for ADHD: Suicide and Death**

The Drug Abuse Warning Network (DAWN) indicated that between 1990 and 1993, most emergency room mentions for methylphenidate involved whites (75% to 89%) who were taking the drug orally (90% to 96%) to commit suicide (47% to 67%). Note: The DSM III listed the major complication of methylphenidate withdrawal was suicide. This information was not included in the subsequent version, DSM -IV. The FDA reported on May 2, 2000, that "A total of 4,400 health-related complaints of adverse reactions to methylphenidate have been received since 1969. Thirty percent of those more than 1,300 complaints were reported in the last 15 months, including complaints of convulsions and tics, drug dependence, heart ailments, and death. Some estimate only about one percent of all complaints is ever reported to the FDA. The FDA reported 121 cases of people dying while taking methylphenidate and other medications; in nearly 50% of those deaths (59 cases), methylphenidate was suspected of playing a role in the patient's death."

### **The Diagnostic and Statistical Manual of Mental Disorders (DSM)**

The standard reference used by psychiatrists and psychologists for diagnosis and for assigning insurance-payment codes is the Diagnostic and Statistical Manual of Mental Disorders (DSM). Here is what authorities have said about DSM. The third edition of DSM states: There is no satisfactory definition that specifies precise boundaries for the concept mental disorder."

The revision of DSM III admits: there is no assumption that each mental disorder is a discrete entity with sharp boundaries between it and other mental disorders or between it and no mental disorder. (Emphasis added). DSM IV also admits to not being able to define a mental disorder: Moreover, although this manual provides a classification of mental disorders, it must be admitted that no definition adequately specifies precise boundaries for the concept of mental disorder."

The low level of intellectual effort was shocking. Diagnoses were developed by majority vote on the level we would use to choose a restaurant. You feel like Italian, I feel like Chinese, so let's go to the cafeteria. Then it's typed into the computer.

Dr. Paula Caplan, psychologist,  
author of *They're Making Us Crazy*,  
commenting on the American Psychiatric Association's 1987 hearings into DSM

Given their farcical empirical procedures for arriving at new disorders with their associated symptoms lists, where does the American Psychiatric Association get off claiming a scientific, research-based foundation for its diagnostic manual? This is nothing more than science by decree. They say it is science, so it is.

Dr. Margaret Hagen, PhD,  
Professor of Psychology  
Boston University

"Finally, why must the APA pretend to know more than it does? DSM IV (the fourth edition) is the fabrication upon which psychiatry seeks acceptance by medicine in general. Insiders know it is more of a political than scientific document. To its credit it says so --although its brief apologia is rarely noted. DSM-IV has become a bible and a money making best seller-its major failings notwithstanding...It is the way to get paid...The issue is what do the categories tell us? Do they in

fact accurately represent the person with the problem? They don't and can't, because there are no external validating criteria for psychiatric diagnoses. There is neither blood test nor specific anatomic lesions for any major psychiatric disorder psychiatry a hoax--as practiced today? Unfortunately the answer is mostly yes."

Dr. Loren Mosher, Psychiatrist former Chief of The National Institute of Mental Health's Centre for the Study of Schizophrenia

### **Excerpts from the article printed in Clinical Psychiatry News:**

"Has the DSM -IV gone too far in including psychiatric diagnoses on the fringe, such as those that do not have a demonstrated biological etiology" "Dr. Theodore Pearlman says the DSM -IV has gone too far. 'There are too many diagnoses without any objective basis or biological support,' said Dr. Pearlman, a psychiatrist in Houston."

"There has never been any criterion that psychiatric diagnoses require a demonstrated biological etiology', said Dr. Harold Pincus, vice chairperson o the DSM-IV task force. In fact, virtually no mental disorder, except those that are substance induced or due to a general medical condition, has one."

"The manual is also taken too seriously by the rest of society --including the government, the courts, the hospitals, and insurance companies, said Dr. Suriff, a clinical psychologist at the Massachusetts Institute of Technology in Boston."

Clinical Psychiatry News

### **No Biological Basis for DSM's Mental Disorders, No evidence of a Chemical Imbalance"**

The designation disease can only be justified when the cause can be related to a demonstrable anatomical lesion, infection, or some other physiological defect. As there is no such evidence for any mental disorder, the term disease is a misnomer; in fact, it is fraudulent.

Thomas Szasz, Professor of Psychiatry Emeritus  
State University of New York,  
Author of 25 books

Research has yet to identify specific biological causes for any of these [mental] disorders. Mental disorders are classified on the basis of symptoms because there are as yet no biological markers or laboratory tests for them.

The U.S. Congress Office of Technology

'There has never been any criterion that psychiatric diagnoses require a demonstrated biological etiology' [cause], said Dr. Harold Pincus, vice chairperson of the DSM-IV task force. In fact, virtually no mental disorder, except those that are substance induced or due to a general medical condition, has one."

Clinical Psychiatry News

"...What they have done is medicalize many problems that don't have demonstrable, biological causes." They are a "masterpiece of political manoeuvring."

Al Parides, California psychiatrist

"...modern psychiatry has yet to convincingly prove the genetic/biologic cause of any single mental illness...Patients [have] been diagnosed with 'chemical imbalances' despite the fact that no test exists to support such a claim, and... there is no real conception of what a correct chemical balance would look like. Yet conclusions such as depression is a chemical imbalance are created out of nothing more than semantics and the wishful thinking of scientist/psychiatrists and a public who will believe anything now that has the stamp of approval of medical science.

David Kaisler  
Psychiatrist

"There's no biological imbalance. When people come to me and say, 'I have a biochemical imbalance,' I say, 'Show me your lab tests.' There are no lab tests. So what's the biochemical imbalance?"

Ron Leifer,  
New York Psychiatrist

"Contrary to what is often claimed, no biochemical, anatomical or functional signs have been found that reliably distinguish the brains of mental patients."

"... many are not aware of the enormous influence that the [pharmaceutical] industry has in shaping our views of mental disorders and the effectiveness of psychotherapeutic drugs.."

"I am convinced that the pharmaceutical industry spends enormous amounts of money to increase its sales and profits by influencing physicians and the public in ways that sometimes bend the truth and that are often not in the best interests of science or the public.

Dr. Elliot Valenstein, University of Michigan Neuroscientist  
Professor Emeritus of Psychology, author of: Blaming the Brain:  
The Truth about Drugs and Mental Health