

The assessment of ADD/ADHD is an important process and should not be taken lightly by educators, parents, pediatricians, or mental health providers. Unfortunately, it appears that is just the case in many circumstances. This statement may seem harsh to some, and I would say it is as well. However, when it comes to the prescribing of psychotropic drugs to young children, every precaution should be undertaken. At this time, researchers do not yet know the full extent of possible long-term effects from the most widely prescribed stimulant based medications, when a misdiagnosis has occurred. There have been numerous studies into the efficacy and safety of the drugs when they are used as prescribed and the prescription is based on a correct and thoughtful diagnosis. If the drugs are prescribed without this thoughtfulness though, it could be leading to a myriad of issues as the children progress through adolescence and into adulthood. Studies performed on animals show that long-term use of stimulant medications can lead to an increased propensity for depression.

The current criteria for diagnosis as set forth in the DSM-IV-tr is quite comprehensive and the proposed changes for the DSM-V-tr allow for further clarification of each of the criterion. The focus now needs to be on when these assessments should be taking place. Although in most health care situations early diagnosis is usually the best rule of thumb, in this particular case allowing a child to reach a certain age range before attempting to truly clinically assess them may be better. This waiting time will allow for attempts at other behavior modification techniques to occur and perhaps lower the instance of prescriptions. From personal experience, I feel that middle school age children will likely be a better gauge to a more thoughtful assessment and diagnosis than say, kindergarten or pre-school age. It is important to get the feedback from a child's educator and parents, however; only a trained mental health professional can truly make the diagnosis, and it may not be advantageous for the involvement of the teachers and parents in the feedback stage to be broadcasted to the child. Perhaps our country's school systems and health professionals should look into working together to be able to set up a way to do more classroom observations instead of the teachers having to fill out a blanket survey. The combination of the ongoing observation in the classroom, the parental input, and the in-office clinical observations happening at the right time in the child's development would help lead to more thoughtful diagnoses and less unwarranted prescription drugs.