NEWS COMMENTARY

NIH Consensus Report Highlights Controversy Surrounding ADHD Diagnosis and Stimulant Treatment

On November 16-18, 1998, the National Institutes of Health (NIH) held a Consensus Development Conference on the Diagnosis and Treatment of Attention Deficit Hyperactivity Disorder (ADHD). Consensus development conferences bring together a panel or jury of scientists to develop an overview opinion about an important controversy in the health field. The panel reviews reports and listens to testimony from scientists before issuing its consensus statement on the final day of the conference. Panel members are intended to be scientists, health professionals, and others with no personal or direct involvement in the controversy; but this panel membership fell far short of meeting these standards of objectivity. For example, the panel chair, David J. Kupfer, is Professor and Chair of Psychiatry at the University of Pittsburgh. Kupfer's department has been one of the largest recipients in the nation of federal government funding for biologically oriented research that supports the ADHD diagnosis and stimulant treatment.

Thirty-one individuals were selected by NIH to make scientific presentations to the panel on ADHD and its treatment. Each presented a research paper that was made available in advance to the panel and each was encouraged to send the panel additional scientific reports.

Most of the scientific presenters were well-known advocates of the ADHD diagnosis and stimulant drug treatment (e.g., Howard Abikoff, L. Eugene Arnold, Russell A. Barkley, Joseph Biederman, C. Keith Conners, Laurence Greenhill, Peter Jensen, Rachel G. Klein, William E. Pelham, and James Swanson). Their papers reflected these viewpoints (NIH, 1998b). By contrast, a few presenters raised issues about both the diagnosis and the treatment. Peter R. Breggin reviewed numerous controlled clinical trials demonstrating a range of adverse reactions to stimulants and criticized the literature on biological causes for ADHD. He documented that stimulant adverse effects, such as

reduced spontaneity and increased obsessive-compulsive behavior, are misinterpreted as improvements in drug-treated children. William B. Carey reviewed data indicating that ADHD is a reflection of temperament rather than a disorder. Nadine M. Lambert reported on a long-term prospective study indicating that the use of prescribed methylphenidate in childhood increased the likelihood of nonmedical stimulant use, including cocaine, in young adulthood. Gretchen Feussner presented data from the Drug Enforcement Administration (DEA) about the growing problem of nonmedical stimulant use among younger children.

Despite the preponderance of scientific presenters who strongly supported the ADHD diagnosis and stimulant treatment, and despite the similar bias of many panel members, the consensus panel statement raised many concerns about both ADHD and stimulants (NIH, 1998b). While the organization of the conference made inevitable the endorsement of the short-term use of stimulants, the warnings, caveats, and qualifications were unexpected. The panel wrote about ADHD, "the disorder has remained controversial in many public and private sectors . . . One of the major controversies regarding ADHD concerns the use of psychostimulants to treat the conditions" (p. 2). It stated, "Despite progress in the assessment, diagnosis, and treatment of ADHD, this disorder and its treatment have remained controversial in many public and private sectors. The major controversy regarding ADHD continues to be the use of psychostimulants both for short-term and long-term treatment" (pp. 9-10).

The consensus statement pointed out "we do not have an independent, valid test for ADHD" (p. 2). In regard to a biological basis for the presumed disorder, the panel concluded that "there are no data to indicate that ADHD is due to a brain malfunction" (p. 2). This conclusion was drawn despite presentations by Swanson and others that claimed to show a biological basis.

The panel declared, "Further research to establish the validity of the disorder continues to be a problem" (p. 2) and "Clinicians who diagnose this disorder have been criticized for merely taking a percentage of the normal population who have the most evidence of inattention and continuous activity and labeling them as having a disease" (p. 3). It summarized, "In fact, it is unclear whether the signs of ADHD represent a bimodal distribution in the population or one end of a continuum of characteristics" (p. 3).

The consensus statement emphasized the lack of long-term studies of efficacy: "There is no information on the long-term outcomes of medication-treated ADHD individuals in terms of educational and occupational achievements, involvement with the police, or other areas of social functioning" (p. 4). It noted, "there is little improvement in academic achievement or social skills" from stimulant medication (p. 5). It found "there are no data on the [stimulant] treatment of ADHD, Inattentive type, which might include a high percentage of girls" (p. 6).

The consensus statement found, "It is well known that psychostimulants have abuse potential" (p. 6). However, it found "existing studies come to conflicting conclusions as to whether use of psychostimulants increases or decreases the risk of abuse" (pp. 6-7). Concerning other adverse drug effects, it observed:

Very high doses of psychostimulants, particularly of amphetamines, may cause central nervous system damage, cardiovascular damage, and hyperten-

sion. In addition, higher doses have been associated with compulsive behaviors and, in certain vulnerable individuals, movement disorders. There is a very small percentage of children and adults treated at high doses who have hallucinogenic responses (p. 6).

The consensus panel concluded, "Finally, after years of clinical research and experience with ADHD, our knowledge about the cause or causes of ADHD remains speculative" (p. 21). The consensus statement will be published in the future in a medical journal.

From the Editors

REFERENCES

National Institutes of Health. (1998a). Diagnosis and treatment of attention deficit hyperactivity disorder. *NIH consensus statement 1998* [On-line]. Available: http://odp.od.nih.gov/consensus.

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