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Ritalin Redux

This popular and beneficial ADHD medication gets a bad rap.

[ADHD Experts Blog](#) | posted by [Edward Hallowell, M.D.](#) | Wednesday February 1st - 1:04pm
 Filed Under: [Ritalin](#), [ADHD Medication and Children](#), [ADHD Stimulant Medications](#)

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I take issue with the opinion piece "[Ritalin Gone Wrong](#)," written by Alan Sroufe, Ph.D. (*The New York Times*, January 29, 2012).

As is usually the case when the use of [stimulant medications like Ritalin](#) makes it into mainstream media, the article pushes emotional hot buttons that scares the daylights out of uninformed readers and leads them to avoid using such medications or allowing their children to. The end result? Giving up on a class of medications with enormous potential benefits.

I'm an M.D., a child and adult psychiatrist who's been treating children who have what we call ADHD for over

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30 years. I was on the Harvard Medical School faculty for 20 years, and I still see patients in my offices in Sudbury, Massachusetts and New York City every day. I have ADHD and dyslexia myself. I've co-written, with John Ratey, the best-selling books on ADHD. I know this condition, and its various treatments, inside and out.

While I wince at the inflammatory rhetoric of Dr. Sroufe's article, I agree with much of what he had to say. I take issue with his scare tactics and wrong-headed assumptions. Let me quote and respond to several paragraphs from his article:



“ Used properly, Ritalin is safe, safer than aspirin. ”

Dr. Edward Hallowell

"First, there will never be a single solution for all children with learning and behavior problems. While some smaller number may benefit from short-term drug treatment, large-scale, long-term treatment for millions of children is not the answer."

Who said there is a single solution? No enlightened clinician offers medication as the only solution. We offer it as one tool that can help, but always as part of a comprehensive treatment plan that also includes education of parent, child, and teacher; lifestyle modification, including sleep, [diet](#), [exercise](#), meditation and positive human interactions; coaching on how to better organize life; and ongoing follow-up to monitor progress and offer encouragement and various specific tips on managing life with ADHD.

While Dr. Sroufe says that "some smaller number may benefit from short-term drug treatment," in fact, 80 percent of individuals with ADHD who try medication benefit. When these medications work, they do not solve the problem, any more than eyeglasses solve the problem of myopia. But they sure do help!

"Second, the large-scale medication of children feeds into a societal view that all of life's problems can be solved with a pill and gives millions of children the impression that there is something inherently defective in them."

This is cited so often that it has become an accepted truth. But have you ever met anyone who actually believes that? I haven't. Nineteen out of 20 people who come to me for help for themselves or their child adamantly oppose the use of medication. Only

when they fully understand the medical facts do many of them change their minds. Far from being predisposed to the use of medication, the people who come to see me are predisposed in precisely the opposite direction.

Furthermore, no enlightened clinician prescribes the medication and leaves it at that, allowing the parent and child to imagine they have "something inherently defective in them." I go to great lengths not only to present the medical facts but also to create a framework of understanding that [describes ADHD in strength-based terms](#).

I tell a child that he is lucky. He has a race car for a brain, a Ferrari engine. I tell him he has the potential to grow into a champion. I tell him (assuming it is a he, but he could just as easily be a she) that, with effort, he can achieve greatness in his life. Then I tell him about the billionaires, CEOs, Pulitzer Prize winners and professional athletes with ADHD I've treated through the years.

I also tell him he does face one major problem. While he has a race car for a brain, he has bicycle brakes. I tell him I am a brake specialist, and one of the many tools I can use to strengthen his brakes is medication. I remind him he will have to do much more than

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take the medication to strengthen his brakes, but, if we're lucky, the medication will help him in that effort.

The child and parents leave my office full of hope. Far from feeling defective, the child feels like a champion in the making. Which he most certainly can be!

"Finally, the illusion that children's behavior problems can be cured with drugs prevents us as a society from seeking the more complex solutions that will be necessary. Drugs get everyone — politicians, scientists, teachers and parents — off the hook. Everyone except the children, that is."

Once again, Dr. Sroufe assumes the clinician, parent, and society at large buy the notion that "children's behavior problems can be cured with drugs," and that such a belief gets us "off the hook." He suggests that politicians, scientists, teachers, parents, and heaven knows who all else are so deluded and so uncaring that we welcome any excuse to get us out of doing the deep probing into the "complex solutions" that only Dr. Sroufe and his exemplary colleagues can or will attempt.

No clinician worth his or her salt believes that all problems can be cured with drugs. But neither does a responsible clinician deny the good that medications can do. When people ask me, "Do you believe in Ritalin?" I reply that Ritalin is not a religious principle. Ritalin, like all medications, can be useful when used properly and dangerous when used improperly. Why is it so difficult for so many people to hold to that middle ground?

And yet difficult it is. Ritalin continues to be a political football, a hot-button issue almost on a par with abortion or capital punishment. One is pushed to be for it or against it, while the right and good position is to be for whatever will help a child lead a better life, as long as it is safe and it is legal.

Used properly, Ritalin is safe, safer than aspirin. And it is legal, albeit highly regulated. As to its long-term use, apply common sense. Use it as long as it is helpful and causes no side effects. That may be for a day, or it may be for many years.

We need to address the complex issues that contribute to behavioral, emotional, and learning problems in children. I've written extensively about what I call "pseudo-ADHD," children who look as if they have ADHD but in fact have an environmentally-induced syndrome caused by too much time spent on electronic connections and not enough time spent on human connections — family dinner, bedtime stories, walks in the park, playing outdoors with friends or relatives, time with pets, buddies, extended family, and other forms of non-electronic connection. Pseudo-ADHD is a real problem; the last thing a child with pseudo-ADHD needs is Ritalin.

But that is not to say that no child needs Ritalin, or that those who prescribe it are dimwits hoodwinked by drug companies to medicate children who do not need it. Sure, some doctors over-medicate, while other doctors never medicate because they "don't believe in ADHD" and "don't believe in Ritalin."

Above all, children need a loving, safe, and richly connected childhood. The long-term study that Dr. Sroufe cited in his opinion piece does indeed show that over time, medication becomes a less important force in a child's improvement and that human connections become ever more powerful. It is good and heartening to know that human connection—love—works wonders over time. Love is our most powerful and under-prescribed "medication." It's free and infinite in supply, and doctors most definitely ought to prescribe it more!

This doesn't mean that, as Dr. Sroufe say, Ritalin has "gone wrong." We may go wrong in how we use it, when we over-prescribe it, or when we use it as a substitute for love, guidance, and the human connection.

As long as we use it properly, it remains one of our most valuable — and tested — medications. Going back to the first use of stimulants to treat what we now call ADHD in 1937, stimulants have served us well as one tool — not *the tool* — *for helping children and adults learn how to strengthen the brakes of their race car brains and become the champions they can be.*

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Discussion 

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Kristin · 8 months ago

Just like the clients Dr Hallowell mentions in his response, I didn't want to take stimulant medication. The family practitioner I went to first opposed medication on principle, and I was still convinced that if I just continued to beat myself up psychologically over the areas I struggle in, eventually I could work "hard enough" to fix what I couldn't seem to get right consistently. (If you keep doing the same things, but expect different results...)

After all, if I could do a task very well on Monday, I should be able to do it very well on Tuesday, too, right? Must be my own fault for not trying hard enough, right? Almost 40 years of undiagnosed ADHD later, there is no "harder" left to work. I have to work "smarter." It's never a matter of not being able to describe, visualize, plan or justify the goal that I struggle with - I have beautiful plans. It the getting them to work right that I struggle with daily.

One of the smartest things my prescribing physician explained to me was the effect of the medication. If I really did NOT have ADHD, then there was an excellent chance the stimulant medication would have a stimulating effect (duh), but if I DO have a real race-car brain as Dr. Hallowell describes, then the medication would have the opposite effect. How many days would I have to take the medication to know which effect it would have? One.

I have awful memories of school for most of my life. I spent years seeing tutors and counselors, getting extra help after school, staying up nights trying to get homework done, and still achieved barely passing grades, despite innate intelligence. I struggled with friendships, romantic relationships, and family. Most of my strongest memories involve deep pain, specifically over the gap between what I know I have always been capable of on a good day and the reality of the never-ending struggle on most regular days.

As an adult, life and work continued to be the same struggle. I can't count the number of times I have had to sit in front of an authority figure and try to explain the "why" of some recent event gone wrong, without having a clue why it did. Or being able to piece the disaster together in hindsight, without having been able to steer the train going forward. The agony of each of those memories is visceral, and accumulated impact over years, devastating. I would never wish those feelings or memories on anyone else, and *never* my child.

Stimulant medication doesn't fix ADHD any more than cholesterol medication fixes a poor diet, but if it gives someone a chance to get things right and a better chance at

putting some in the win column, why would you not at least consider it? Stimulant medication is not a sedative. Giving it to a non-ADHD person won't work. Or rather, it will work as a stimulant normally does, and you'll probably notice it right away.

If it helps, then of course, don't stop at just medication. There's more than just a hammer in the toolbox. Try everything - diet, exercise, skill-building, structure, meditation - anything that helps. Just as you should *without* ADHD.

10   · Reply · Share >



40 year-educator · 8 months ago

I am surprised by this comment from an experienced teacher who has the knowledge of "many university and government studies". Seems to me that medication would not have been the "single solution approach" to treating the children in his classroom. A teacher who has a child for six hours each day in a setting so important to a child's success has a major role in the provision of the more comprehensive approach to treating ADHD to which Dr. Hallowell's article refers. If he was, indeed, a teacher who did strive to be a part of each ADHD child's treatment, his comment may have been more helpful by pointing out the responsibility and positive impact a classroom teacher has each and every year for a child with ADHD - on medication or not.

8   · Reply · Share >



Motrent · 8 months ago · parent

Oh, how I wish my son had teachers like you :-)

3   · Reply · Share >



Kayla Fay · 8 months ago

The whole time I was reading the NYT article I was hearing people say "there's no such thing as ADHD" and "these kids just need discipline" and "teachers want all kids on drugs". As always, Dr. Hallowell has the voice of balance and reason.

6   · Reply · Share >



D with ADD · 8 months ago

Thank you for writing this response to the article in the New York Times. I read it and was completely outraged how the author stereotyped those of us with ADHD.

I'm 35 years old and was diagnosed about four years ago. The use of a stimulant prescription, therapy for cognitive behavior and overall awareness of how the disability can impact my life have been catalyst in completely turning my life around. I've gone from being a mediocre employee to one of the top employees in my division and a top financial services firm in NYC.

However, my childhood was the complete opposite from what was described in the NYT article. I grew up in a home with two loving parents along with grandparents, aunts and uncles whom I spent a good portion of my time with in a positive, caring manner. On top of that, I grew up in the 80's where video games and other electronic devices were not prevalent (unless the Dr counts the 'Speak-n-Spell' as a video game then I stand corrected). On top of that, I had a good group of friends where we played outside all of the time. Countless days of my summers would be spent riding our bikes to a nature center, playing in my backyard or if the weather was crummy, playing inside with dolls or boardgames. Winters were pretty much the same deal except biking would be replaced with sledding down a hill by my house.

I do question this doctor's methodology in their research. Firstly, he states that he

I do question this doctor's methodology in their research. Firstly, he states that he studied children who are socio-disadvantaged. This segment of the population would not be a proper representation of all people with ADHD. Typically people who are socio-economically disadvantaged don't have access to healthy food, a good education or their parents who may not be able to physically be there to support their child because they are working multiple jobs to support their family in other ways. The children in this study may not have had access to the same things that the greater population of kids have like a backyard to play in, a bike to ride or just a safe neighborhood where they can go for a walk with their friends (and therefore having an impact on their ability to foster friendships).

While there are numerous cases of kids, and their parent, seeking out the drug to help give their kids an advantage in school, there are some of us who have had a disadvantage in our education by not having the proper diagnosis and treatment. I can only imagine how different my educational experience would have been had I been able to focus (and not getting scolded to talking too much or not paying attention).

Lastly, it's articles such as the one published in NYT that create the stigma of the drug and the disability. The act of taking a stimulant or using behavioral techniques does not. And even when someone uses various techniques to manage the symptoms, I would find it hard to believe that others around them automatically think that this person must have ADHD because they're doing something like setting an alert on their phone.

I hope that someday people will stop the stereotypes about ADHD and just accept it for what it is and stop judging how people treat it. And in the meantime, I hope researchers find the reason or reasons that dispose one to ADHD in the first place.

4 ^ | v · Reply · Share ·



Lisa Richmond · 8 months ago

Reading Dr. Sroufe's article in the NYT was very frustrating, because he argues ADHD is caused by experiences. The heritability of this trait is downplayed, writing it off as a socio-economic issue.

I myself am proof that this condition is strongly heritable, outside of environmental factors.

I was adopted out at birth. I was raised in a strict, highly organized middle-class family and it was clear that I was very different. I adoptive parents didn't understand why I was so forgetful, unstructured and socially inept.

Six years ago, at the age of 41, I met my birth family and everything became crystal clear. My maternal grandmother, mother, and sister are all clearly ADHD to varying degrees. I was raised in a completely different environment, yet we are so similar that it's amazing.

3 ^ | v · Reply · Share ·



Ljarvis60 · 8 months ago

I loved Dr Hallowell's commentary. I agree with him wholeheartedly. I have a husband and 3 adult children with ADD/ADHD. He actually diagnosed my husband almost 20 yrs ago. I have a house full of people who benefit from the help of medications to assist with focus, anxiety and hyperactivity. Unless you have lived in a household like mine and have shared the daily struggles, then I would say that those who criticize medications for people who can benefit from them, should refrain from doing so.

At one point in time I had 6 nieces and nephews living with us for 2 years. 3 nephews and 1 niece had also inherited ADD/ADHD. I could have taken this show on

the road and done the talk circuit! In addition to the much needed medications, everyone attended therapy, counseling in small groups via school, etc.

3 ^ | v · Reply · Share ·



Pkcycle76 · 8 months ago

I really appreciate this response to the NYT article. My wife and I are well-educated, have done everything we can to provide our children a good education and structured environment, have limited television, video games and other distractions - everything Dr. Hallowell points to here that is necessary for support. And it was not quite enough. I in particular had to face up to that, and as a trained scientist, had to accept the weight of the evidence that medication could help. And had to admit that it has helped. I also admit that it is not a permanent solution. But to be told, as Dr. Sroufe did in his article, that I am somehow lazy, a bad parent, not doing enough, is frankly, quite insulting. Thanks for standing up to this.

2 ^ | v · Reply · Share ·



Pretty Box1 · 8 months ago

Amen! it so exhausting....Im 37 and I have always looked for altrnative to drugs. but at times I feel like I fight so hard to just to get by. its demoralizing. I tried a generic form of flavay and i like how i felt a little more on top of things. But I thnk Ritalin I might try. People dnt understand what its like to have ADD. I dnt understand what its like to accomplish what I want out of life. just the everday things. Once I did a very low carb diet and my mind was so clear and accomplish so much in a short time. Work was too so easy. I then understood what it was like for people without ADD. Getting bac there is the problem.

2 ^ | v · Reply · Share ·



John Glennon · 8 months ago

The reality of ADHD treatment that Dr. Hallowell provides differs quite significantly from the reality I experienced over 30 years of teaching in the public schools.

Ned has always approached ADHD in a balanced and structured manner. However, as Dr. Sroufe pointed out, the reality for the vast majority of all ADHD children, and especially minority or impoverished children, is a single solution approach: medication. This is fact according to many university and government studies. It is what I experienced over 30 years of teaching, and it is where Ritalin has gone wrong.

If one has the finances, Dr. Hallowell's treatment program is ideal, but unfortunately, it's not the reality for the vast majority of children in this country.

2 ^ | v · Reply · Share ·



A Caring Mother · 8 months ago

I wish this article was appearing in the New York Times as well - the vast majority of NYT readers will never see it, and they should. The inference that poor parenting was an issue really rankled me. I consider myself to be a good parent - and my husband, too. Dr. Stroufe's article is only reinforcing negative stereotypes and misconceptions. So, please, Dr. Hallowell, send your response to the NYT! Maybe they'll print it!

1 ^ | v · Reply · Share ·



kemboi · 8 months ago

Thank you for addressing this issue. It seems like for every step forward we take in educating people on ADHD, it just takes one (uninformed or biased) individual to take us a few steps backwards. Having ADHD myself, I am constantly educating

my patients on the pros and cons of ADHD. Had I been diagnosed and treated prior to graduate school, I might have had some mental energy to actually like school. I also must add that I have been on the same dose of adderall (I didn't so well on ritalin) for the past decade. It still works like when I was first prescribed the correct dose and I haven't developed a tolerance.

1 ^ | v · Reply · Share ·



Jskrog · 8 months ago

Its about time someone spoke up and told the truth about ritalin. I've been on it for 15 years and its changed my life.

Thank You

1 ^ | v · Reply · Share ·



Erisadd · 8 months ago

Thank God we have a clear, sane, intelligent voice to speak to the world. Dr. Hallowell literally saved my life.

1 ^ | v · Reply · Share ·



Restoredhope · 8 months ago

I like your philosophy. And I like the way you have educated the uninformed public that there are lots of ways of treating ADHD, including medication.

1 ^ | v · Reply · Share ·



SideEffectsAdderall · 2 months ago

This was way better than the article it was written about. NYTimes did the ADHD community a harm. Its not like people are snorting it <http://sideeffectsadderall.org...>

0 ^ | v · Reply · Share ·



Igradespo · 2 months ago

I am living in Macedonia and I have a ADHD child. He is 7 years old and he have many difficulties at school. The major problem is that in Macedonia methyl phenidat and amphetamins are prohibited for import so we can not find these medicines nowhere here. How can I get these medicines cause no country gives them without prescription???? I tried to by Ritalin in Slovenia with prescriptions from Macedonia but they did not want to give me cause I must have slovenian prescriptions for it. Can anyone tell me waht to do????

My son in Macedonia was treated with Gamibetal and Nootrop with no succes.....

0 ^ | v · Reply · Share ·



adhdmom · 7 months ago

Thank you, Dr. Hallowell, for this response. I wish every teacher and parents of a child with ADHD could see it. There is still so much disbelief that this condition exists, and that it all just a product of bad parenting. I have two children with ADHD myself, and have to explain that it is highly hereditary, while people look at me like I am a bad parent for having two kids on meds. I, myself, was recently diagnosed with ADHD after trying many, many medications for anxiety that never worked. I was truly amazed how my ADHD med was the first thing that I had ever taken that made my brain slow down, and wondered if this was how it felt to be 'normal' for the first time in my life.

0 ^ | v · Reply · Share ·



Frank Miller MD · 7 months ago

I too am a child psychiatrist having practiced for over 35 years at Duke and now in western NC. This article is old hash the same old canards about Ritalin I have

now in western NC. This article is old news, the same old canards about ADHD. I have an adopted son who has ADHD and without the organizing support of this medication, he would not be doing well in school at all. All my hundreds of patients through the years would not have succeeded in their Durham and Chapel Hill schools without it either. In my practicing lifetime I have seen wave after wave of prejudiced antiscientific campaigns against the medicinal treatment of ADD/ADHD that we now know from empirical evidence is a brain based neurodevelopmental disorder, something we honestly could not demonstrate two decades ago, now we can. Bigoted ill advised propaganda such as the NYTimes' article only serves to scare off parents into trying the useless fads in 'natural' treatment ranging from saccadic eye training, vestibular twirling 'treatments' to sugar restriction, to all the other unproven remedies that are worse than the patent remedies of old...

0 · Reply · Share ·



Mamagoga · 7 months ago

I wish dr.Hallowell and dr.Stroufe join and work together,because basically they both say the same-but in a different tone.

0 · Reply · Share ·



John · 7 months ago

Here's an article from the American Journal of Psychiatry about the adaptation of brain to long term Ritalin exposure.

<http://neurosciencenews.com/ad...>

0 · Reply · Share ·



Lionayes · 8 months ago

As a parent of a profoundly gifted child, I have experienced first hand the misdiagnosis of ADD and ADHD by health professionals and teachers for my child. Special education testing and analysis along with analysis by a Mental Health professional who was trained in Gifted protocols identified the misdiagnosis.

Although I do not disagree with Dr. Hallowell on the select points he chose to make regarding the article, to say that Ritalin is as safe as aspirin is a bit of an overstatement...especially in the many cases of misdiagnosis.

I am sure that for the accurately diagnosed ADD/ADHD patient, Ritalin is a relief as part of an overall strategy. However, many of the items spoken about in the NYT article seem to be addressing misdiagnosis or overdiagnosis and that is an extremely serious problem IMHO.

0 · Reply · Share ·



Anon · 8 months ago

People who have ADHD are no more "lucky" than anyone else with a permanent neurological condition. If I had epilepsy, would you say I was "lucky"? No. Then stop peddling the BS. The treatments and modifications that you suggest are unaffordable to 90% of patients. I have a weekly therapist and take medication, and this is only possible because I have NO KIDS and an excellent job. A lot of people can't afford the meds, let alone the therapist!

People with ADHD shouldn't have kids, if they can help it. I wouldn't have made it at all with kids and it is a stressor we don't need.

I am ever thankful for my health insurance, and the drug companies that make my extended release medicine.

0 · Reply · Share ·

Adult ADHD: The Style and Substance of Combined-Type ADD

★ 0 · 1 comment · 21 hours ago



daygold — Really great analogy! I like this!

ADHD in Girls and Women: Straight Talk about Suicide

★ 0 · 4 comments · 9 days ago



mma — Thanks for sharing:) I've seen a therapist on and off last few years and used to see him as a teen. ...

ADHD Awareness: Step Up and Speak Out

★ 0 · 1 comment · 3 days ago



Mary Shine — Here is a blog I've started about being an adult with ADD:
<http://adulthoodattentiondeficitdis...>

How NOT to Get Your ADHD Child Ready for School

★ 0 · 13 comments · 15 days ago



AnnM — The excess amount of homework is making my son hate school. I do my best - get to bed early, good br...

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