# Panel Sanctions Amphetamines for Hyperkinetic Children

A government-appointed panel* of experts last week declared amphetamines to be a safe and proper treatment for children suffering from a behavioral disorder known as hyperkinesis. Convened by the Department of Health, Education, and Welfare (HEW) after a controversy that included congressional hearings into charges that the drugs were used as chemical straitjackets to induce classroom conformity, the panel emphasized the need for adequate diagnosis and extreme caution in prescribing the drugs.

Hyperkinesis is generally characterized by poor attention in class, disordered behavior, and intense physical overactivity. No two children, however, have the same set of symptoms, and several additional behavioral characteristics have been associated with the disease. As with many psychic disorders, there is no clear point of distinction between the hyperkinetic child and the normal child.

The vagaries of diagnosis, combined with the fact that treatment involves commonly abused drugs that are potentially addictive, led to widespread concern, particularly after disclosures of the numbers of children who might be eligible for treatment. A 30 June 1970 article in the Washington *Post* alleged that 10 percent of the school children in Omaha, Nebraska, were receiving daily doses of amphetamines. Even though Omaha officials subsequently denied such widespread usage, it was later revealed that some 150,000 to 300,000 children nationally were being treated with psychoactive drugs for hyperkinesis. Furthermore, researchers in the field publicly claimed that from 3 to 10 percent of the children in America were suffering from the disorder and might benefit from the drug treatment.

If successful, administration of the stimulatory drug has the paradoxical effect of calming down the hyperkinetic child. He is thus better able to concentrate. And classroom performance often improves. Nevertheless, some educators fear that children who are the victims of poor classroom or family situations might be diagnosed and treated as hyperkinetics. Indeed, little, if any, evidence points to an organic basis for the disease, even though several theories have been advanced. During the congressional hearings before Representative Cornelius Gallagher's (D–N.J.) Right to Privacy Subcommittee, John Holt, author of *Why Children Fail*, asked: "How and why do we decide that the energy and activity that in a 3-year-old is necessary and valuable, must in a 6-year-old be considered a disease? . . . because it makes it less difficult to run our schools as we do, like maximum security prisons."

The HEW panel emphasized in its report that "It is important to recognize the child whose inattention and restlessness may be caused by hunger, poor teaching, overcrowded classrooms, or lack of understanding by teachers or parents." Moreover, it noted that "adequate diagnosis may require the use not only of medical, but of special psychological, educational, and social resources."

An individual physician, however, is not obliged to consider such factors in his diagnosis. And testimony before the Gallagher subcommittee indicated that many children were receiving the drugs from general practitioners whose primary diagnosis consisted of the advice of school officials that the child was doing poorly in school. In one extreme case, a woman testified that the school principal examined her son's report card and announced, "Your child suffers from hyperkinesis." Following that episode, she claimed, school officials continually harassed her and her children because she refused to allow them to take amphetamines.

Whether such abuses will occur in the future remains to be seen. The panel emphasized that, in spite of the specialized nature of the disorder, no mechanism exists to regulate the misapplication of the drug by individual doctors.

Listing many of the fears commonly expressed about the use of the drugs for children, such as the possibilities of addiction, misuse, toxicity, and emotional handicaps, the panel concluded that no dangers exist if the treatment is properly applied. The panelists stated, however, that they were "repeatedly struck by our lack of information in many crucial areas." In testimony before the Gallagher subcommittee, researchers in the area admitted that the only long-term follow-up study of children treated with amphetamines involved 67 children.

Empiricism is a common tool in pharmacology. And much of the rationale for the use of amphetamines for hyperkinesis does not stem from controlled studies. Researchers have claimed, for example, that the paradoxical effect of the drug's calming down the children proves that the children were abnormal in the first place. This has been presented as a fail-safe mechanism that prevents faulty diagnoses. If the children were normal, goes the argument, they would be stimulated by the drug. But little evidence exists for this contention, since few researchers have given amphetamines to normal children.

In one published study,† amphetamines were administered to children not diagnosed as hyperkinetic, but simply reported as having learning problems. When given daily doses of the drugs, most of the children in the study showed an improvement in their academic performance when compared with double blind controls. This study raises the as yet untested possibility that the classroom performance of many children might be elevated by daily doses of amphetamines. The public would surely object to a massive program of better learning through chemistry for school children. And while the HEW panel has declared that the treatment of hyperkinetic children is not such a program in disguise, the possibility still remains, so long as adequate regulation of individual doctors is lacking.—ROBERT J. BAZELL

* Panel members: Daniel X. Freedman, University of Chicago, chairman; T. Berry Brazelton, Harvard; James Comer, Yale; William Cruickshank, University of Michigan; Edward Perry Crump, Meharry Medical College, Nashville; Barbara Fish, New York University School of Medicine; George H. Garrison, University of Oklahoma; Frank Hewett, University of California, Los Angeles; Leo E. Hollister, Veterans Administration Hospital, Palo Alto, Calif.; Conan Kornetsky, Boston University; Edward T. Ladd, Emory University, Atlanta; Robert J. Levine, Yale; Patricia Morisey, Fordham University; Irving Schulman, University of Illinois; and Martin H. Smith, practicing pediatrician, Gainesville, Georgia.

† C. K. Conners, L. Eisenberg, A. Barcai, *Arch. Gen. Psychiat.* **17**, 478 (1967).