

Celebrate, Don't Medicate

How Psychiatric Drugs and Diagnoses are Hurting Queensland's Children

*"I regard the therapeutic state as a type of totalitarian state, persecutions in the name of health by doctors replacing persecutions in the name of God by priests" (Szasz, *Pharmacocracy: Medicine and Politics in America* (2001), xxiii.)*



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<http://www.yanq.org.au>

Psychotropic Medication: Side Effects

Physical Effects

"Side effects of these drugs are very serious and include¹:

- ♦ decreased blood flow to the brain,
- ♦ cardiac arrhythmias,
- ♦ disruption of growth hormone leading to suppression of growth in the body and brain of a child,
- ♦ weight loss,
- ♦ permanent neurological tics, dystonia,
- ♦ addiction and abuse, including withdrawal reactions,
- ♦ psychosis,
- ♦ depression,
- ♦ insomnia,
- ♦ agitation and social withdrawal,
- ♦ suicidal tendencies,
- ♦ possible atrophy in the brain,
- ♦ worsening of the very symptoms the drugs are supposed to improve,
- ♦ decreased ability to learn,
- ♦ tardive dyskinesia
- ♦ and malignant neuroleptic syndrome".

Tardive dyskinesia and malignant neuroleptic syndrome are potential side effects of anti-psychotic drugs, given routinely in for misbehavior or "agitation". They are explained on the website of Abilify, one of these drugs::

"Serious side effects can occur with any antipsychotic medicine, including Abilify™ (aripiprazole). A rare but potentially fatal complex of symptoms referred to as neuroleptic malignant syndrome (NMS) has been reported. Another condition associated with antipsychotic medicines is called tardive dyskinesia (TD), a condition which can cause potentially irreversible involuntary movements."

Psychotropic medications have typically **NOT** been tested for safety or efficacy with children.

Although many of Queensland's children are on multiple psychotropic medications, there is virtually no data on drug interactions, or on the safety and efficacy of these drugs for children when used in various combinations.

Psychological Effects

Children learn that they are not responsible for their own actions.

Children learn that they are "sick" or "impaired".

Children learn to use drugs to solve their problems.

¹ Florida Statewide Advocacy Council. (2003, June), Red Item Report: Psychotropic Drug Use in Foster Care

Diagnostic Criteria for ADHD (DSM-IV)²

A) Either (1) or (2):

- 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:

Inattention

- 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 *Italics* added to highlight subjectivity. **Bold** added to highlight absurdity (since when are these things "disorders"?).

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

Impulsivity

- 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)

B) Some hyperactive-impulsive or inattentive symptoms that caused impairment were present before age 7 years.

C) Some impairment from the symptoms is present in two or more settings (e.g. at school (or work) and at home).

D) There must be clear evidence of clinically significant impairment in social, academic or occupational functioning.

Diagnostic criteria for 313.81 Oppositional Defiant Disorder

- A) A pattern of negativistic, hostile, and defiant behavior lasting at least 6 months, during which four (or more) of the following are present:
1. often loses temper
 2. often argues with adults
 3. often actively defies or refuses to comply with adults' requests or rules
 4. often deliberately annoys people
 5. often blames others for his or her mistakes or misbehavior
 6. is often touchy or easily annoyed by others
 7. is often angry and resentful
 8. is often spiteful or vindictive

Note: Consider a criterion met only if the behavior occurs more frequently than is typically observed in individuals of comparable age and developmental level.

- B) The disturbance in behavior causes clinically significant impairment in social, academic, or occupational functioning.
- C) The behaviors do not occur exclusively during the course of a Psychotic or Mood Disorder.
- D) Criteria are not met for Conduct Disorder, and, if the individual is age 18 years or older, criteria are not met for Antisocial Personality Disorder.