

PEDIATRIC NEUROLOGY BRIEFS

A MONTHLY JOURNAL REVIEW

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Vol. 8, No. 10

October 1994

ATTENTION AND BEHAVIOR DISORDERS

STIMULANT MEDICATION IN TEENAGERS

Results of biennial surveys, 1975 - 1993, by school nurses of medication use for hyperactive/inattentive (HA/I) public elementary and secondary school students are reported from the Baltimore County Health Department and the Johns Hopkins University School of Medicine, Baltimore, MD. Over a 10 to 20 year period, the rate of medication use rose from 1.07 to 3.58% in elementary schools, 0.59 to 2.98% in middle schools, and 0.22 to 0.70% in high schools. The average rate increase per year was 15% (elementary), 28% (middle), and 31% (high school). One-third of all public school students on medication for HA/I in the 1990s were attending secondary schools. The female to male ratio of medicated students in secondary schools narrowed from 1:12 in 1980 to 1:6 in 1993. The majority (97%) of students had treatment initiated in the elementary school at 7 to 8 years of age. Methylphenidate was the medication prescribed in 90 to 95% of the total. (Safer DJ, Krager JM. The increased rate of stimulant treatment for hyperactive/inattentive students in secondary schools. Pediatrics Oct 1994;94:462-464). (Reprints: Daniel J Safer MD, ECMHC 9100 Franklin Square Drive, Rosedale, MD 21237).

COMMENT. Physician and parent concerns about possible substance abuse and adverse effects of stimulant medication prescribed for teenagers appear to be lessening. This survey demonstrates that the continuation of methylphenidate treatment into adolescence is favored with increasing frequency. Contrary to popular belief, children with ADDH do not generally outgrow their symptoms at 12 years of age. The increased rate of motor vehicle crashes among adolescent and young adult drivers with ADDH is one factor suggested as a reason for continued therapy. (see Progress in Pediatric Neurology Vols I and II, Millichap, Ed, PNB Publ, 1991 and 1994).

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