

Global Problems With ADHD Meds Create Immeasurable Damage

Dr Charles Parker, Author: *New ADHD Medication Rules*
<http://www.drcharlesparker.com/speaking>

Why interview an ADHD expert, when ADHD experts abound from Iowa dairy farms to the deepest urban neighborhoods? Everyone claims they're an expert on the subject of ADHD diagnosis and treatment.

But what's the real scoop on ADHD from the trenches of everyday psychiatric practice for more than 40 years, - and 20 years of those years training medical colleagues about medications?

Why should your audience be interested? Because this widespread national ADHD diagnosis and medication confusion *costs millions of dollars in broken relationships, vaporized dreams, misspent lives, criminal activity, - and remains **almost completely misunderstood** by medical professionals themselves.*

The prevalence of ADHD, based upon recently improved science, is far more than the documented 7-15% [depending on which of the published studies you review]. Diagnostic criteria based upon brain science improve recognition remarkably. But even with that low documented prevalence *less than ½ of those suffering with ADHD participate in medical treatment – likely a result of imprecision with diagnosis and idiosyncratic use of ADHD medications.*

The cost for years of ineffective psychiatric care is immeasurable in either dollars or pain. Both diagnosis and treatment beg for a more brain-based, biological assessment and treatment approach based upon specific individual objectives.

Examples: ADHD diagnosis and treatment problems abound in 2012. Two important commonplace medical examples from those purportedly trained to deal with ADHD:

- a. *Most **pediatricians** give stimulant medications only for school and don't understand ADHD as it is expressed in challenging family life as well, then don't know which medicines work with other psychiatric diagnoses and meds for those other problems.*

- b. Too often **adult psychiatrists** *have no experience with ADHD diagnosis or treatment* and frequently refuse to treat based upon their own confusion and mercurial politics.

If **medical professionals are confused**, how can everyone else claim expert status? But almost everybody on any street corner in America can tell you volumes about ADHD diagnosis and ADHD medications – the only problem: they don't even *remotely know what they're talking about*.

Three important **Overview Issues** with ADHD medications:

- **Pandemic misuse of ADHD stimulant medication** abounds from high school to college campuses – *without clear directions for medication use spelled out anywhere*, even in the medical literature, abuse is inevitable.
- **ADHD diagnostic whimsy** *frequently sets the standard of care, as diagnostic criteria are superficial, vague, and not in keeping with fascinating current advances in brain science.*
- **“The best” ADHD diagnosis, even from psychological testing**, *frequently misses brain function imbalances and misses many issues as subtle as good judgment, timing, and life context.*

Each of these troubling issues confirms the fact that stimulant medications, **controlled substances** as designated by the FDA, are simply **not well controlled in medical practice**.

More Specific Examples Of Inattention To The Details:

1. The common sense fact that *meds must pass through the body to arrive at the synaptic mind* is universally overlooked
2. *Customized ADHD treatment is not, as it should be, the standard of care – cookie cutter, imprecise protocols, without precise rules prevail*
3. *Diagnostic details, the current diagnostic treatment targets for medication use in the first place, are superficial at best, overlooking brain issues [neurophysiology] while actually treating the brain – too many treat appearances, not brain function – the current Diagnostic Coding Manual is inadequate for ADHD both DSM 4 & 5*
4. *Stimulant dosages must be investigated and accurately adjusted with every patient at every medication check, yet are often overlooked as irrelevant*
5. *Brain functions matter, but thinking/cognitive questions, more often than not, remain overlooked on clinical assessments - too few think about the thinking process as relevant in evaluations for thinking*

6. *Comorbid medical conditions matter*, but anxiety and depression are overlooked pervasively by many prescribers who don't understand basic psychiatric assessments
 7. *Sleep matters*, but is routinely not considered as relevant
 8. *Breakfast and exercise matter*, but are routinely overlooked as significant
 9. *Protein intake and nutrition matter*, but are frequently overlooked as relevant
 10. *Picky eating matters*, is a commonplace marker for *immune issues* that impede medication predictability, and yet remains overlooked
 11. *Immune challenges associated with bowel function often go undiagnosed*, while accurate testing remains universally available – allergies include more than 'only gluten'
 12. Current diagnostic criteria are *not only unscientific*, they are often used for *antiscientific purposes – and medical ambiguity is pervasively denied*
 13. *Brain function can be measured* in the office on many levels from direct questions to laboratory analysis – SPECT brain imaging is of value, though disparaged by academia as relevant
 14. *Hard brain data exists*, but is pervasively ignored, while biomarkers used in everyday practice through traditional medical practice are overlooked in psychiatric practice
 15. A seriously *counterproductive turf war exists in treatment approaches* between function medicine advocates [that think stimulant meds are totally wrong], and pharmacologists [who think all functional med folks are quacks]
 16. Too many write for ADHD with *absolutely no understanding of ADHD – no certification, not criteria for accuracy, and no training*
 17. *Genetics matter significantly regarding medication effectiveness*, are overlooked pervasively, and yet can be measured with saliva in the office
 18. *Drug interactions are overlooked*, indeed considered *inconsequential*
 19. *Precise dosage strategies and metabolic rates are overlooked* as relevant for outcome while these two variables absolutely control medication effectiveness
 20. *Cookie cutter medication strategies* based on speculation and guesswork prevail:
 - a. "Take this dose for 1 week, this dose for the next week, and then pick the dose that works best for you."
 - b. "You weigh this amount, therefore start with this dose."
 - c. "Boys need more than girls."
 - d. "Use ADHD meds only during the school week."
 - e. "If you use ADHD meds you might become drug dependent."
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Let's discuss any or all of these observations at your earliest convenience.

My book ***New ADHD Medication Rules*** connects *brain science and common sense*. It's time to address these *pervasive national problems and to encourage informed discussion* regarding these easily understandable, utilitarian ADHD medication details.

Next:

1. Ask us for a copy of ***New Rules*** to review
2. When you inquire we will send you additional **specific questions** to facilitate conversation
3. Dr Parker is happy to schedule a brief prep phone call as needed.

Dr Charles Parker
cp@corepsych.com

Office: 757.671.1776 [Sarah will schedule inquiry calls]

Tiffany Isaacson COO - To Discuss Interview Details
tisaacson.corebrain@gmail.com
757.269.8025