

African Americans Less Likely To Be Diagnosed, Treated for ADHD

(NAPSA)—A recent resolution passed by the National Medical Association acknowledging the profound impact of Attention Deficit/Hyperactivity Disorder (ADHD) on African-American youth calls much-needed attention to critical gaps in both the diagnosis and treatment of the disorder among African Americans.

African Americans hard hit

"The prevalence of mental illness is the same across all communities, but African Americans are nearly 50 percent less likely to be evaluated, diagnosed and treated compared to Caucasians," says William Bailey Jones III, M.D., a psychiatrist and the executive director of Indiana Neuropsychiatric Institute in Indianapolis.

A recent study showed that African American parents are 26 percent less likely to have heard of ADHD, compared with Caucasian parents, and African Americans are nearly three times more likely to attribute the symptoms of ADHD to sugar consumption compared to Caucasians. African Americans perceive greater barriers to seeking diagnosis and treatment, including a greater perceived stigma associated with ADHD and negative expectations about professional treatment. In the few studies exploring medication rates across races, ethnic minority children are two to 2.5 times less likely to be medically treated for their ADHD compared to their Caucasian counterparts.

"Underdiagnosis and undertreatment in African Americans



When properly diagnosed, ADHD can be effectively treated with medication and behavior management.

can have potentially devastating consequences," Dr. Jones says. "However, better recognition of the symptoms followed by appropriate treatment can bridge the racial divide and help these children reach their full academic and social potential."

Onus on parents, providers

"The three core symptoms that parents need to be aware of are hyperactivity, such as the inability to sit still or constant fidgeting; impulsivity or inattention," Dr. Jones states. "If your child's symptoms are affecting his or her school work or play, you should arrange for a pediatrician or psychiatrist to provide an evaluation. diagnosis and, if appropriate, a treatment recommendation." Web sites such as ADHDsupport.com and CHADD.org are excellent resources for parents seeking more information about ADHD.

Medication remains cornerstone of treatment "ADHD is thought to be caused by a chemical imbalance in the brain that affects a child's behavior and attention," Dr. Jones explains. "Most often, stimulant medications, including long-acting stimulants such as Adderall XR, are used to treat ADHD. The success rate of treatment is high. According to the American Academy of Pediatrics, at least 80 percent of children with ADHD will respond to stimulants. Other treatment options may include nonstimulant drugs."

Dr. Jones continues, "Although medication remains the cornerstone of therapy, I highly recommend that medication be combined with behavior management in order to provide the greatest and the longest-lasting benefits. The most effective treatment approaches involve the entire family, so work with your physician to determine the best option for your child."

A whole new world

The good news is, once a correct diagnosis is made and proper treatment is initiated, there may be differences in the first week of treatment. "Countless children are brought to me as the last resort," says Dr. Jones. "These kids are being suspended from school every week, but once we make a diagnosis and initiate appropriate treatment, they make a turnaround in a matter of weeks or just a few months, and some even go from all D's to all C's and even B's in the next school term." For more information, visit www.ADHDsupport.com.

Adderall XR may not be right for everyone. Patients should speak with their doctor if they have a history of high blood pressure or any heart conditions, glaucoma, thyroid problems, emotional instability, mental illness, or a known allergy to this type of medication. Abuse of amphetamine may lead to dependence. Misuse of amphetamine may cause sudden death and serious cardiovascular adverse events. These events have also been reported rarely with amphetamine use.

If you are currently taking or have recently taken a type of antidepressant called a MAO inhibitor or have a pre-existing structural heart abnormality, you should not take Adderall XR. There is a potential for worsening of motion or verbal tics and Tourette's syndrome. A patient should report any new psychological symptoms to his or her physician. For full prescribing information please visit www.adderallxr.com.

Note to Editors: Important Safety Information: Adderall XR was generally well tolerated in clinical studies. The most common side effects in studies included: children—decreased appetite, difficulty falling asleep, stomachache, and emotional lability; adolescents—loss of appetite, difficulty falling asleep, stomachache, and weight loss; adults—dry mouth, loss of appetite, difficulty falling asleep, headache, and weight loss.