Attention-Deficit Hyperactivity disorder (ADHD) and Ritalin (methylphenidate)

Singh (2002) argues that in contemporary debates, “ADHD and Ritalin enjoy almost iconic status; they are a focal point of modern anxieties about children, parents, families and schools…” (Singh, 2002: 588). In fact, ADHD is one of the most common psychiatric disorders, affecting approximately 8-9% of school-aged children and 4-5% of adults (Bidwell, McClernon, and Kollins, 2011). The disorder is typically characterized by developmentally inappropriate levels of inattention, hyperactivity and impulsivity (APA, 2000 in; Bidwell, McClernon, and Kollins, 2011).

The drug that is widely prescribed to this disorder is Ritalin. Ritalin is the market name for the stimulant drug methylphenidate. Once consumed, Ritalin exerts its effects by preventing molecules from discarding the catecholamine’s dopamine and norepinephrine, which are key neurotransmitters in the cortical and subcortical systems. These systems enable us to focus and flexibly deploy attention (Farah et al., 2013). As this area is largely underactive in individuals with ADHD, Ritalin is a seems an appropriate and effective solution. With the growth in the diagnosis of ADHD and increased public interest, the consumption of Ritalin has unsurprisingly spiked. The media has branded Ritalin a “miracle”, “smart drug” and even a “study tool, just like tutors and caffeine pills” (Racine and Forlini,
about the implications of Ritalin treatment for a child’s self-creation and individuality, fearing that “Ritalin may negatively impact a child’s ability to make choices and take control over who he becomes” (Brock, 1998).

**Conclusion**

Overall, I have outlined ADHD as a disorder and shed light on the mechanism by which Ritalin operates. After reviewing extensive research and available evidence, it is my view that the weaknesses of the effectiveness of Ritalin outweigh the positives. Although parents and physicians may disagree, I believe that the weaknesses such as trade-offs and the inequality of effectiveness have been largely overlooked. The general consensus supports the notion that Ritalin provides an effective treatment for ADHD, but I argue that this is reductionist and does not consider the fact that effectiveness is dependent on conditions such as low level cognitive capacities. With more information and knowledge about the effectiveness of Ritalin, limitations such as side-effects, issues of long term use and over-prescription would be reduced and the risks of the drug would be clearly highlighted.

Thus, I am of the opinion that Ritalin is often seen as a quick fix by parents and physicians who appear to be keen to prescribe where possible. However, Ritalin is not a one-size-fits-all drug and as discussed identity (Racine and Forlini, 2008; Busardó et al., 2016: 4-6), it is dependent on individual differences to be effective