SHOW: WORLD NEWS TONIGHT (6:30 PM ET)

February 22, 2000, Tuesday

TYPE: Profile

LENGTH: 450 words

HEADLINE: MORE RITALIN PRESCRIBED TO CHILDREN AGED TWO TO FOUR

ANCHORS: PETER JENNINGS

REPORTERS: JOHN McKENZIE

PETER JENNINGS, anchor:

There is a study in tomorrow's issue of the Journal of the American Medical Association which finds a significant rise in the use of prescription stimulants and anti-depressants among the young. With the growing aware of mental illness that shouldn't come as a great surprise, until you hear that these new users are approximately ages two through four. The biggest increase is in the use of Ritalin. Here is ABC's John McKenzie.

JOHN McKENZIE reporting:

(VO) Ritalin is used to treat attention deficit hyperactivity disorder. The study found that between 1991 and 1995, Ritalin prescriptions for preschoolers jumped by as much as 300 percent, to as many as one out of every 100 children between the ages of two and four.

Dr. JOSEPH COYLE (Harvard Medical School): The use of medications in this age group clearly appears to be inappropriate when used at--on such a widespread basis.

McKENZIE: (VO) Dr. Joseph Coyle, head of the Harvard psychiatry department, says there are extreme cases where Ritalin is appropriate for preschoolers. But he says this rapid increase in the number of prescriptions raises a number of troubling questions. For example, are these children getting proper diagnosis? The typical symptoms of attention deficit hyperactivity can easily be misleading in preschoolers.

Dr. LAWRENCE GREENHILL (Columbia University): High levels of impulsivity, hyperactivity and inattention can be found from time to time in normal three-year-olds. And this makes it more difficult.

McKENZIE: (VO) Even if the diagnosis is correct, is Ritalin the proper treatment? Many doctors are enthusiastic about Ritalin because it can be so effective in treating older children. But in younger children, there have been only a few studies with mixed results. While it is not illegal to prescribe Ritalin to preschoolers, the warning label clearly states, " Ritalin should not be used in children under six years, since safety and efficacy in this age group have not been established" and safety is of particular concern. From birth to four years of age, the brain is undergoing dynamic, unparalleled development. And no one knows the long-term impact of starting on Ritalin this early.

Dr. GREENHILL: The earlier you introduce these psychiatric drugs, in the treatment of a very young child, the more you may influence the development of motor skills, language skills and personality.

McKENZIE: Some researchers say this study is further evidence that when it comes to very young children and psychiatric disorders, many doctors may be too quick to diagnose, and too willing to prescribe medications. John McKenzie, ABC News, New York.

February 23, 2000, Wednesday, CITY EDITION

SECTION: FRONT, Pg. 1A

LENGTH: 836 words

HEADLINE: Prescriptions for Prozac, Ritalin rising sharply for preschoolers; study finds doctors are giving the drugs despite little knowledge of the effects on children so young.

BYLINE: SUSAN OKIE The Washington Post

Doctors are prescribing stimulants like Ritalin and antidepressants like Prozac for preschoolers at rates that are rising rapidly, according to a new study released Tuesday.

The study, which examined the use of such medicines in children between ages of 2 and 4 in three large health systems in different parts of the United States, found the use of such drugs had doubled or even tripled between 1991 and 1995.

The rapid increase in the use of these drugs in such young children occurred despite the fact that none of the most-commonly used drugs has been approved for children under 6 and little research has been done on the medicines' effects on children so young.

"The knowledge base that we have to support the effectiveness and safety of these medicines in preschool-age children is certainly insufficient," said Julie Magno Zito of the University of Maryland School of Pharmacy, the study's principal author. "There's no dosing information for these children. . . . Are we satisfied that it's appropriate?"

Although previous studies have documented a rapid increase in Ritalin among older children in recent years, the new study is the most comprehensive effort so far to examine the use of such drugs in preschoolers. Experts said Tuesday that they believe the findings -- published in today's issue of the Journal of the American Medical Association -- reflect a national trend.

The study analyzed data from two state Medicaid programs and a health maintenance organization and found that as many as 1.5 percent of children between 2 and 4 years old were receiving stimulants, antidepressants or anti-psychotic drugs -- a group that includes "major tranquilizers" such as thorazine. The findings suggest that, nationally, as many as 150,000 children in this age group were taking such medicines in 1995, up from about 100,000 in 1990, said Zito.

The study does not describe what conditions the children were being treated for, nor whether the drugs were prescribed by pediatricians, family practitioners or sychiatrists.

Zito and other experts said, however, that the growing use of stimulants and antidepressants in preschoolers is undoubtedly related to a recent national increase in the use of such drugs to treat attention deficit hyperactivity disorder (ADHD) in older children. As many as 2 million elementary schoolchildren in the United States are thought to have ADHD, and during the 1990s the number receiving Ritalin, amphetamines and other stimulants has almost tripled.

Doctors' increasing use of stimulants and antidepressants in very young children may also reflect the inadequacy of mental health services available to many children with severe psychiatric or developmental problems, several experts said Tuesday.

"Many insurance companies will not pay for a physician and a psychologist on the same day," said Marsha D. Rappley of Michigan State University's College of Human Medicine. "As a profession, we need to do more about finding better ways to help these families."

The study examined data on more than 200,000 children between the ages of 2 and 4 who were enrolled in one of three health care systems -- a Medicaid program in a mid-Atlantic state, a Medicaid program in the Midwest, and an HMO in the Pacific Northwest. It found that between 1991 and 1995, the use of stimulants, antidepressants and clonidine in this age group increased substantially, while the use of major tranquilizers increased only slightly.

Stimulants (primarily Ritalin) were the category of drugs most commonly prescribed, but there was considerable geographic variation. For instance, in 1995, about 11 of every 1,000 children between 2 and 4 years old in the Midwestern Medicaid program received Ritalin, vs. about four of every 1,000 in the HMO. When antidepressants were used, an older family of drugs called tricyclic antidepressants was most often chosen, but use of the newer class that includes Prozac increased dramatically between 1991 and 1995 at the two Medicaid programs.

In an editorial accompanying the study, Joseph T. Coyle of the Harvard Medical School in Boston sharply criticized the growing use of stimulant and antidepressant drugs in preschool-age children.

This age "is a time of extraordinary, unprecedented changes in the brain," Coyle said in a telephone interview. "We have very little information about the long-term impact of treatment with these drugs early in development."

Stimulants such as Ritalin have been tested in preschoolers and are considered safe, but they don't work as well in this age group as in older children and are also more likely to produce side effects such as sleeplessness and loss of appetite, said Judith Rapoport of the National Institute of Mental Health. She said antidepressants such as Prozac have not been studied in preschoolers.

Rappley expressed concern about the use of clonidine, a blood pressure medicine with sedative effects that some doctors have prescribed for ADHD in older children.

AP Source: Journal of the American Medical Association DRUGGING TH;

YOUNG A study found that the number of 2- to 4-year-olds on psychiatric drugs, including stimulants such as Ritalin and anti-depressants such as Prozac, jumped between 1991 and 1995.; 14 per 1,000 preschoolers; 1991; 1993; 1995 Total stimulants; Ritalin Total anti-depressants;

Note: Results shown are for 151,675 preschoolers in one Midwestern Medicaid group.; (Figures in chart were imprecise, SEE microfilm for graphic.)

February 24, 2000

SECTION: Guardian Home Pages; Pg. 3

LENGTH: 754 words

HEADLINE: The pre-school pill poppers

BYLINE: Julian Borger in Washington

Julian Borger in Washington

Americans are renowned for their pill-popping tendencies, but a study suggests the habit has even spread to the kindergarten. Toddlers between the age of two and four are being prescribed stimulants, anti-depressants and other drugs in dramatically increasing numbers for perceived psychiatric problems.

The use of stimulants such as Ritalin to treat hyperactivity is increasingly common in the United States among school-age children. The study discovered a three-fold rise in prescriptions of medical drugs for children under five.

Paedriatricians expressed shock yesterday that the drug-dependent culture was afflicting pre-school children before any conclusive research had been carried out on the effect of psychiatric drugs on brain development. Nor are there clear guidelines on how to tell whether a two-year-old has attention deficit disorder or is just a lively toddler.

The study, published in Jama, the Journal of the American Medical Association, analysed prescriptions to 200,000 toddlers under the national Medicaid and private health systems. Doctors' prescriptions of stimulants (mainly Ritalin) increased from 4.1 to 12.3 per 1,000 pre-school children between 1991 and 1995. The use of anti-depressants increased from 1.4 to 3.2 toddlers per 1,000.

Although psychiatric drugs of all kinds were prescribed to only 1.5% of the toddlers in the study, the trend was sharply upwards and the Jama researchers said they suspected it had continued on its steep trajectory in the five years since the study was conducted.

The recent explosion in the use of 'lifestyle' drugs such as the anti-depressant Prozac has generated fears that a significant part of the population is becoming dependent on prescription medicines to solve its problems. Increasingly drugs such as Ritalin have been used to address the problems of 'difficult' children.

Nearly 3% of all Americans between the ages of five and 18 are on Ritalin - almost 3m children. The Jama study confirms evidence that surfaced in a smaller survey in Michigan in 1998, that children were being put on medication for supposed psychiatric problems even before they were old enough to go to school.

US experts have suggested that the growing trend towards treating 'problem' children with drugs may be a consequence of a health system in which both wholly private and subsidised systems are reluctant to pay for counselling or other non-drug treatments, which are harder to quantify. Paediatricians also point to growing pressure from parents and schools to diagnose troublesome children as having medical problems such as attention deficit disorder.

Steven Hyman, director of the US national institute of mental health, told the New York Times he was 'more than shocked' by the findings, adding that the use of psychiatric drugs in young children was 'an area of enormous concern'.

Reasons given by American doctors for prescribing these medicines include pain relief (analgesics and sedatives/hypnotics), anxiety associated with medical or dental procedures (hydroxyine), bed- wetting in children

over six years old (tricyclic antidepressants), and attention deficit hyperactivity disorder in children of three years and older, for which they are given a variety of drugs. There are concerns that some drugs may affect children's growth.

Few of the psychiatric drugs mentioned in the Jama study are approved for treating children of preschool age, and packets of methylphenidate (the generic name for Ritalin) carry warnings against prescribing the drug to children under six.

Most psychiatric drugs work by neutralising or enhancing chemicals in the brain, but animal studies suggest that those chemicals play a critical role in the growth of nerve cells in the brain.

Joseph Coyle, chairman of psychiatry at Harvard Medical School, said: 'These interventions are occurring at a critical time in brain development and we don't know what the consequences are.'

He argued that the normal behaviour of many two- or three-year-olds is hard to distinguish from hyperactivity.

Julie Zito, an associate professor of pharmacy and medicine at the University of Maryland and the study's lead author, said: 'It is not really clear that children this young could meet the diagnostic criteria for either attention deficit hyperactivity disorder or depression.'

Ritalin, being given to more and more hyperactive children, has caused enormous controversy in the US and now the UK.

 THE INDIANAPOLIS STAR

February 23, 2000, Wednesday , CITY FINAL EDITION

SECTION: NEWS; Pg. A10

LENGTH: 340 words

HEADLINE: Physician urges time, not medicine, for tots' behavioral problems

BYLINE: KATHLEEN SCHUCKEL; STAFF WRITER

Preschoolers are receiving anti-depressants and other psychiatric drugs at skyrocketing rates to substitute for the lack of time and care that parents, doctors, educators and others have for them, say two Indianapolis doctors.

Psychiatric drugs should not be used with preschoolers, because studies haven't proven them safe for young children, said Dr. Morris Green, the Perry W. Lesh professor of pediatrics at the Indiana University School of Medicine.

Even so, Green said he has no doubt the drugs are being used widely in the United States -- including in Indiana.

In 1994, Indiana had the fifth-highest level of Ritalin use in the country, according to the federal Drug Enforcement Administration. Ritalin is mostly prescribed to children to help stem hyperactivity or attention problems.

In the past decade, Green, the former chief physician at Riley Hospital for Children, said he has seen an increasing number of out-of-control toddlers: They bite, hit, scream, destroy things and don't sleep much.

These children can, and should, be treated with behavioral methods, Green said. But it takes an investment of time on the part of the physician, who often isn't paid by insurance for the time needed to help the child, he said.

Dr. Shardha K. Sabesan, a psychiatrist who treats children and adolescents at Midtown Community Mental Health Center, turns to drugs for children as young as 4 or 5 as a last resort, because few other supports exist.

There are many ill-prepared teen-age parents and too few community programs to rely on behavioral methods alone, she said.

Sabesan said psychotropic medicines have become safer with fewer side effects in recent years, making them an option for some emotionally disturbed children.

Green isn't swayed. He thinks most parents can help their child's behavior by providing structure, predictability and time.

He urges parents and others in the community to come together to meet children's needs. "This is not just a medical or psychiatric problem. It's a community problem."

February 23, 2000, Wednesday

SECTION: WIRE; Pg. A03

LENGTH: 772 words

HEADLINE: Troubling trend: tots on Ritalin

BYLINE: Associated Press

CHICAGO -- The number of 2- to 4-year-olds taking psychiatric drugs like Ritalin and Prozac soared 50 percent between 1991 and 1995, according to a new study that experts said reveals a troubling and growing trend.

Doctors said the effects of such drugs are largely unknown in children so young, and they worry the drugs could affect the development of young minds. More than 200,000 preschool-aged children around the country were studied for the report in Wednesday's Journal of the American Medical Association.

"These are substantial increases with little or no data supporting their use. I think that's the message that should go out," said Julie Magno Zito, lead author and assistant professor of pharmacy and medicine at the University of Maryland.

The researchers suggest the increase is due to a growing acceptance of such drugs and because more and more children are attending day-care and are being pressured to conform to school standards of good behavior.

Michele Barker, a Hot Springs, Ark., mother of three, learned firsthand about psychiatric drug use in small children before her son, Heath, started kindergarten.

Nicknamed "the red tornado" for his auburn hair and wild ways, Heath's penchant for tearing things up and plunging off furniture worried his parents, so they had him tested. A pediatrician diagnosed an attention deficit disorder and prescribed the stimulant Ritalin in the 1990s. Heath was 4 years old.

Heath's mother has anecdotal evidence suggesting -- as the authors do – that the increases are continuing. Through her involvement in several Web support groups for parents of children with behavior problems, she said she's hearing of "more and more 3- and 4-year-olds" being put on drugs like Prozac.

"It's become a quick fix," said Barker, 39.

Dr. Joseph Coyle of Harvard Medical School's psychiatry department said the study reveals a troubling trend. He said "there is no empirical evidence to support psychotropic drug treatment in very young children" -- and there are valid concerns that such treatment could harm brain development.

"These disturbing prescription practices suggest a growing crisis in mental health services to children and demand more thorough investigation," Coyle wrote in a JAMA editorial.

The authors reviewed Medicaid prescription records from 1991, 1993 and 1995 for preschoolers from a midwestern state and a mid-Atlantic state; and for those in an HMO in the Northwest. The states were not identified.

Use of stimulants, anti-depressants, anti-psychotics and clonidine -- a drug used in adults to treat high blood pressure and increasingly for insomnia in hyperactive children -- were examined. Substantial increases were seen in every category except anti-psychotics, though in some cases the actual number of prescriptions was quite small.

The number of children getting any of the drugs totaled about 100,000 in 1991

and jumped to 150,000 in 1995. That year, 60 percent of the youngsters on drugs were age 4, 30 percent were 3 and 10 percent were 2-year-olds.

The use of clonidine skyrocketed in all three groups. Although the numbers were small, the researchers said the clonidine increases were particularly remarkable because its use for attention disorders is "new and largely uncharted." They noted that slowed heart beat and fainting have been reported in children who use clonidine with other medications for attention disorders.

Dr. David Fassler, chairman of the American Psychiatric Association's council on adolescents and their families, said the medications studied "can be extremely helpful for some children, even quite young children. " But he said they should be prescribed only after a comprehensive evaluation and in conjunction with other therapy.

Their use is increasing in part because doctors are getting better at diagnosing behavior disorders at an early age, Fassler said.

However, because their effects on younger children and their development aren't known, Fassler said, the Food and Drug Administration has recently instructed pharmaceutical companies to study the connection.

Barker said Ritalin calmed her son and helped him do well in school. But it also stole his bubbly personality, so she took him off it after four years.

"He started becoming the so-called zombie," she said. The family altered his diet and tried nutritional supplements instead.

Now almost 12 and drug-free for nearly four years, Heath is repeating fifth grade and has some learning difficulties. But his mother said he seems happier, and so is she.

"I don't care if he's not an honor roll student," she said, "because he's healthy."

The Associated Press State & Local Wire

January 9, 2000, Sunday, PM cycle

SECTION: State and Regional

LENGTH: 170 words

HEADLINE: Ritalin manufacturer sued over death of Canton couple's daughter

DATELINE: CANTON, Ohio

A couple is seeking more than $50,000 from the makers of Ritalin, claiming the drug caused their daughter's death of a rapid heartbeat.

Janet and Michael Hall filed the suit against Novartis Pharmaceuticals Corp. in Stark County Common Pleas Court on Thursday.

The couple's 11-year-old daughter, Stephanie Marie Hall, took Ritalin to treat an attention-deficit hyperactivity disorder.

She died in January 1996, a day after her physician doubled her Ritalin dosage, said Steven Okey, the Halls' attorney.

The lawsuit accuses the East Hanover, N.J., company of producing a defective product and concealing adverse reactions and Ritalin -related deaths.

Novartis officials said they could not comment on the lawsuit, but they did issue a statement that said Ritalin is a safe and effective therapy for attention-deficit hyperactivity disorder.

About 2 million to 3 million patients in the United States take Ritalin or its generic equivalent to help treat the disorder, according to the company.

January 2, 2000, Sunday ALL EDITIONS

HEADLINE: Daydreaming of everyone on Ritalin; Don't hook your kids on drugs

BYLINE: LAWRENCE DILLER

Pippi Longstocking just left my office on Ritalin. Of course, that's not her real name. Her name could be Kayley, Anna, Natalie or that of a half-dozen other girls I see in a week at my behavioral pediatrics practice in an affluent suburb east of San Francisco.

Eleven-year-old Pippi was not performing "up to her potential" at her private school, according to her teacher. She daydreamed and, when called upon, was often not prepared to answer. She could be silly in the classroom. This girl in my office demonstrated academic skills two grade levels above average. She spoke to me cogently and thoughtfully about her life. She dreamed about living on a ranch with many animals. She did act a bit nervous and giggly with her parents and more serious younger brother. But she did not seem to me like a serious case of attention deficit hyperactivity disorder, or ADHD, and I told her parents so.

I didn't think she needed medication at this time. I suggested that we work on making consequences more immediate for Pippi at home and at school, and if she still was struggling a few months from now, perhaps Ritalin could be tried then.

Pippi's mom asked me if there was really anything bad about taking Ritalin and if not, why not do it now so that Pippi could do better in school immediately. I said that most children and adults have little problem taking Ritalin and that it was probably pretty safe. It works, ADHD or not, to improve focus and attention on tasks found boring or difficult. Pippi's dad, uneasy about using a drug that also had abuse potential, thought they should wait.

The family came back to see me a week later. Dad had changed his mind. Another doctor felt Pippi had mild ADHD and gave them a prescription. Pippi apparently felt OK about taking it. The prescribing doctor had only left the instructions on the bottle, "1 to 3 tablets per day." They asked me to tell them more about using the medication. I internally shrugged and started to tell them how to determine the optimal dose and frequency using a teacher-feedback sheet. They left happy. I felt strange.

I find myself evaluating and prescribing medication for more and more Pippis and Tom Sawyers. These seemingly normal children are inattentive or disinterested in school and a bit slow to finish their chores at home. Concerned and loving parents bring them in because the children aren't performing "up to their potential" or are disruptive in their classrooms.

Ritalin production is up 700 percent this decade. Production of Dexedrine and Adderall, the other two stimulants used for ADHD, has tripled in the past three years. America uses 85 percent of the world's Ritalin. While school-age boys remain the largest users of Ritalin, girls and adults are the most rapidly increasing groups taking the drug.

In some rural areas, virtually no children get Ritalin. Yet in Virginia Beach, one in five white fifth-grade boys receives Ritalin at school.

I wish to offer a Swiftian "Modest Proposal" of my own. With classroom sizes now averaging 30 kids per class and about 4 million children taking Ritalin, I propose that we increase the number of children taking Ritalin to 7 million. We then could probably increase class size to 45 children and save a lot of money.

Ritalin "works," but I don't see it as the moral equivalent or substitute for better parenting and schools. Currently, our country has an intolerance for temperamental diversity in our children. I worry about an America where there's no place for an unmedicated Pippi Longstocking.

Lawrence Diller, who practices in Walnut Creek, Calif., is the author of "Running on Ritalin: a Physician Reflects on Children, Society and Performance in a Pill."