

THE ADDERALL CRAZE! How Did We Get Here?



Big news! If you haven't followed the updates on Adderall, we are experiencing a national drug shortage, leaving the population of reliant patients clamoring for supply.

Most of us are familiar with Attention Deficit Hyperactive Disorder (ADHD), a diagnosis associated with a collection of dysfunctional symptoms such as hyperactivity, impulsivity, focus deficits, and flaws in academic performance. It might seem shocking to learn that about 11% of US children (approximately 6.4 million) and 3.5% of adults are diagnosed with ADHD—and these percentages continue to grow. Incidentally, boys are twice as likely to be diagnosed as girls. Behavior therapy is considered first-line ADHD treatment for preschoolers, and if the behaviors persist, it's common for physicians to prescribe amphetamine-derived stimulants, the most common of which is Adderall.

And now, for the rest of the story... This drug has become controversial because of its downstream impact of misuse and/or addiction. A 2018 federal study cited approximately 5 million Americans misused a prescription stimulant, of which Adderall is the most common, at least once in the past year. Worse, almost 400,000 misused frequently enough to be characterized as having a disorder.

As a population health risk, we have come to recognize Adderall as a popular street drug for many who have no diagnosis at all. Plus, there's evidence that children and teens who are diagnosed with ADHD are at a higher risk for drug and alcohol abuse, regardless of what type of stimulant medication is prescribed.

Prescription stimulants can be deadly, although they have so far accounted for a small percentage of the US deaths from drug overdose.

Back to the Adderall shortage. To be fair, drug shortages of all kinds are increasingly prevalent as a result of supply chain delays in receiving the recipe's active ingredients. But *this* particular dilemma also reflects the puffed-up demand problem. Plus, in the shadow of the prescription opioid crisis, the DEA now sets annual production quotas for controlled substances, *including Adderall*. The quotas are not for public record but thought to be calculated based on legitimate medical need tempered by the estimates for potential abuse.

But my concern comes from a different perspective altogether. Studies show that 37% of ADHD diagnosis is *mis*-diagnosed. It's really a sleep-deficit issue, in disguise—primarily from sleep-related breathing disorders such as snoring, flow limitations, Upper Airway Resistance Syndrome and Obstructive Sleep Apnea.

You get it, right? Sleep deprivation elicits similar symptoms as ADHD, including lack of focus, irritability, academic setbacks, and defiance behavior. Unfortunately for sleep-deprived kids a prescription stimulant has the power to rob even *more* quality sleep.

Thus, I'm continually shouting to the hills for *all* my ADHD-suspect patients to PLEASE schedule a reliable sleep test before accepting a definitive diagnosis and/or stimulant prescription. If you can avoid a prescription drug by improving your sleep quality (and quantity), you've really hit the health-focused jackpot!



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