

## SHORT REPORT

# Stimulants for paediatricians

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Does your paediatrician have difficulty concentrating during lectures, particularly those on molecular biology and healthcare planning? When taking a history, does your paediatrician not listen properly and keep asking the same questions? Is your paediatrician too busy to spend any time with his or her own children? These are all signs of ADHD(P), a newly described phenotype of attention deficit hyperactivity disorder, one confined to paediatricians.

### SYMPTOMS

Another worrying early feature of ADHD(P) is an exaggerated tendency to repeat the same jokes, and not particularly good ones at that. Paediatricians with ADHD(P) are easily irritated by paperwork, particularly any relating to Continuing Medical Education, and by all circulars from the Health Department. ADHD(P) sufferers feel electronically overwhelmed, complaining repeatedly of the number of emails they receive. They are known to have a short fuse when it comes to directives from the Hospital Administration. ADHD(P) is a genuine entity, because it has its own DSM and ICD-9 codes.

### SIGNS

Paediatricians are often considered a bit odd by their other consultant colleagues, because of a worrying tendency to talk to children's parents and other relatives. Such practices amaze anaesthetists, puzzle adult physicians, and disgust surgeons. Paediatricians have even been known to talk to children. What is more, paediatricians often decline to wear white coats and ties. The doctor's brain is usually a highly complex organ, and the exact aetiology of the deviant behaviour of paediatricians is, as yet, poorly understood. Fortunately, treatment options are now available, to ensure that paediatricians conform to the standards of behaviour and dress code demanded by their consultant colleagues, and expected by society in general.

### EPIDEMIOLOGY

Several studies have shown that less than 20% of paediatricians respond to electronic questionnaires about workload.<sup>1–3</sup> This is unequivocal evidence that paediatricians do not pay attention to their emails, and are thus suffering from attention deficit. This means they are excessively busy doing other things, or being hyperactive. Thus, evidence clearly shows that greater than 80% of paediatricians have ADHD(P).

### DIAGNOSIS

The Connors Rating Scale is widely accepted as the gold standard for diagnosis of ADHD. Named after the notoriously hyperactive tennis player, Jimmy Connors, this scale shows that, merely by using stimulant medication, every budding John McEnroe can be transformed into a Tim Henman.

### TREATMENT

A 1999 Australian study showed that around 35% of all consultations by general paediatricians were for behavioural problems.<sup>4</sup> A recent study<sup>5</sup> showed that although 75% of general paediatricians in Australia felt that their knowledge about ADHD was deficient, 75% of general paediatricians prescribed stimulants to children with behavioural problems at least once a week. Clearly, general paediatricians believe that stimulants are the treatment of choice for ADHD, although it has been estimated that up to two thirds of British children taking stimulants do not have ADHD.<sup>6,7</sup> This touching faith in stimulant medication means that, even if stimulants have no action in ADHD(P), there will almost certainly be a massive placebo effect, because paediatricians believe stimulants are a panacea.

Alternative modes of treatment for ADHD(P), such as therapies which attempt to understand and deal with the reasons for the behaviour, seem scarcely worth exploring. There seems little point in trying to tease out the complex psychosocial origins of behaviour when rapid acting, behaviour modifying medications are available, which will save on consultation time and improve compliance, without the need to train more specialists.

The financial cost of stimulants to society is hardly a problem. Experience has shown us that the pharmaceutical industry can be trusted to reduce the price of stimulants, the more they are prescribed.

### EVIDENCE

RCTs (random clinical tales) have proven beyond reasonable doubt that stimulant medications work in paediatricians with classic symptoms of ADHD(P). Because over 80% of paediatricians have ADHD(P), and because stimulants have minimal side effects, it is a logical step to prescribe stimulant medications to *all* paediatricians.

### CONCLUSION

We have argued convincingly that almost all paediatricians are suffering from ADHD(P), henceforth known as Stimulant Deficiency Syndrome. This can easily be rectified by making it a requirement of membership of Colleges of Paediatricians that, in order to remain registered, all paediatricians must take regular stimulant medication. Compliance could be improved by Directly Observed Therapy, and would be monitored by mandatory random drug testing.

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