US panel calls for research into effects of Ritalin
Fred Charatan

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A National Institutes of Health consensus panel of experts from North America which met earlier this month has called for urgent clarification of the diagnosis of attention deficit hyperactivity disorder (ADHD) and research into the long term effects of treatment with methylphenidate hydrochloride (Ritalin).

Attention deficit hyperactivity disorder is estimated to affect 3-5% of school age children in the United States, and is the most commonly diagnosed behaviour disorder in childhood. The panel found that there is no consistency in treatment, diagnosis, or follow up for children with the disorder.

Dr David Kupfer, Thomas Detre professor and chairman of the department of psychiatry at the University of Pittsburgh and chairman of the expert panel, pointed out: “These children are subjected to a fragmented treatment system that reaches beyond health care into a wide range of social and educational support services. Its impact on individuals, families, schools, and society is profound, and it demands our immediate attention.”

The panel found that the absence of a simple, consistent diagnostic test for the disorder continues to pose validity problems. Studies they reviewed showed that most children are diagnosed by family doctors, who prescribe drug treatment more frequently than paediatricians or psychiatrists.

The use of methylphenidate hydrochloride and amphetamines has increased in recent years, and more than one million children with the disorder are taking psychostimulants.

The expert panel disagreed on the best approach to treating the disorder—medication, behaviour therapy, or a combination of both. Treatment with medication and certain types of behaviour therapy have been shown to improve the behaviour of children with the disorder but the panel found no evidence that treatment improves academic achievement or long term outcomes, and called for more research in these areas.

The panel concluded: “After years of clinical research and experience with ADHD, our knowledge about the cause or causes of ADHD remains speculative. Consequently, we have no strategies for the prevention of ADHD.”

The Israel Medical Association and the country’s health ministry voiced strong opposition to these recommendations this week to a private member’s bill introduced in the Knesset (parliament) that would regulate the treatment of attention deficit hyperactivity disorder with the drug methylphenidate hydrochloride.

The bill has aroused concern among doctors and public health experts who fear it will lead to unprecedented legislative intervention in doctors’ professional judgment. About 1% of Israeli children take the drug as compared with about 3% of American youngsters.

“But a much greater fuss has been made here by a minority of parents upset about side effects,” said Professor Asher Or-Noy, a paediatrician and expert on child development at the Hebrew University Hadassah School of Medicine and the Jerusalem Centre for Child Development. “There have been some cases of incorrect diagnosis and unnecessary taking of Ritalin, but these don’t justify legal interference.”

The member of parliament who introduced the bill, Yona Yahav of the Labour Party, insisted that he didn’t want to interfere with doctors’ professional actions but that he only wanted to make the process of diagnosis and treatment of the disorder—especially in the educational system—more orderly.

3-5% of schoolchildren in the US are diagnosed with attention deficit hyperactivity disorder but there is no consistency of diagnosis or generic drugs. They will participate in prevention and screening campaigns decided by health insurance experts.

Three other unions of general practitioners disagree with such a system. Dr Claude Maffioli, president of one of the unions, the Confédération des Syndicats Médicaux Français, said that he will call for doctors to stop work, except for emergencies, during the last week of December.

Specialists have also voiced objections, because subscribing patients will no longer consult them spontaneously, but only through a referral. One union, the Union des Médecins Spécialistes, has called for specialists to close their offices from 12 December and postpone non-urgent interventions until January next year.

Martine Aubry, the French minister of employment and solidarity, last week reiterated to parliament the government’s determination to control health costs. “Doctors survive because social security gives people an income. Doctors must know that if the social security system collapses, a third or 40% of them will disappear, as [has happened] in many neighbouring countries.”

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France moves towards a GP system
Alexander Dorozynski, Paris

The French medical system moved a step closer to the British model last week when a major union of French general practitioners reached an agreement with the health insurance branch of social security, accepting the principle that patients should subscribe to a single general practitioner for treatment and hospital referral to a specialist. Other unions object to the arrangement, and some are calling for strikes next month.

The agreement, to be signed for four years (1999-2002), was reached between the “Sécu” and Médecins Généralistes France (the general practitioners’ union) as a measure to control rising health expenditure by discouraging patients from consulting several doctors for the same condition. The agreement provides for a patient to select one general practitioner, and to consult none other except in case of emergency or during travel.

Under the system, the patient will pay nothing directly to the doctor; the doctor will be paid by the “Sécu” a lump sum of Fr150 (£15.50, $24.80) for each subscriber, and the agreed fee of Fr115 (£12) for each visit by a patient.

“Subscribed doctors” must not exceed 7500 consultations a year since beyond that, according to the “Sécu”, they wouldn’t be able to provide good quality medicine. They will also be required to keep themselves informed about the cheapest equivalents of branded drugs and to prescribe at least some of the less expensive brand names or generic drugs. They will participate in prevention and screening campaigns decided by health insurance experts.

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