

ADHD

According to the Diagnostic and Statistical Manual of Mental Disorders - Fourth Edition (DSM-IV), Attention Deficit Hyperactivity Disorder (ADHD) or one of its subtypes can be diagnosed if the child shows certain characteristics for a period of six months or more, with at least some of the symptoms beginning before age 7. The symptoms are subjective, generally described by a parent, and require:

1) Six or more symptoms of lack of attention, as paraphrased below:

- Fails to pay attention, makes mistakes...
- Difficulty staying on tasks
- Does not seem to listen
- Fails to finish things
- Trouble organizing things
- Does not like homework or schoolwork
- Loses things
- Easily distracted
- Forgetful

- OR -

2) Six or more symptoms of hyperactivity-impulsivity, as paraphrased below:

- Fidgets
- Leaves seat in class
- Runs around, is restless
- Difficulty playing quietly
- Acts like “driven by a motor”
- Talks too much
- Blurts out answers
- Can’t wait his turn
- Interrupts others

For people who don’t fit neatly into the categories of ADHD-attentional, ADHD-hyperactive, or ADHD-combined, there is another diagnosis called “ADHD, not otherwise specified.” Diagnoses such as ODD (Oppositional Defiant Disorder), Conduct Disorder and Explosive Disorder are descriptive of their major problem symptoms; medical treatment offered is often the same as for ADHD.

Many of the symptoms listed above overlap. For example, how would you separate the symptoms “losing things,” “forgetful,” and “having trouble organizing?” Are they really three separate symptoms?

While much attention is focused on the symptoms of ADHD, many of these children are not just problems for their parents and teachers – they are physically sick. It is generally recognized now that bedwetting and ADHD “go together,” that ear infections and ADHD “go together,” that asthma and ADHD “go together,” that sleep disturbances and ADHD “go together,” etc. These children have headaches, they have poor appetites, they can’t sleep, they get ear infections, they have rings under their eyes, their skin seems dry, pale, or rough – they often simply appear to be unwell.

There is research that links each of these symptoms to diet,¹ and when the Feingold Program works for a child like this, most or all of the symptoms seem to improve. It has also been noted by a number of researchers that people with ADHD may have abnormal levels of zinc, copper, manganese, lead, cadmium, essential fatty acids, electrolytes, sulfate metabolism, etc.² These things also may need to be addressed before the child will really be well.

Zinc is interesting, in particular, because two studies by a chemist in England³ showed that children with ADHD lose zinc when exposed to Yellow #5 and #6, but children without ADHD do not.

Zinc deficiency symptoms include behavioral effects as well as various physical effects. Perhaps this is one reason for the dramatic response many of these children make to a change in diet – not just in attention, but in a multitude of symptoms, both major and minor.

As this book goes to print, research on several hundred children in the UK has just been published⁵ showing that 20 to 62.4 mg of food dyes and preservative pushes ordinary children about 10% closer to an ADHD diagnosis. As some of the researchers commented, even if additives are not the only cause of a child’s ADHD, avoiding them certainly may help.

The Feingold Association believes that children with learning or behavior problems deserve careful evaluation; any underlying physical illnesses, vitamin deficiency, and allergy should all be ruled out or addressed during diagnosis. A brief trial of the inexpensive Feingold elimination diet can rule out or identify sensitivity to additives and/or salicylates.

1. www.diet-studies.com/research.html
2. Brenner 1979; Alberti 1999; Carrie 2002; Gomez 2006; Hamazak 2002; McFadden 1996; Oades 1998
3. Ward 1990, 1997
4. Litonjua 2006, Devereux 2006b
5. McCann 2007