Attention
Deficit–Hyperactivity Disorder

Attention deficit–hyperactivity disorder (ADD or ADHD) is defined as age-inappropriate impulsiveness, lack of concentration, and sometimes excessive physical activity. ADD has been associated with learning difficulties and lack of social skills. Obviously what constitutes “normal” in these areas covers a wide spectrum, and thus it is unclear which child suffers true ADD and which child is just more rambunctious or rebellious than another. No objective criteria exists to accurately confirm the presence of ADD.

The main drug treatment for ADD, Ritalin (methylphenidate), is similar to amphetamine drugs. Paradoxically, these drugs are stimulants in adults but most often have a calming effect in those with ADD. Nevertheless, some parents have expressed growing concern about treating their children with an amphetamine-like drug. A variety of natural approaches to this condition has been investigated as alternatives to drug therapy.

Lifestyle changes that may be helpful: Smoking during pregnancy should be avoided, as it appears to increase the risk of giving birth to a child who develops ADD.1

Lead2 and other heavy-metal exposures3 have been linked to ADD. If other therapies do not seem to be helping a
child with ADD, the possibility of heavy-metal exposure can be explored with a nutritionally oriented health practitioner.

**Dietary changes that may be helpful:** The two most studied dietary approaches to ADD are the Feingold diet and a hypoallergenic diet (see also the Allergies and Sensitivities section). The Feingold diet was developed by Benjamin Feingold, M.D., on the premise that salicylates (chemicals similar to aspirin that are found in a wide variety of foods) are an underlying cause of hyperactivity. In some studies, this hypothesis did not appear to hold up.4 But in studies where markedly different levels of salicylates were investigated, a causative role for salicylates could be detected in some hyperactive children.5 As many as 10–25% of children may be sensitive to salicylates.6 Parents of ADD children can contact local Feingold Associations for more information about which foods and medicines contain salicylates.

The Feingold diet also eliminates synthetic additives, dyes, and chemicals, which are commonly added to processed foods. The yellow dye, tartrazine, has been specifically shown to provoke symptoms in controlled studies of ADD-affected children.7 Again, not every child reacts, but enough do so that a trial avoidance may be worthwhile. The Feingold diet in any form is complex and requires help from an experienced healthcare professional.

In another study, twenty-six children diagnosed with ADD were put on a hypoallergenic diet, and the nine children
who improved were then challenged with food additives. All nine showed an exacerbation of symptoms when given these additives. Other studies have shown that eliminating individual allergenic foods and additives from the diet can help children with attention problems.

Some parents believe that sugar may exacerbate ADD. One study found that avoiding sugar reduced aggressiveness and restlessness in hyperactive children. Girls who restrict sugar have been reported to improve more than boys. However, a study using large amounts of sugar and aspartame (Nutrasweet™) found that negative actions were limited to a few children, and most studies have not found sugar to stimulate hyperactivity except in rare cases.

Nutritional supplements that may be helpful: A deficiency of several essential fatty acids has been observed in some children with ADD compared with unaffected children. One study gave ADD patients evening primrose oil in an attempt to correct the problem. Although a degree of benefit was seen, results were not promising.

B vitamins, particularly vitamin B6, have also been used for ADD. Low levels of vitamin B6 have been detected in some ADD patients. A study of six children with low vitamin B6 levels found that vitamin B6 and Ritalin were both effective at reducing symptoms, while only vitamin B6 corrected the vitamin deficiency. High doses of other B vitamins have shown mixed results in relieving ADD.
symptoms. A practitioner knowledgeable in nutrition must be consulted when using high doses of vitamin B6.

Some children with ADD have lowered levels of magnesium. In a preliminary but controlled trial, fifty ADD children with low magnesium (as determined by red blood cell, hair, and serum levels of magnesium) were given 200 mg of magnesium per day for six months. Compared with twenty-five other magnesium-deficient ADD children, those given magnesium supplementation had a significant decrease in hyperactive behavior.

Are there any side effects or interactions? Refer to the individual supplement for information about any side effects or interactions.

References:


