

# Hyperactivity — myths still persist

By Richard Lech  
staff writer

"That kid is hyperactive. You've been feeding him too much candy."

Mothers of active — and sometimes overactive — children are always hearing that line. But how much truth does it contain?

Not much, according to the health and medical professionals who spoke at a recent hyperactivity seminar sponsored by Out-Wayne County Head Start.

They said hyperactivity is not as prevalent as common wisdom might suggest. And blaming sugar for hyperactivity is comparable to blaming a Detroit Tiger losing streak on the hot dogs the fans consume.

"This (hyperactivity) seems to be a term that is frequently misunderstood and sometimes used incorrectly," Head Start nutritionist Dorothy Vaughan said. "When this happens the result sometimes is needless confusion for the child."

EVEN non-hyperactive youngsters can seem hyper when they're tired, nervous, or hungry, seminar participants said.

"You can have a perfectly normal child who in some instances acts like a hyperactive child," said Kitty Walsh, a pediatric nurse practitioner at Wayne County General Hospital (WCGH). Usually such behavior is caused by some form of stress, such as illness, divorce, or a new baby in the family, she said.

Parents, teachers and others also often mistake behavior that is normal for a child that age for hyperactivity, Walsh said.

It is normal, for instance, for a 2-year-old who has always slept well in the past to suddenly develop some trouble sleeping, she said.

A short attention span does not necessarily mean the child is hyperactive. Attention spans increase with the age of the child, ranging from 10 minutes for a normal 2-year-old to a half-hour for a 5-year-old.

Parents often assume their child is hyperactive based on what a relative says or after listening to an "expert" on television, Vaughan said. But hyperactivity is a medical diagnosis and has to be made by a medical professional, according to Dr. John Board, chief of child development services at Wayne County General Hospital.

HYPERACTIVITY is not a disease, but a symptom, Board said. True hyperactivity can have various causes, including hormonal imbalances and problems with the central nervous system.

"The most common reason for it is that they have not learned to attend to anything for an appropriate period of time," Board said. "In other words, their attention span is so short, and they have not learned to focus their attention on any one item."

A diagnosis and evaluation is required to determine whether a child really is hyperactive, he said. The "d and e" includes a detailed history of the child's behavior, a neurological and physical examination, and the doctor's observation of the child under several different "stressful" situations — in other words, seeing how well the child does what the doctor tells him to do.

Hyperactive kids impulsively make noises, can't wait their turn, move about excessively during sleep and are frequently used weathers. They can't even sit still while watching their favorite television show.

Most children diagnosed as hyperactive can be treated without medication, Board said. They need to be put in an environment without a lot of stimulation and where they can get lots of one-on-one attention.

"The key is to teach that child how to postpone an immediate gratification of an appetite or desire for a greater reward down the road," Board said.

ONLY in extreme cases is medication, such as the drug Ritalin, required.

"There's a small group of these kids who need medication, but that's the group you hear about," Board said.

Drugs such as Ritalin do not treat or cure anything, he said.

"They bring things under control so the child can learn how to keep those things under control himself," Board said.

One way not to control the problem is to sit down on sweets, said nutritionist Althea Carr of the Downriver Preschool Clinic.

"One thing I hear often is that sugar is the culprit for sending my kid up the wall," Carr said.

Three years ago I may have believed people when they said that, but now I have a 2-year-old and can look at what parents tell me more objectively. The tests I've looked at never show that sugar causes hyperactivity.

Carr said other factors other than the type of food the child eats may be causing behavior that seems hyperactive.

Some children, for instance, don't eat breakfast or eat just a prepackaged cereal, she said.

"This child is going to be hungry and is not going to be able to listen in class or sit still in the classroom," Carr said.

Some children actually throw a tantrum after eating a candy bar because they know mom expects them to have wild behavior after eating sweets, she said. Weather conditions — whether the child can go outside or not — also can cause problems.

CARR CRITICIZED a hyperactivity diet, the Feingold diet, formulated by the late Dr. Ben F. Feingold, who was chief of allergy at the Kaiser Permanente Medical Center in San Francisco. The diet bans aspirin and foods containing artificial colors and flavors, the preservatives BHA, BHT and TBHQ, and natural salicylates — which occur in such fruits and vegetables as apples, cucumbers and pickles, grapes, green peppers, oranges, and tomatoes.

Carr said the diet might be an extreme and questionable step nutritionally.

"Many fruits are missing," Carr said. "I really question whether a child can use that diet for an extended period of time and still meet the nutritional needs of a growing child."

She said the diet is costly, since parents end up having to prepare all their own food. And there is some question about whether it actually works. Most tests have been inconclusive, and tests that have shown hyperactive children improving under the diet seemingly have been done without proper scientific controls, Carr said.

But Pat Butowick of Livonia, editor of the Feingold Association of Michigan Inc. newsletter, said the weekly cost, figure for Feingold diet Carr gave — \$300 — was far too high.

"I would say your food costs would go up slightly, depending upon how much you want to rely on convenience foods," said Butowick, whose entire family is on the diet. "You end up doing a little more cooking from scratch."

BUTOWICK also noted that the diet does not totally ban foods containing natural salicylates. Those foods are reintroduced, one at a time, four to six weeks after the child starts the diet. The parent watches the child's reaction closely and decides whether that particular food can be reintroduced permanently.

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## Rockets call youth to sign up for season

The Farmington Rockets, a member of Jack E. Lowther Little League, will take registrations from young football players from 10 a.m. to 1 p.m. Saturday, July 21 in Farmington High School on Shilawasse, west of Orchard Lake Road.

The Ponies are made up of 9-11-year-olds weighing 60-100 pounds. The Junior Varsity team is made of 9-13-year-olds weighing 70-110 pounds. And the Varsity team is for boys 10-13 years old weighing 85-140 pounds.

Boys attaining the age of 14 between Sept. 1 and Oct. 31 are also eligible for play.

The registration procedure demands that two registration cards must be signed by both parents or legal guardians. A birth certificate is required for new members; a photocopy is recommended.

A 1-inch-by-1/4-inch photo is required for each card. The boy's face must be large enough and recent enough so that the boy can be identified. A 1983-84 photo is acceptable.

All boys must have a physical. They

will be offered one on registration day. If the boy cannot have the physical at that time, or if he prefers, he may have it done by his own doctor, and the doctor must sign the applicable Lowther League card.

REGISTRATION fee is \$40 for the first boy of a family and \$20 for each additional boy in that family. Each registrant will receive one book of raffle tickets which he is to sell to recover part of his registration fee.

Refunds will be made to participants who are not accepted at tryouts. But no refunds will be made to boys who fail otherwise to participate.

Some 8-13-year-old girls are already signed up as cheerleaders for the three teams, but others are welcome to sign up on registration day.

After tryouts the girls will be required to pay a \$20 registration fee and they will also be issued a book of raffle tickets to help recover a portion of that fee.

All inquiries are taken by Sharon Lee, 474-7191.

## Hyperactivity has specific symptoms

To be diagnosed as hyperactive, Dr. John Board said, a child must show a certain number of symptoms in each of the following three areas:

• Inattention (at least three of the following): often fails to finish things; often doesn't seem to listen; easily distracted; has difficulty concentrating on tasks requiring sustained concentration, such as schoolwork; and has difficulty sticking to a play activity.

• Impulsivity (at least three of the following): often acts before thinking; shifts excessively from one activity to another; has difficulty organizing

work; needs a lot of supervision; frequently calls out in class; and has difficulty awaiting turn in games or group situations.

• Hyperactivity (at least two of the following): runs about or climbs on things excessively; has difficulty sitting still or fidgets excessively; has difficulty staying seated; moves about excessively during sleep; and is always "on the go."

The symptoms must start before the age of 7 and last at least six months. And they must not be due to a more severe problem such as schizophrenia or mental retardation.

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## New group meets Friday

The Community Center Women's Club has been organized as a women's social group for those no longer in the work place or those with fewer home responsibilities.

Women are invited to become a part of the new organization at a planning meeting luncheon at 12:30 p.m. on Friday in Farmington Community Center. For luncheon reservations, call the center 477-8404.

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