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The New York Times and the ADHD Epidemic

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Drug companies were given the means, the motive, and the message to disease-monger ADHD and blow it up out of all proportion. They succeeded beyond all expectations in achieving a triumph of clever advertising over common sense.

--Allen Frances, Chair, DSM-IV, February 12, 2014

There is now almost universal acknowledgement that too many children in the United States have been diagnosed with Attention Deficit Disorder (ADHD). Over the past decade, the age range for those diagnosed with ADHD has greatly expanded – in both directions. At one end of the spectrum, many adults are now labeled with “Adult ADHD,” and at the other end of the spectrum, more and more preschoolers are being diagnosed with ADHD. According to a recent CDC report, more than 10,000 toddlers, aged 2 to 3 years, are currently medicated for ADHD. The current

debate largely centers on the question of medicalization – do children diagnosed with ADHD have a brain disease, or are they simply children behaving normally but inconveniently? While the mainstream media is partial to the medical model, there is an extensive and well-documented record of criticism of the ADHD diagnosis in the peer-reviewed literature and other scholarly publications. One could say that the medical model is failing under the weight of its one marketing success. In some parts of the country, the South for instance, 23% of the school-age boys have received an ADHD diagnosis. The notion that this many children have a neurological deficit is indefensible. According to Allen Frances, chair of the task force that produced the fourth edition of psychiatry's *Diagnostic and Statistical Manual*, the pharmaceutical companies have, "succeeded beyond all expectations in achieving a triumph of clever advertising over common sense."

The pharmaceutical companies are not alone when it comes to promoting the medical model. The *New York Times* has a long history of giving preferential treatment to the idea that ADHD is a fundamental flaw in a person's biology. Only recently can one sense skepticism of this idea within the pages of the *Times*. Over the past several years they have started to publish more guest commentaries critical of the ADHD label, and even their own newsroom staff is starting to take a broader view of ADHD. Alan Schwarz, a *Times* reporter, has recently written a series of provocative articles on ADHD. His articles have covered overdiagnosis, the adverse effects of psychiatric medication, and the marketing of ADHD. Mr. Schwarz's articles have attracted substantial attention and he has appeared on media programs such as *Democracy Now* to publicize his work.

As academics who have published critiques of the ADHD enterprise over the past 15 years, we have watched the *Times'* coverage with great interest. It is heartening that they are finally taking a broader view of the issues. However, the fact that the *Times* has finally begun to report on ADHD with some skepticism-echoing what critics have been saying for decades – calls attention to the belated nature of their current reporting. Even with their new-found skepticism, instead of acknowledging the extensive community of ADHD critics, the *Times* still turns to the original proponents of ADHD for commentary. It did not take the *Times* long to acknowledge that their reporting of the Iraq war was biased, but for ADHD, and mental health in general, there has been no similar introspective view.

The ADHD Advertisements

Since 2000, we, and others, have been writing about the problematic advertisements for ADHD. As just one example, In 2000, one of us (JL) published an article in *Skeptic* (later republished as a book chapter) entitled, “ADHD: Good Science or Good Marketing?” Then in 2005, we wrote to both the FDA and Shire Pharmaceuticals arguing that advertisements for Adderall were misleading, and posted this content on the web (<http://tinyurl.com/ADD-Advert>). In 2009, we published a lengthy book chapter entitled “The Manipulation of Data and Attitudes about ADHD: A Study of Consumer Advertisements” (Leo & Lacasse,2009) followed by a piece in *Psychiatric Times* entitled, “Consumer Advertisements for Psychostimulants in the United States.”

On December 14, 2013, in an article titled “The Selling of Attention Deficit Disorder” Schwarz examined the pharmaceutical companies’ widespread

dissemination of misleading consumer advertisements for ADHD (Schwarz 2013). The similarities between the arguments we have published in the past and Schwarz's 2013 article are striking. For instance, we argued that Ty Pennington's celebrity endorsement of Adderall was problematic, that the 2005 Adderall advertisement that proclaimed "Finally! Schoolwork that match his intelligence!" was misleading, that advertisements often make misleading statements about genetics, that the Food and Drug Administration (FDA) should issue warning letters to psychostimulant manufacturers (which they eventually did), that there is little long-term data on the efficacy of the medications, that the companies use short "quizzes" to steer patients towards doctors, and that Key Opinion Leaders (KOLs) like Joseph Biederman bear a large amount of responsibility for the large number of children taking these medications.

Obviously we do not have a monopoly on discussing these issues, however Schwarz's failure to cite over a decade's worth of published research is problematic. At the very least, in the interest of accuracy, shouldn't a newspaper article analyzing the problematic advertisements at least point out that this has been done before? If we had written our book chapter after the *Times* piece had been published, we certainly would have cited Schwarz's work. Citation practices may differ in academic and journalistic writing, but if the *Times* was an academic journal the expectation would have been to cite those who had published previous work. It is likely that the lack of citation has less to do with Schwarz and more to do with the culture of the newsroom and who they deem "citable."

Besides the similarities between Schwarz's piece and ours, it is instructive to look at their differences. While we both discussed the pharmaceutical companies, our work addressed the problems with academicians and we highlighted the fact that there were few (if any) dissenting voices raised from rank-and-file academic psychiatrists who objected to the misleading advertisements, and that we have not seen strong public objections from the any professional medical associations to the widespread dissemination of obviously inaccurate information. One wonders if the Times did not address the problems with the academicians because these are the same people they have relied on for so long.

Who Does The New York Times Turn to for Expert Advice?

Within the psychiatry profession the rift is starting to widen between biological psychiatrists, who are virtually all ensconced in academic positions, and clinical psychiatrists, many of who work in private practice. Many critics of biological psychiatry question the overemphasis on biology within the profession. In general, the go-to experts for the Times are biological psychiatrists, often Key Opinion Leaders (KOLs), who share the view, promoted by the pharmaceutical companies, that ADHD and other psychiatric conditions are the result of distinct biological deficits, and that medications are a major part of the solution. In some cases these KOLs have enormous financial conflicts of interest.

All one has to do is peruse the articles from the *Times* on mental health and see whose opinion they value. For instance, at the same time that the blockbuster psychiatric medications were making enormous amounts of money, one of the KOLs the Times continually turned to was Dr. Harold Koplewicz, who brazenly states on

his Twitter tagline: "I am a leading child and adolescent Psychiatrist." He does not mention that he was also one of the authors of Study 329, a ghostwritten article which claimed that Paxil was safe and effective for children by selectively reporting the data. As documented in Allison Bass' excellent book *Side Effects*, in order to encourage the use of Paxil in children, the published version of Study 329 exaggerated the benefits and downplayed the risks of prescribing Paxil to children. This study is inarguably the most infamous study in child psychiatry and was the cornerstone of the Department of Justice's (DOJ) three-billion dollar fine against Glaxo Smith Kline (GSK) for research fraud and illegal advertising.

In 2004, the *Times* wrote a news article about the controversy surrounding Study 329, yet there was no comment from Dr. Koplewicz, even though, in matters of child psychiatry, the *Times* often consults him. Couldn't they have at least sat down with him to discuss his role in this controversial study? Fast forward 6 years to 2010, at the same time the DOJ was investigating Study 329 (and 6 years after the *Times* reported on it) the *Times* featured Dr. Koplewicz, in an article entitled, "Ask a Psychiatrist." There was plenty of information about the problems with the study on the internet and in peer-reviewed journals at this point, and the *Times* was clearly aware of the problems with the study, but rather than interview him about the study they continued to give him space for his advice column. Fast forward another 2 years, in 2012 the DOJ issued the largest health care fraud settlement in US history against GSK. The DOJ's complaint stated that Study 329 misstated facts and made false claims about Paxil's efficacy for children. According to Mickey Nardo, a psychiatrist and blogger (boringoldman.com): "There is probably no single icon for

the corruption of the modern psychiatric literature so paradigmatic as Glaxo-Smith-Kline's Study 329."

Recently, child psychiatrists have started prescribing much more powerful medications than just stimulants. A 2012 study in the *Archives of General Psychiatry* reported that one in three children who visit a psychiatrist are prescribed an antipsychotic, primarily for behavior disorders and ADHD. In 2012, Dr. Richard Friedman, a professor of psychiatry at Weil Cornell Medical College, wrote a piece titled, "A Call for Caution on the Antipsychotic Drugs." The idea that the medical profession needs to be cautious with the antipsychotics is certainly a good idea, and if Friedman's article had been written 10 years ago it would have been newsworthy, but in 2012, it was old news. The manufacturers of the atypical antipsychotics are currently embroiled in billions of dollars of lawsuits and the medical profession has clearly acknowledged that these drugs are problematic. In contrast to Friedman's retrospective view, 10 years earlier Robert Whitaker concluded his book *Mad in America* with an entire chapter that predicted the coming problems with the antipsychotics. In his words, "the storytelling that brought the atypicals to market is exacting a great cost. With the new drugs presented to the public as wonderfully safe, American psychiatrists are inviting an ever-greater number of patients into the madness tent. They are prescribing atypicals for a wide range of emotional and behavioral disorders, and even for disrupting children, including - as the *Miami Herald* reported - toddlers only 2 years old." In 2002, Whitaker's insight was prophetic. In 2012, Friedman's call for caution was a decade too late. How did the *Times* not know this?

We are somewhat sympathetic to the fact that 20 years ago the *Times* would go to these KOLs for comments - after all many of them are affiliated with the American Psychiatric Association (APA) and the National Institute of Mental Health (NIMH). However, now that the idea that we are in the midst of a national catastrophe is fairly well-accepted, the original medication proponents should be approached with a high degree of skepticism. In some cases these experts are even giving advice on how to solve the problem that they created in the first place. Rather than presenting novel ideas, their advice seems more like desperate attempts to jump on a train that has already left the station.

The MTA Study

When it comes to mental health, the history of how the *Times* has handled the Multimodal Treatment of ADHD (MTA) study provides more insight into who and what the Times considers “Fit to Print.” In December of 2013, Schwarz published an article on the MTA study titled: “ADHD Experts Re-Evaluate Study’s Zeal for Drugs.” The MTA Cooperative group has published a series of NIMH-funded papers that have compared medication to behavioral treatment for ADHD. The first paper from the MTA Group, published 20 years ago, led to simplistic media headlines declaring that medication was the winner. If one had to pick one paper from the scientific literature that is most responsible for the large rise in the numbers of stimulant prescriptions for children, it would be the original MTA study.

Schwarz’s article addresses the fact that several scientific papers now cast doubt on the MTA’s original emphasis on medication, and that several of the MTA authors now regret how their paper emphasized medication and downplayed the

value of psychosocial intervention. The problem with the *Times* reporting is that there is a long history of criticism of the MTA study, which they paid little attention to. Unfortunately by only focusing on the KOLs' viewpoints the *Times* popularized these ideas to a general audience who don't read the scientific literature and trust the nation's paper of record for information. Thus the *Times* directly influenced the fact that parents all over the country believed that their children had a disease that needed medication.

The most ironic part of all this is that those responsible for the epidemic in the first place are now trying to quietly slip, with help from the *Times*, to the back of the line while implying "don't blame us." In February of 2014, the *Time* published an Op-Ed by Dr. Stephen Hinshaw titled, "Expand Pre-K, NotADHD." Anyone familiar with the ADHD literature probably did a double-take when they opened their paper and saw a headline even remotely critical of ADHD written by Stephen Hinshaw. Not only was Hinshaw one of the MTA investigators and a vocal and strident defender of the ADHD diagnosis, he has shown complete disdain for anybody who questioned the fact that so many children were being prescribed stimulants. In 2002, he was a signatory to a letter summarily dismissing those who questioned the rising rates of ADHD diagnosis as "social critics and fringe doctors" (See: <http://www.russellbarkley.org/factsheets/Consensus2002.pdf>).

But Hinshaw now sounds like one of the critics he was so dismissive of. The main thesis of his recent op-ed was that as a society we need to be on guard, because as we expand the number of Pre-K programs, the increased academic pressure will lead to more children diagnosed with ADHD. He even went on to say:

“The problem is that millions of American children have been labeled with ADHD when they don’t truly have it.” Twenty years ago the ADHD critics were pointing exactly what Hinshaw is now saying in his Op-Ed, but back then neither *The Times* nor Hinshaw listened to these critics.

In his essay he seeks to discover the source of the problem. While he places some of the blame on the school system and family practice doctors, the psychiatric profession is not even on his radar. Yet, if there is a problem with the school system and family practice doctors, it is because biological psychiatrists have declared in statement after statement that a large percentage of the children in the United States have a known neurological defect.

In 2000, in the journal *Cerebrum*, Hinshaw debated Richard DeGrandpre, also a psychologist, about the validity of ADHD. Hinshaw presented a textbook version of the medical model of ADHD and touched on all the usual themes, such as its being a valid disorder; it is caused by faulty genes; and the medication works. Moreover, numerous statements in his essay confirm that he is firmly encamped in the medical model of ADHD, but a primary example is his ringing endorsement of medications: “They act quickly, they do not ‘tranquilize’ the child; and they do not pose the potential of side effects if they are carefully managed... Head-to-head comparisons consistently show that they are more effective (at least in the short term) than even the best-delivered behavioral/psycho-social treatments.”

In his rebuttal, DeGrandpre pointed out the problems with Hinshaw’s stance, and neatly summarized the problems with the ADHD diagnosis and why it will continue to increase:

First he [Hinshaw] suggests that “ADHD” is both a reliable and a valid medical disorder, and that if physicians would simply respect appropriate diagnostic practices we would not be in the mess we are in today. This is the having-your-cake-and-eating-it-too response to the “ADHD” epidemic.

“Having your cake” occurs when “experts” like Hinshaw acknowledge “ADHD” as a valid but overdiagnosed medical disorder. The “eating it too” occurs when individual parents and physicians acknowledge the problem of overdiagnosis in the abstract but insist that it in no way applies to them.

Even though it is DeGrandpre’s insight that has stood the test of time, Hinshaw is the one given space in the *Times* to not only explain the reasons for the epidemic, which he once denied, but to even give advice on how to solve the problem. And the *Times*, rather than pose the tough questions for those responsible for the epidemic, has abdicated any notion of investigative reporting and is instead granting the original ADHD proponents space to essentially rewrite their own role in history.

In 2002, in another debate about ADHD in *The Journal of Clinical Child and Family Psychology Reviews*, two groups squared off. One group, in support of the medical model was composed predominantly of biological psychiatrists and psychologists; the other group, who took a broader view of ADHD was composed of biologists, psychologists, social workers, and psychiatrists. The debate opened with the medical model proponents, and self-described experts, which included Hinshaw, Koplewicz, and many others involved with the MTA study, publishing a paper titled the “International Consensus Statement on ADHD.” In their view, they were

concerned that the media was trying too hard to be “balanced” in their coverage, because essentially the ADHD critics were just a group of “nonexpert doctors.” In a flippant manner they compared the ADHD skeptics to members of the flat-earth society.

Most of their essay consisted of an appeal to authority – theirs – rather than a discussion of specific evidence. For instance, one of the arguments between the two groups concerned the true rate of diagnosis. Instead of peer-reviewed published papers, the experts relied on an unpublished doctoral dissertation to support the idea that only 3 % of US children were currently diagnosed with ADHD – in other words, they argued in 2002 that there was no epidemic. The critics of the ADHD label, on the other hand relying on peer-reviewed publications, said it was much higher. We now know that it was the critics who were correct. During the 1990s there was a 700 % increase in the rate of ADHD diagnoses among school-aged children. And according to the recent CDC report, one in every 10 American children over the age of three has been diagnosed with ADHD. Those who wanted to shut down debate about the rising rates of diagnosis could not have been more mistaken in their prognostications.

It is certainly eye-opening to hear that the MTA authors now acknowledge the problems with their study, but the *Times* should have taken more of an “investigative” approach rather than having a “fireside-chat” with those responsible the high rate of diagnosis in the first place. Instead of giving them a platform to write Op-Eds saying exactly what the critics wrote several decades ago, the *Times* should have asked these experts about their role in the ADHD epidemic.

For instance, as just one angle for the *Times* to explore, when it comes to finding fault with how the MTA results were spun, the companies are not alone.

Academicians and government agencies are just as responsible. In 2011, Robert Whitaker pointed out that: “when the NIMH announced the three-year results from its MTA study of ADHD treatments, it did not inform the public that stimulant usage during the third year was a ‘marker of deterioration.’ Instead it put out a press release with this headline: ‘Improvement Following ADHD Treatment Sustained for most Children.’”

For another example of the *Times* turning to an original defender of the status quo for commentary, in a 2014 article documenting excessive rates of ADHD diagnoses, Schwarz quotes Judith Rappaport, the Chief of Child Psychiatry at NIMH, as saying “if you have a family with domestic violence, drug or alcohol abuse, or a parent neglecting a 2-year-old, the kid might look impulsive or aggressive. And the parent might just want a quick fix, and the easiest thing to do is medicate. It’s a travesty.” She goes on to say that some home environments can lead to behavior often mistaken for ADHD. Her statements are misleading though, because according to the DSM-V there is no exclusion criteria, such as a problematic home environment that would lead a child psychiatrist to withhold a diagnosis of ADHD or any other psychiatric condition.

On the NIMH website, environmental issues are considered “contributory factors” not “exclusionary factors” for ADHD. The pendulum in psychiatry has swung so far towards “nature,” that the so-called “bereavement exclusion” was recently removed for the DSM-V – grieving is now pathological. At one point a

diagnosis of depression could be withheld for individuals following the death of a loved one, because grief was considered to be normal, not pathological. NIMH is even investigating the role of genetics in post-traumatic stress disorder triggered by child abuse. And adolescent foster kids – who have clear environmental triggers – are prescribed psychotropic drugs at much higher rates than adolescents in general. The reality is that the major message from NIMH for the past 20 years has been that ADHD behavior, and every other condition treated by a psychiatrist, is due - at least partially- to a neurological deficit, even if a traumatic environment is present. It is heartening that Rappaport is finally acknowledging, as critics have been saying for years, that one cannot discount the environment. However, rather than seeing that this is problem with the medical model, as the critics do, she instead blames the parents for wanting a quick fix, and neglects to take any responsibility for the faulty diagnosis handed to the medical community, parents, and the school system by biological psychiatrists.

In the late 1990s Gretchen LeFever, a psychologist at Eastern Virginia Medical School, documented rising rates of ADHD diagnoses. Her study found that 20% of the school boys in southeastern Virginia had been diagnosed and treated for ADHD. LeFever also sought to incorporate behavioral modification treatments for these children. Her CDC funded study was peer-reviewed and published in the *American Journal of Public Health*, and was extensively covered by the mainstream media. Following this media coverage she was the target of ad hominem attacks and anonymous allegations of scientific misconduct by the proponents of the ADHD diagnosis. While these efforts were initially successful in

halting her research, after years of hearings she was eventually cleared of all allegations of scientific misconduct. While her results have stood the test of time, the general public was kept in the dark for over a decade about the true prevalence of ADHD. Besides providing insight into how the ADHD proponents have handled this debate, her case also raises disturbing questions about the nature of academic freedom in today's university system. (LeFever has documented her ordeal in a paper titled "Shooting the Messenger: The Case for ADHD.")

What is the True Prevalence of ADHD?

It is hard to know the exact source of the *Times'* reticence to pose more serious questions to the original ADHD proponents. Does it come from Schwarz or those above him? For instance, in Schwarz's articles and numerous media appearances he continues to assert, with no evidence to back up his assertion, that ADHD affects 5% of the population. Who made this arbitrary decision: Alan Schwarz, his superiors in the newsroom, or The *New York Times* Editorial Board? Why is it not 3%? Or 10%? Or 15%? A decision by a major newspaper that 5% of the population has ADHD overlooks one of the fundamental reasons for the debate in the first place: There is no concrete test that clearly demarcates which children "truly" have ADHD. Instead of the Times drawing a line of 5%, they should be writing about how there is no science that one can use to justify where to draw the line. As the critics have pointed out all along, where one draws the line has much more to do with sociology than science.

The problem is that the rate of diagnosis varies from one doctor's office to another, from one state to another, and from one country to another. In a recent

article, Schwarz quotes Dr. Keith Connors, one of the founders of the modern idea of ADHD, who states: “The numbers make it look like an epidemic. Well, it’s not. It’s preposterous. This is a concoction to justify the giving out of medication at unprecedented and unjustifiable levels.” But acknowledging the problem of overdiagnosis is much easier than coming up with a solution.

Virtually all the professionals interviewed by Schwarz agree that ADHD is overdiagnosed. But the dilemma this creates for the medical community is left unmentioned by Dr. Connors and these other professionals. With no definitive test, how is the medical community going to explain to a large percentage of the population that they are technically abusing stimulants? If 20% of high school aged boys are taking a medication when only 5% “really have” the condition then 15% of them, under a doctor’s direction, are presumably abusing stimulants. Most of these “abusers,” or their parents, will be aghast to learn they are using stimulants inappropriately, even though the medication is doing exactly what it’s supposed to do. Forget all the checklists, brain scans, and expensive tests, it all comes down to this: In the eye of the beholder, does the medication work? As Maggie Koerth-Baker stated last year in the *Times*, “From parents’ and teachers perspectives, the diagnosis is considered a success if the medication improves kids’ ability to perform on tests and calms them down enough so that they’re not a distraction to others.”

The Reliance on “Experts”

Critics of the *Times* often cite their supposed liberal bias. If anything, the *Times’* reporting of mental health issues would seem to be the opposite case, as they have tended to side with the corporate interests of the pharmaceutical

companies. It is highly unlikely that the *Times* is overly concerned with those corporate interests. Instead, at least prior to Schwarz's arrival, it appears that the *Times* was too deferential and not skeptical enough of those academic experts whose prominence was in large part due to their pharmaceutical company connections. The pharmaceutical company marketing plans go far beyond simple advertisements. We live in an era where many experts list their main employer as a medical school, and their "side job" as a pharmaceutical company consultant, yet they make hundreds of thousands of dollars more in consultant fees than their medical school salary. While many of the previous *Times*' reporters were caught in the headlights of these academicians this is clearly not the case with Schwarz. He deserves tremendous credit for breaking the mold of the typical *Times*' mental health reporter. After years of reporting by newsroom staff who exhibited little skepticism about the medical model of ADHD, it appears that Schwarz is the reporter who somehow managed to convince the *Times*' editors to acknowledge that there are problems with the ADHD diagnosis.

During the rise of the blockbuster psychiatric medications, reporters would often interview and quote biological psychiatrists making statements about "science" that were highly questionable. Since the *Times* and other media outlets are primarily messengers it would clearly be a mistake to blame them for a grand social experiment. The frustration on our part was that the media would ignore the critics who were making well-reasoned, evidenced-based counterarguments. A significant amount of our academic careers has been focused on attempting to make the general public aware of these critiques. Twenty years ago, critics knew that getting

the media to pay attention to these arguments was an uphill battle, and that in a sense, many critics were simply trying to get something into the historical record, so that when the pendulum swung there would be written documentation that some people questioned these ideas. Not in our wildest imagination did we think the pendulum would swing so fast. Biological psychiatrists can no longer get away with dismissing their critics as “Scientologists” or “fringe doctors.” As the tide has turned, these types of glib characterizations are simply no longer credible.

For ADHD and mental health, the problem is not that the *Times* reported on what biological psychiatrists were claiming about ADHD, it's that, for the most part, the *Times* ignored the other side and that this affected the general public's willingness to use these medications. Biological psychiatry is currently under tremendous strain as the media is now focusing on many of its major tenets. The chemical imbalance theory is no longer accepted, and recent clinical trial evidence has shown that many psychiatric treatments are not nearly as efficacious as initial claims. Many reporters are also focusing on the significant financial conflicts of many prominent biological psychiatrists. It is certainly heartening that that the *Times* has turned a more skeptical eye on mental health reporting in general, and ADHD in particular. However, we wonder, if during the past two decades the *Times'* readership had been exposed to the broader debate about ADHD, would the epidemic that the *Times* is now writing about be as severe?

Further Reading

Below are links to Alan Schwarz's articles in *The New York Times* and our recent articles on ADHD and direct-to-consumer advertising:

Lacasse, J.R., & Leo, J. (2009). Consumer advertisements for psychostimulants: A long record of misleading promotion. *Psychiatric Times*, 26(2). Available at <http://tinyurl.com/LacLeoPT>

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