



"It is estimated that, on the average, each child in the United States consumes close to 2 pounds of dietary sugar each week, and that approximately 70% of this sugar is in the form of sucrose (i.e. table sugar) (Morgan & Zabik, 1981, Riddle & Prinz, 1984). Relationships between sugar consumption and a variety of health problems such as dental caries and obesity have been well documented."

"The results of this study identified significant differences in the behaviors of young children after they had received a sucrose challenge as compared to a placebo. After the sucrose challenge children showed a decrement in performance in a structured testing situation and they were more restless and less task-oriented during periods of free play. ... Within the free-play situation both locomotion and distractibility increased sharply during the play session that took place 40 to 55 minutes following the sucrose challenge. Similarly, the number of errors made on the CPT [Continuous Performance Task] increased during the testing session that took place 1 hour after the challenge. These results are consistent with the findings that in children the most marked metabolic responses to sugar challenge (such as changes in concentration in serum glucose) occur within the 1st hour (Pickens, Burkeholder, & Womack, 1967)."

"Following sugar ingestion, the digestive and absorptive processes, particularly the speed with which dietary sugars are absorbed into the blood stream, are influenced by the presence of other foods in the gastrointestinal tract. Thus, in and research investigating a sucrose challenge it is important that the dietary status of participants be controlled. ... Although the dose in this study was slightly higher than that used in other studies, it is important to note that the amount of sugar consumed by each child still was similar to that found in a can of soda. Thus, in terms of ecological validity, the dosage was well within the range of the amount found in many snack foods." [\[1\]](#)

"Stimulant medication, particularly methylphenidate (Ritalin), has become an increasingly common treatment for the management of children with attention deficit hyperactivity disorder (ADHD). Recent surveys estimate that between 3% and 6% of elementary-school-aged children are taking medication for management of attention deficits and hyperactivity, with stimulants representing 99% of the medications prescribed. This represents an increase of up to 248% in the rate of prescribing such medication during the past 10 years." [\[2\]](#)

"American children are probably being over diagnosed as having a behavioral disorder and being overprescribed drugs to treat it, says a report by the United Nations' International Narcotics Board. The agency, based in Vienna, was asked by the US Drug Enforcement Administration to look into the diagnosis and treatment of attention deficit disorder. The agencies are concerned with the rapid growth in prescriptions for methylphenidate, and amphetamine marketed in the US as Ritalin. In 1990 worldwide production was less than 3 tonnes, but by 1994 more than 8.5 tonnes were being prescribed. About 90% of these prescriptions were to American children, adolescents, and adults."

"Since 1990 the number of people diagnosed as having attention deficit disorder in America has risen from 900,000 to more than two million last year, the report said. The UN estimates that 10-12% of all American boys aged between 6 and 14 years are using the drug. The disorder is diagnosed four times more often in boys. Some mental health experts are concerned that the disorder has been too uncritically embraced by frustrated parents and overburdened public school administrators who have turned to Ritalin for the quick fix that it seems to provide. The UN report notes that attention deficit disorder resembles many other problems, including

resembles many other problems, including anxiety, depression, visual or hearing difficulties, traditional learning disabilities, and family dysfunction."

"The disorder is usually brought to parents' attention by schoolteachers, often on the basis of poor behavior in school. Ritalin is usually prescribed by pediatricians, and there is evidence that the disorder may not be diagnosed and treated properly in some children. Researchers in 1994 at the University of California-Riverside surveyed 380 pediatricians and found that 50% of the children in whom they diagnosed attention deficit disorder did not undergo psychological or educational testing before Ritalin and other drugs were prescribed."

[\[3\]](#)

#### **Author's Note:**

**We are a society that is addicted to sugar. We especially feed our kids a wide variety of sugary junk foods like breakfast cereals, sodas, candy, cakes, and many others all in the name of fun. It's almost as if fun cannot exist without eating unhealthy junk food. As a consequence kids suffer from an epidemic of obesity as well as a wide variety of other problems. Also one of the results are kids that are over stimulated in part due to sugar and caffeine have more trouble paying attention in classrooms. Instead of attempting to address the attention problem through proper diet, discipline, understanding, and love we have predominately turned to medicating them at an ever-increasing rate.**

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[\[1\]](#) Goldman, Jane A., Lerman, Robert H., Contois, John H., and Udall, Jr., John N., "Behavioral Effects of Sucrose on Preschool Children", *Journal of Abnormal Child Psychology*, 1986, Vol. 14, No. 4, pp. 565-577

[\[2\]](#) Barkley, Russell A. PhD, McMurray, Mary B. MD, Edelbrock, Craig S. PhD, and Robbins Kathy, "Side Effects of Methylphenidate in Children With Attention Deficit Hyperactivity Disorder: A Systemic, Placebo-Controlled Evaluation", *Pediatrics*, August 1990, Vol. 86, No. 2, pp. 184-192

[\[3\]](#) "Behavioural disorders are overdiagnosed in US", *British Medical Journal*, March 16, 1996, Vol. 312, p. 657