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I am a medical doctor licensed to practice psychiatry by the College of Physicians and Surgeon of Ontario, Canada. I am a Psychiatry graduate of the University of Ottawa and practiced in Canada from 1979 to 2005. I received my diploma in psychiatry at the University of Ottawa in 1985 and have the additional sub speciality of Child and Adolescent Psychiatry. I have been running a practice in Child and Adult Psychiatry in Melrose Arch, Johannesburg. I am also registered with the Health Professions Council of South Africa (HPCSA)

Get it right about Ritalin

A recent report about rich children selling Ritalin to other children, who snort it, has given the drug, which has helped thousands of children worldwide with attention deficit disorder, a bad name.

The drug is classified as a stimulant, but does not share the same properties as amphetamine, and does not put individuals on a high.

A two-year study conducted in Canada on adolescents, diagnosed with ADHD has proved conclusively the drug is not addictive.

In my own practice, many of my patients don not use the drug over weekends or when they are on holiday, which supports the claim that the drug is not addictive.

The belief that Ritalin makes slow pupils clever is a myth. The main purpose is to help children with ADHD to focus better and grasp what is being taught because they are easily distracted and have poor concentration spans.

Ritalin is classified as a schedule 6 drug: and there are specific guidelines that have to be adhered to before it is prescribed.

The diagnosis is made after taking a good collateral history from the parents and reports from the school.

For individuals to qualify for the drug, they have to meet set of criteria laid out in the DSM 5.

If the prescribing doctor follows the proper procedures to make the diagnosis it is not easy for a child to fake the symptoms.

The drug should be kept and administered by a responsible person, and certainly not by the child.

In my experience over 24 years of treating the condition, and test for drugs.

Not everyone with ADHD benefits from the drug.

About 40% fail to respond either because the diagnosis is incorrect, the dose is insufficient or an alternative drug is required.

Unfortunately, far too many children, especially in townships, are not diagnosed with the condition and are unfairly labelled delinquents.

These children end up dropping out of school.

The drug is invaluable for staff caring for children in special schools to help them cope with these learning who are dangerously hyperactive. Even though the condition is lifelong, there are a few individuals who can safely come off Ritalin after a few years.

Adults would have to stay on the drug if their work requires intense concentration. I

hope this puts into perspective how the life of an individual with ADHD can be changed for the better if treated correctly.

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