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An epidemic is hitting the children of America. Most studies conservatively show that somewhere between 3 and 5 percent of school age children have Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD) and there have been studies which estimate the percentage might be as high as 25 percent. Currently, ADD/ADHD is one of the most commonly diagnosed childhood behavioral disorders in the United States. It is usually treated with Ritalin or other stimulant drugs. (And now that a drug has been invented for adults, surprise, 2 to 4 percent of adults may also be affected.)

Ritalin hits the same receptor sites in the brain as cocaine and speeds up the thinking process and ability to focus. However, neither it nor the other drugs are a cure. One eight-year study actually showed that 80 percent of the participants on these drugs continued to have ADHD symptoms as adults and 60 percent of these added ODD (opposition deficit disorder) and CD (conduct disorder) to their ADHD. There is some evidence that long term use of these drugs can cause permanent brain damage, though there are other studies that state that there are no long term side effects. Either way, the drugs relieve the symptoms without solving the problem.

There is no hiding the fact that many children today have trouble concentrating or completing tasks, are hyperactive or hypoactive and have various learning disorders. Boys are diagnosed with ADHD or ADD more often than girls (who are more likely to be diagnosed with ADD when they are diagnosed). ADD and ADHD are similar disorders with ADHD having the added hyperactivity component. Several years ago, those children were labeled "difficult," "hard to handle" or "slow," but now research indicates these disorders are caused by a chemical imbalance in the brain, the cause of which is not fully known or conclusively proven. What has been proven in various studies, including one at Purdue University, is that children who have low levels of Omega-3 essential fatty acids are significantly more likely to have the symptoms of ADD/ADHD and, while not every child with ADD/ADHD has a low Omega-3 level, a large number of them do. Coinciding with the higher rate of ADD/ADHD in boys is the fact that boys have a higher requirement for Omega-3 fatty acids than girls.

There is no question that the brain requires essential fatty acids (EFAs) to grow and function and, though the brain needs both Omega-3s and Omega-6s, the present ratio in the American diet is way off. The ideal ratio is between 1:1 and 4:1 (Omega-6 to Omega-3). The typical ratio in the United States is now 22:1 with some severe cases measured at 50:1.

Aside from the various health risks of having high levels of Omega-6s, such as increased chance of tumors, autoimmune diseases and inflammation, the biggest problem is that Omega-6s use the same enzymes to break themselves down as Omega-3s. If the body is busy breaking down Omega-6s, it doesn't have the resources to break down Omega-3s and the brain (and body) goes hungry.

Omega-6 fatty acids are everywhere, in vegetable oil, corn oil, chips, cookies and meats. They're more stable than the Omega-3 fatty acids, which degenerate quickly in light and heat, and the high temperatures used to process foods today deplete many of the naturally occurring Omega-3s.

In addition, livestock and farm-raised fish are fed corn and processed grains which lower the normal Omega-3 content of the meat and eggs and raise the Omega-6 content. The lack of grain feeding is why free-range eggs and meat contain much higher amounts of Omega-3s. Omega-3 fatty acids are found in foods like cold-water fish (such as wild salmon), free range eggs and meats, some leafy greens, pumpkin seeds, flaxseeds and flaxseed oil. Sadly enough, children who have low Omega-3 levels often exhibit a decreased ability to process Omega-3 from plant sources so their only way of getting usable Omega-3s is through free range meats and eggs, fish or fish-oil supplements. (It is interesting to note that Japan has very low levels of ADD/ADHD diagnosis and a diet very high in fish oil and Omega-3s.)

Children need utilizable fuel to grow and develop. They are sensitive to foods and additives. Doctors have advised dietary changes for ADD/ADHD-diagnosed children for years. Those changes include decreasing sugar and caffeine intake, decreasing processed foods and avoiding preservatives and dyes. Recently, several studies have seen success in treating ADD/ADHD with either Omega-3 supplements or diets that increase Omega-3 intake. An Oxford University study found that average-intelligence children with learning and reading disabilities who were receiving an EFA supplement significantly improved over the control group. A study at George Washington University School of Medicine found that hyperactive children who ate at least one high protein meal a day did as well and sometimes better than non-hyperactive children. The list of studies and similar findings goes on and on.

Although Omega-3 supplements won't cure or even help every ADD/ADHD child, they can't hurt. There are no negative side effects from increasing the amount of Omega-3s in a child's diet or an adult's for that matter. And if just a small percentage of the epidemic is curbed, if just a few children can go drug free, what's to lose?

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