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The Swedish Medical Products Agency (MPA) and its retrospective study about prescription of stimulants to children

Soon psychiatrist Lars-Olof Janols from the Medical Products Agency (MPA) will release a retrospective study about the prescription of stimulants to children in Sweden.

This article reveals the serious deficiencies in and the scientific dishonesty behind that study.

The research project is about compiling and evaluating the reports turned in to the MPA about the prescription of stimulants to children (1977-2003). The person responsible for the project is Lars-Olof Janols, one of the most prominent advocates for stimulant treatment in the country. He is now to evaluate the efficiency of the treatment; which he since 20 years knows is “miraculous”. He is to evaluate and report about the adverse effects from stimulants, the same adverse effects he officially has proclaimed to be negligible. Further he is to evaluate the risk for addiction; but also here he has announced his view – increased legal prescription will lead to decreased substance abuse.

If Dr. Janols should report *anything* negative, *any* serious adverse effects, it would come in direct conflict with his since many years declared positive view on stimulant treatment. He is thus lacking all requirements for doing an impartial evaluation of the material.

This article will also make it very clear that existing data – the reports sent in by doctors and clinics – in general are of *miserable* quality and useless. The MPA and Dr. Janols have for many years been aware of the poor quality without doing anything about it. On the contrary, they have with all the announcements about the efficiency and harmlessness of amphetamine made the quality of data even worse.

Lars-Olof Janols will compile the data – data with a “quality” he has been instrumental in creating – and from this do an evaluation. He will find that there are no real problems with stimulant treatment; he will recommend it as being effective and harmless – something which he has known for 20 years.

Internationally the regulatory agencies in the medical field (FDA, MHRA) have gotten devastating critic recently. These agencies have been aware of the risks connected with antidepressants but have not acted. Children have been prescribed these medications despite the fact that the research data from the pharmaceutical companies themselves

have shown that the drugs have no better effect than placebo and that they are connected with a lot of side effects, including increased risk for suicidal behaviour.

This article will show that the Swedish regulatory agency, the MPA, *far surpasses* the pharmaceutical companies in its description of the effects of amphetamine and the absence of side effects. Direct to consumer advertising (DTCA) of internationally controlled substances, as amphetamine, is of course forbidden. But the regulations have been passed over in Sweden: the regulatory agency itself has done a good free job in promoting controlled substances with a high addiction potential.

In the UK the MHRA (Medicines and Healthcare products Regulatory Agency) has during the last years been *forced* to listen to patients. When persons treated with antidepressants got channels to further their stories the lies kept in place by the pharmaceutical companies and authorities collapsed like a house of cards. [1] [2]

Stories from the children receiving stimulants are not of interest for the MPA. In the current project one is not at all listening to the children. In the end of this report it is taken up what could be the result if that would be done.

Big parts of the information given in this report have been obtained using the famous Swedish Freedom of Information Act. The MPA has however become more and more reluctant in handing out information. Quite some court orders have been required in order to get access to information. The agency has even in a statement to the court, as a reason for its refusal to hand out information, referred to a *war equipment case*. It was not fitting to know *too much* about the activities of the agency. The risk being that one via “jig-saw puzzling” could get the full picture – which could be compared with a threat against national security.

A short background

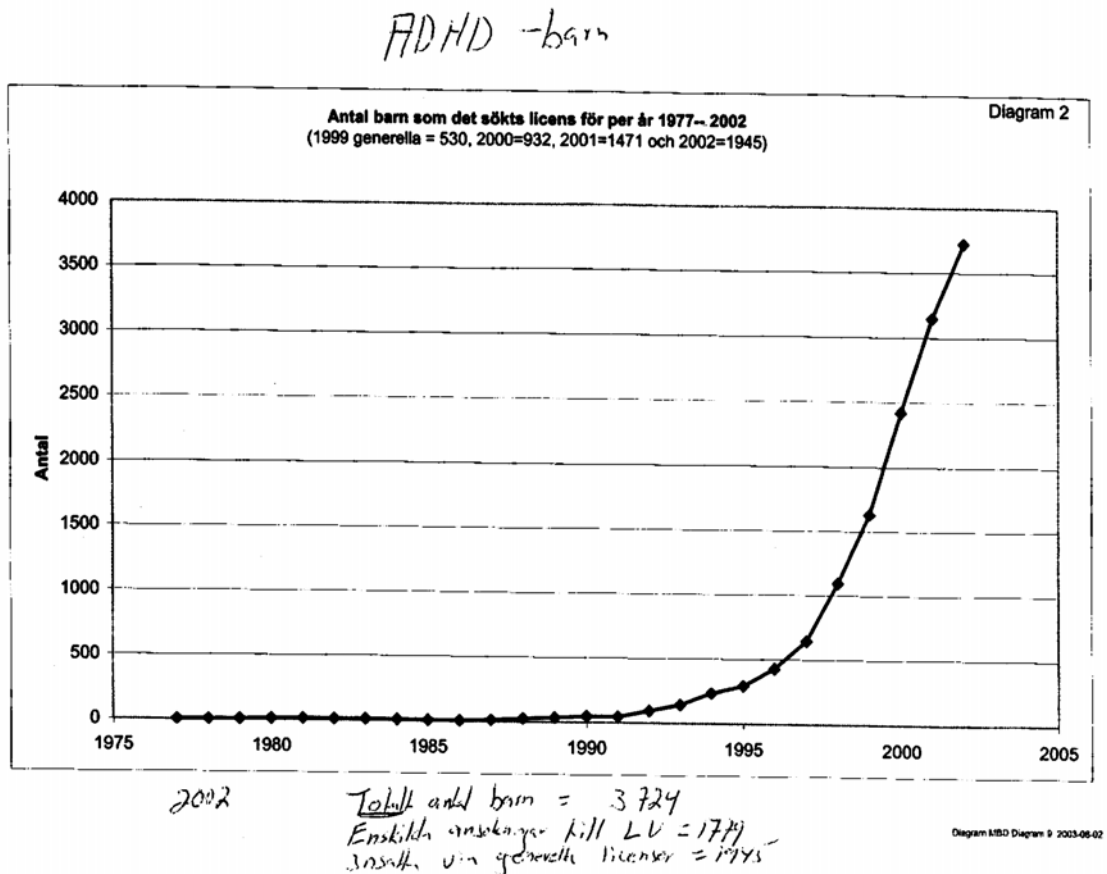
Stimulants (amphetamine and methylphenidate) were withdrawn from the market in Sweden in 1968 after the catastrophic trial project with legal prescription of narcotics drugs to drug addicts. Stimulants could after that point only be prescribed in individual cases after license approval; the MPA gave the approval.

For many years after the catastrophe there were no propaganda for stimulants in Sweden and the prescriptions were rare. This changed in the 90-ties. The psychiatrists Lars-Olof Janols, Christopher Gillberg, Gunilla Thernlund and Anne-Liis von Knorring recommended long-term treatment in a study from 1996. Gillberg wrote a now famous article in the newspaper Dagens Nyheter (DN) where he claimed that 120 000 Swedish children (around 10 % of the children) had “neuropsychiatric disorders” [3]

At the same time the MPA started to give general licenses to certain clinics to prescribe stimulants to children. The clinics did not need to turn in an application in

individual cases; they were however expected to turn in a full annual report to the MPA.

The number of children on stimulants increased rapidly:



Stimulants to children in Sweden
Statistics from the Medical Products Agency (MPA)

The nonexistent follow-up actions

Incredibly enough the MPA has never compiled and published the reports about the prescription of stimulants. The only published data has been the *number* of children receiving treatment.

Despite that, one has, as here through Lars-Olof Janols, claimed that the activity is carefully controlled:

”After *careful* consideration the Medical Products Agency can grant license approval for prescription of amphetamine or Ritalin to children with well diagnosed and severe forms of ADHD/DAMP, where other treatment efforts in school and family have not been enough. Certain clinics with long experience from this treatment have got so called clinical license for certain named doctors who *under strict follow-up from the Medical Products Agency* can prescribe stimulants without license approval in individual cases. *Regular reports are required from these clinics* and from the doctors who have applied for individual licences, and *the prescription pattern regarding stimulants is carefully followed* in close cooperation between the Medical Products Agency, The National Board of Health and Welfare and child psychiatry. (Emphasis added.) [4]

Even if this is a gross and easily exposed lie, it has also been the information government agencies and politicians have communicated to a worried public. If they have done this against better judgement must be left unsaid.

The facts are that the MPA *never* has compiled the reports turned in – something that make the “strict follow-up” to a PR message without any substance at all. A letter sent out by the MPA to the clinics with general license in the beginning of 2004 tells a part of the story. [5] In the letter one can read: *”the Medical Products Agency has had the intention during the last year to compile the submitted reports for the year before...”* but of different reasons had not succeeded to do this. It is also stated that in a *“research project with support from the Medical Products Agency the submitted reports will during the year be compiled and published”*.

The MPA has *never* done anything with the reports – no compilation, no summary, no overall published results. *Yet* it has been claimed that the agency has been occupied with a *“strict follow-up”* and that *“the prescription pattern regarding stimulants is carefully followed”*.

An FOI request to see the compiled data in the area is met with the answer that no “documents have been compiled from the turned in annual reports”. [6] The MPA is only “from the turned in reports extracting the number of patients treated”. Nothing else.

A project with huge national consequences

Lars-Olof Janols is currently occupied with his retrospective study.

In the project description it is written:

”There is a big need for a more systematic compilation, analysis and publication of the Medical Products Agencies’ unique follow-up data and this should be done as soon as possible to meet a definite need for:

- A source of knowledge to refer to in the ongoing debate over the treatment method
- A base of knowledge in the development of future national principles for the prescription and follow-up of stimulant treatment
- Feedback to the clinics of the compilations turned in yearly
- A summary of knowledge of regional differences in resource allocation within the neuropsychiatric area, the utilization of health care and the possible health economical consequences of this
- A source of knowledge for health economical analyses.”

The project, which is done with support from administrative personnel from the MPA, is in other words planned to have *huge national consequences*.

One key objective is to create a source of knowledge *“in the ongoing debate over the treatment method”*. The ongoing debate is described just before. It is said that there has been a *“dramatic increase in the prescription of stimulants”*, that *“The development of knowledge about effects, including side effects...has been extensive”* and that *“The building up of competence... nationally has been explosive”*. *“Despite this”*, it is further said, *“stimulants are still seen a partially controversial treatment method.”*

From this description it is impossible to even imagine that the “source of knowledge” the project should lead up to could be a reference for persons who are at all critical to amphetamine treatment; the content in “the source of knowledge” is already fully known, long before it completed, and is planned to be a tool for silencing ideas about a “controversial treatment method” for good.

Dr. Janols is to create a “base of knowledge”; this base is to determine the development of “future national principles for the prescription and follow-up of stimulant treatment”.

There is in other words much at stake in this project; a project that is to be given an interim report the 30th of September and a final report in December. The ambitions are also said to be to publish the results in the Swedish Medical Journal and in an international medical journal.

The constitutional requirement of objectivity

A big problem with this project is that it is done under and paid by a Swedish national authority, bound by and expected to follow the Constitution.

The MPA should in all its investigations and projects follow the constitutional principles of objectivity and impartiality.

It is, or should be, impossible to put a research project to result in “future national principles for prescription and follow-up of stimulant treatment” in the hands of a person who has no possibilities to do an impartial evaluation. Yet this is exactly what has happened.

Dr. Janols longstanding work for increased amphetamine treatment and all his statements about the absence of risks makes it impossible for him to live up to the requirements set in the Swedish constitution.

The remainder of this article will give proof that Dr. Lars-Olof Janols during a long period of time:

- Has been engaged in propaganda for heavily increased stimulant treatment **(1)**
- Has dismissed the known adverse effects of stimulants **(2)**
- Has ignored the risks for drug abuse and the addictive potential of stimulants **(3)**

The article will also show the *miserable* quality of the submitted annual reports, and that *Janols now is doing a retrospective study of circumstances he to a high degree has been part in creating (4)*. In the end the article will cover what might happen if one would listen to those getting “the treatment” – the children themselves **(5)**.

(1) Propaganda for increased prescription

Lars-Olof Janols, said in the earlier mentioned article (Dagens Medicin), that it should be “*realistic to estimate **the minimum number** of children and adolescents coming into question to test stimulant treatment to be 8000-10 000 at every point in the future.*” (Emphasis added.) (The number of children getting “treatment” was at that time around 2000.) He also explained that his view on amphetamine as a miracle drug was founded more than twenty years ago. “*1982 [I tried] for the first time stimulant medication (amphetamine) in the treatment of a child and the result was a miracle*”.

In an article one year earlier Dr. Janols wrote: “*The knowledge of their effects [amphetamine and Ritalin] on children with a neurologically-based hyperactivity, impulsivity and concentration disorder is based on more than 50 years of use and systematic international testing.*” [7] This is a remarkable lie in many ways. First of all one can get the impression that children labelled with “DAMP” or “ADHD” should have a “neurologically-based” disease, which of course is not true; there is no objective way of measuring these “conditions” – *they are utterly and completely*

subjective. That amphetamine “medication” has been used the last 50 years for “treating” different conditions is well known; Ritalin has been used as a weight suppressant and as a “stimulant medication” for tired students and housewives. But the dangers with amphetamine and abuse finally led to its classification as a narcotic agent with high addiction potential. The claim about the “systematic international testing” must be compared with the evaluation done by the International Narcotics Control Board (INCB). In its annual report from 2000 INCB wrote:

“The therapeutic indications and use of those substances had previously fallen to modest levels *in recognition of their limited efficacy and safety*. Subsequently, they were placed under strict national and international controls. The Board, in its reports, has pointed to the potential problems resulting from the renewed popularity of those substances, as reflected in the unprecedented increases in their manufacture and consumption in some countries.” (Emphasis added.) [8]

It is first recently the pharmaceutical industry with support from biological psychiatrists and “nonexistent” regulatory agencies for real has started to propagate for the “treatment” of children with amphetamines. Moreover the ADHD diagnosis was invented first 1987. [9]

Dr. Janols further refers to the study about stimulant treatment in which he himself was involved, “*a systematic and well controlled long-term study*” where “*The results in a very convincing way support the effects of this treatment for ADHD/DAMP*” and where “*The principles for this treatment after the study have been developed and very carefully been established in Sweden*”.

(2) Making nothing of side effects

In the above-mentioned article in Svenska Dagbladet Dr. Janols said: “***Serious short-term or long-term side effects have not been found.***”

This gross lie in itself should have disqualified him from doing any form or research for the MPA. Information that amphetamine could give serious side effects was known and easily accessible. The Drug Enforcement Administration (DEA) published (1996) a table over the side effects from stimulants. [10] It was a long list and it was very easy to notice that quite some serious effects had been found.

Let’s compare Janols’ statement about no serious side effect with one from his superior, Gunnar Alván, Director General of the MPA, and with the approved label for the stimulant Concerta (approved by the MPA 2002).

The 14th of March 2000 Gunnar Alván sent an informal e-mail message to psychiatrist Sten Levander. [11] He wrote:

”Finally, a medical question: Do you have any opinion about or experience with cardiovascular safety in long term stimulant treatment? It can become a reality and one can wonder in light of experiences with for example appetite suppressors.”

What Alván thought of when he referred to ”appetite suppressors” was fenfluramine (Pondimin) and its newer relative dexfenfluramine (Redux), withdrawn from the market in 1997. The drugs were withdrawn after it had been found that they caused serious heart damage. *Yet they had been given to millions and were considered “safe”*. Fenfluramine and dexfenfluramine are closely related to methylphenidate (Ritalin) and amphetamine; drugs that also cause weight loss!

The man in charge of the agency now giving thousands of licences for treatment of children is *privately, in internal communications*, wondering if not, “in light of experiences with for example appetite suppressors”, there is risk for heart damage in long-term treatment with stimulants! Right now “long term treatment” is not something that can *become* a reality – *it is* a reality.

Alván will not in other words be surprised if it turns out that the “treatment” causes heart damage in children. We can say that he is working for increased stimulant treatment *while at the same time* he privately suspects that these stimulants cause heart damage in children!

The approved label (in FASS; Farmaceutiska Specialiteter, Pharmaceutical Specialities in Sweden) for the stimulant Concerta notes the following *common* side effects (up to 1 of 10): hypertension, tics, depression, hostility; as *less common* (up to 1 of 100) suicide attempts, speech disturbances, hallucinations are noted. *All* experiences tell that the pharmaceutical companies cannot be accused for exaggerating the risks for side effects! If the side effects are common they *are* common – or *very* common.

How does Dr. Janols, as representative for the MPA, describe the side effects of Concerta? In a letter about these he says that there is scientific documentation for “*hostility in rare cases as a reaction on treatment*”. However he says: “*hostile behaviour is very common*” in the cases where Concerta is used as part of the treatment. It is further so that “*the treatment in some cases...is not giving sufficient help and that the observed hostility can be a sign that the treatment is not enough*”. He also says that during 2003 and 2004 “*no report about serious hostile reaction in connection with Concerta treatment has been submitted*”. Finally he says: “*The Medical Products Agency is however very carefully following the prescription and the*

reporting of side effects, effects which must be put in relation to the vast scientific documentation supporting the positive effects of a well controlled stimulant treatment as a part of the treatment for children and adolescents with severe forms of ADHD.”
[12]

How is it possible that the regulatory agency (MPA) can *deny* and *make nothing* of the risks for side effects as above? And how is it possible that the attitude from the regulatory agency is almost *indolent*, even in comparison with that of the company producing the drug?

When parents and doctors see that the child is aggressive, hostile – what do they believe? They believe in the message delivered by the MPA, via experts like Dr. Janols: The hostility you see is very likely a part of the disorder, the treatment has not been sufficient yet, and even if the hostility in some very rare cases could be a reaction to the treatment one must look on the positive effects from the stimulant treatment.

With this background it is quite easy to understand that very few reports about side effects are submitted to the MPA. It is also easy to understand that the information in the regular annual reports submitted by the clinics is a direct reflection of the message delivered by the experts (more information below).

(3) Ignoring the risks for addiction and abuse

In a paper submitted to the National Board of Health and Welfare Dr. Janols expressed his opinion about risks for addiction and other problems in connection with stimulant treatment. He wrote: *“As this medication for our country is a new treatment for children and adolescents with behaviour difficulties, worries have arisen that it could mean risks, despite the fact that there is no evidence that stimulants should increase the risk for abuse or other medical or social difficulties.”* [13] (Emphasis added.)

This statement should absolutely be compared with the statement from INCB above and with other statements from the same authority in earlier annual reports.

In the earlier mentioned article (Svenska Dagbladet) Dr. Janols wrote: “The risk for future drug abuse with secondary brain damage [coming from the abuse] is thus decreasing in a treatment where medication is part.”

The advanced logic used can be said to be: If we *say* that drug abuse is an effect of “untreated ADHD” and that earlier almost no drug addicts got stimulant treatment as children, we can say that medically untreated ADHD is a risk factor for future drug abuse. We can from this draw the conclusion that amphetamine treatment of children with ADHD must decrease the risk for future addiction!

For Janols it has been clear since long: the risk for drug abuse is decreasing if you give children amphetamine. But the vast spread of legally prescribed amphetamine on the

schoolyards and in college in the US shows what is *always* happening in society when the narcotic drugs become more accessible. (See also below *What would happen if the children could tell their story?*)

(4) The miserable quality of submitted reports

In Dr. Janols research project the following is one important part: “*The compilation and analysis of data from the annual reports from the units with general license, from 1996 and onward.*”

For these units the following was the rule:

Certain clinics with long experience from this treatment have got so called clinical license for certain named doctors who *under strict follow-up from the Medical Products Agency* can prescribe stimulants without license approval in individual cases. *Regular reports are required from these clinics ... the prescription pattern regarding stimulants is carefully followed...*” [6] (Emphasis added.)

One of these clinics was the Department of Child and Adolescent Psychiatry at Akademiska Sjukhuset [Hospital] in Uppsala – the very same clinic where Lars-Olof Janols is chief physician (he is working part of his time on the MPA). How is it with the quality of the reports sent in from this clinic? How is it with the “*strict follow-up from the Medical Products Agency*”?

Let us choose the year, 2001, when the above-mentioned article was written. A bit later that year, the 1st of May, this clinic, which at the time treated the highest number of children in the country, should submit an annual report to the MPA. That was however not done. In June the *front page* of the report was turned in [14] – showing that the activity was out of control. For example 5 children had ended the treatment “of unknown reason”. The other pages – where the side effects were to be noted – were left empty!

What did the MPA do? Did they demand that the clinic should turn in a filled in report? No, they did not even *discover* that they had gotten a completely unusable report. First in January 2002 – and then from an external question – it was noticed that no report existed *for the year 2000!* The 24th of January the unit director, Kerstin Westermarck, (now Janols superior in current project on the MPA), sent a reminder. [15] The 15th of February the *new* report arrived. [16] *However* this report had a completely different front page (*that* page was already sent in and should have been identical with the new one). The number of children had now risen from 126 to 150 (a 20 % increase); 18 children (of 126) had discontinued the treatment in the first report, while 15 children (of 150) had discontinued in the last report for the same time period!

In other words the reporting from the clinic was a catastrophe. It indicated serious conditions – conditions investigated neither by the National Board of Health and

Welfare nor by the MPA. Dr. Janols, being the chief physician on the clinic and the expert on the MPA, must have been very aware of these facts and that no follow-up from the MPA existed. *Yet he wrote: "strict follow-up from the Medical Products Agency... Regular reports are required from these clinics ... the prescription pattern regarding stimulants is carefully followed..."*

The actually submitted reports should be read with the knowledge that they have been written by the most prominent advocates for stimulant treatment in the country. They also know that the message from the MPA: there are no serious side effects – so why bother?

The agency has for many years, primarily through Lars-Olof Janols, in different ways proclaimed: ***"Serious short-term or long-term side effects have not been found."*** The agency has told doctors that they cannot expect to find any serious side effects. *Should* they anyway find something that looks like a side effect it is probably not such an effect, but a manifestation of the "condition". And should it anyway turn out to be a side effect it is really important to first of all think of the positive results from the amphetamine, and to put these results in relation to the side effects seen, as these side effects most likely are not side effects anyway.

A comparison can be made with the adverse effects from SSRIs. These have for many years been neglected and denied. The regulatory agencies in Sweden and abroad have given the message that the uncomfortable reactions experienced by patients are symptoms of the underlying depression, and not at all effects created by the antidepressants. But now these myths are dying. The stories from the patients themselves have revealed another story than that submitted by the pharmaceutical companies and the regulatory agencies. FDA and MHRA are under great pressure for having misled patients and for having withheld information. A number of *real patient associations* have been founded, associations who are independent and not built up by the pharmaceutical companies.

But around amphetamine treatment the authorities and sponsored "patient associations" are still ruling. The "patients", who in this case often are children, are far down the chain and are subject to involuntary treatment. They are not listened to. The submitted reports are written by doctors; doctors who have studied what the experts from the MPA have to say – and who act accordingly.

Before reviewing how it could look like if you would *ask the children themselves* about the treatment and side effects, some details from the reports turned in by the clinics:

The earlier mentioned reports from Uppsala for the year 2000 said that of 150 children 1 had suffered the side effect "significantly retarded weight gain". The report from 2001 reported that NO (0) children of the in total 187 had experienced that side effect! At the same time on a similar clinic in another town (the University Hospital in Linköping) 12 out of 31 children – 40 % - had during year 2000 experienced that side

effect. For 2001 the figures were 14 out of 46 (30 %). In Uppsala 0,3 % had experienced the side effect. Probably it was not considered “significant” enough to even put on paper – it is after all a common and well-known effect!

In another report one could read that *6 children out of 102 (5 %)* (at the University Hospital in Lund) had suffered “*significantly increased blood pressure*”. In the report it seems like the treatment was anyway continued. The MPA did not have any questions. The chief physician at the clinic was Dr. Gunilla Thernlund, one of the leading proponents for increased stimulant treatment in the country.

(5) What would happen if the children could tell their story?

Among the gathered data there are no place for the opinions of children, no words about how they look on the diagnosis and the treatment.

What would happen if the children themselves were allowed to decide? The Norwegian “ADHD expert” and amphetamine advocate Nils Olav Aanonsen speculated about this in a report to Norwegian authorities from 2000. It was clear to him that when *adults* got stimulant treatment almost 70 % (!) discontinued the treatment on their own initiative in advance due to bad results and side effects. Aanonsen wrote: “*If the treatment of children was decided from the children’s own motivation, the compliance could turn out to be of the same magnitude.*”

[17] But the children are not listened to and their “own motivation” is not taken into account; they have to continue the treatment whether they like it or not.

In a unique study from 2001 the children were actually asked what they thought about the diagnosis and treatment. [18] The most important “treatment effect” was: “*Students reported that the greatest single measured affect of treatment with stimulant medication was that their teachers and parents liked them more when they took their medication.*” The 50 children who answered the questions had been taken stimulants for a mean of almost 4 years. Their answer provided information about what can happen in *long-term stimulant treatment*. Many – 63 % - told about side effects; they especially told they had hard to sleep and got headache or stomach pain. In the research report one could also read: “*Of special concern was the percentage of students (40%) who reported experiencing tics that they did not have before beginning treatment with the stimulant medication.*” This effect indicates that the drugs had harmed many children.

The person responsible for the report commented in a letter from 2002 the study in the following way: “*...one of the most important implications of the Moline and Frankenberger study was that the longer students took the medication, the higher the dose they received and the higher dose was associated with more severe side-effects. It seemed that dosage level was increased to maintain the effectiveness of the medication and then other medications were introduced to address side effects of the*

increased dosage level so the student ended up taking multiple medications with no assurance of long-term benefit from the medications.”

In the report one could also read that the prescribed amphetamine created an illegal market: *“Finally, the study raises concerns about abuse of stimulant medication in middle and high schools. The numbers of both those who were and were not being treated for ADHD who knew students who were giving away or selling their medication was quite high. In fact, over 50% of the students without ADHD [of totally around 600 interviewed] knew of students who were approached to sell or give away their medication. History has revealed that the amphetamines have an extremely high potential for abuse, and the current study indicates that abuse at the middle and high school level is not uncommon.”*

If the Swedish Medical Products Agency should start to listen to the children they would hear another story than the one Lars-Olof Janols will tell in his research report. But it would be a dangerous story; it could wipe out the myth of amphetamine treatment as a well documented, effective treatment with no short or long term side effects.

Therefore it cannot be told.

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[1] Social Audit UK, <http://www.socialaudit.org.uk/>

[2] BBC, Panorama, <http://news.bbc.co.uk/1/hi/programmes/panorama/3063339.stm>

[3] Christopher Gillberg & Sophie Ekman, *Skolan knäcker 120 000 barn. Läkare varnar för nytt hot mot folkhälsan: Barn med psykiatriska problem förnedras dagligen*, Dagens Nyheter 20th March 1997.

[4] Janols, *Neuropsykiatrin vill se till hela barnet*, Dagens Medicin Nr 1-3, 16th of January 2001.

[5] Medical Products Agency, *Angående årsrapport för verksamhetsåret 2003 avseende kliniklicens för centralstimulantiabehandling av barn och ungdomar med ADHD*, 13th of February 2004.

[6] Medical Products Agency, Dnr 585:2004/38986 [registration number], 6th of July 2004.

[7] Janols, *Allvarliga biverkningar har ej kunnat påvisas*, SvD, 9th of November 1999.

[8] INCB Annual report 2000, <http://www.incb.org/e/index.htm>, para 19.

[9] Breggin, *The Hazards of Treating "Attention-Deficit/Hyperactivity Disorder" with Methylphenidate (Ritalin)* <http://www.breggin.com/methylphen.html>, 1995.

[10] DEA, *Adverse effects (Short and Long Term)*, 1996.

- [11] Gunnar Alván, DG, Medical Products Agency, e-mail to Sten Levander, 14th of March 2000.
- [12] Janols, letter, Dnr 2159.2004/30007, 21th June 2004.
- [13] Janols, *Nationellt kvalitetsregister för centralstimulantiabehandling av barn och ungdomar med ADHD*, 10th September 2001.
- [14] Medical Products Agency, Dnr 144:2000/038254, 27th of June 2001.
- [15] Medical Products Agency, *Angående komplettering av rapport om centralstimulantiabehandling av ADHD hos barn och ungdomar under år 2000 (kliniklicens)*, 24th of January 2002.
- [16] BUP, Akademiska sjukhuset, *Uppföljning av centralstimulantiabehandling*, no Dnr, to Medical Products Agency 15th February 2002.
- [17] Aanonsen et al, *Rapport til Statens helsetilsyn vedrørende utprøvende behandling med sentralstimulerende legemidler till voksne med hyperkinetisk forstyrrelse/ADHD*, page 36, March 2000.
- [18] Frankenberger, Moline, *Use of Stimulant Medication for Treatment of Attention-Deficit/Hyperactivity Disorder: A Survey of Middle and High School Students' Attitudes*, *Psychology in the Schools*, Vol. 38, No. 6, 2001.