

AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY

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December 7, 2020

Ms. Bernadette Cappello
cappellob@who.int

Dear Ms. Cappello,

As President of the American Academy of Child and Adolescent Psychiatry (AACAP), I am writing regarding the inclusion of methylphenidate on the list of Essential Medicines for Children by the World Health Organization (WHO). AACAP strongly supports the addition of methylphenidate, which is an important first-line treatment for attention-deficit/hyperactivity disorder (ADHD).

ADHD is one of the most common neurobehavioral disorders affecting children and the second most common chronic illness pediatricians manage. Untreated ADHD is associated with substantial impairment, struggling, suffering, and long-term negative consequences and sequela. Methylphenidate is one of the most common and effective treatments for ADHD. It has one of the best safety records of all medications used in pediatrics. Methylphenidate results in both short- and long-term improved outcomes, including ADHD core symptoms and functioning; as well as reductions in nicotine and substance use disorders, depression, suicides, traumatic brain injuries, and motor vehicle accidents. Additionally, it allows children and adolescents to learn in school leading to improved overall academic outcomes, which is vital for youth. In short, methylphenidate is a crucial treatment for a common disorder with problematic long-term outcomes in its untreated state.

Including methylphenidate on the World Health Organization's List of Essential Medicines for Children will recognize that the treatment needs of millions of children worldwide are considered. We hope that the WHO will concur and approve methylphenidate as a recommended and essential medication for the treatment of ADHD.

Sincerely,



Gabrielle A. Carlson, MD
President
American Academy of Child & Adolescent Psychiatry (AACAP)

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cc: The Secretary of the Expert Committee on the Selection and Use of Essential Medicines
(emlsecretariat@who.int)
Dr. Lorenzo Moja (mojal@who.int)
Dr. Stephen Faraone (sfaraone@childpsychresearch.org)