



DIFFERENT KIDS

Growing up with Attention Deficit Disorder: Millions of children, some as young as two years old, now take stimulant drugs such as Ritalin to control their behaviour. But there is another way. Through an exciting, can't-put-it-down story, *Different Kids* presents an effective alternative to medication for managing children's behaviour. Author Sue Dengate is a former school teacher and behaviour management instructor couldn't manage her own children's behaviour. After years of trial and error, she discovered that new Australian research about food intolerance provided the best treatment for her children's attention deficit hyperactivity disorder, oppositional defiance and learning difficulties. A best-seller in Australia and now available in the USA, it introduces a form of dietary management based on new Australian research, which is so far unknown in the U.S. This is a book which transforms families, see [readers' stories](#).

Different Kids, now in its **third** printing and a bestseller in Australia - read this one if you want to know how to manage the diet with a difficult family (diet not included). Check out the extensive support on the website and regular newsletters and email support groups.

Different Kids by Sue Dengate tells a compelling story of how a former teacher and mother found surprisingly successful solutions using diet for her children's behaviour and learning problems associated with Attention Deficit Disorder (ADD).

'... compassionate and essential reading'
Parents Magazine

'... if you're not getting easy answers, get hold of Sue Dengate's book
Dr John Irvine, Who'd be a Parent?

'... the clearest analysis of this baffling disorder to date. Her book should be required reading for all health professionals, parents and teachers.'
Noni Hazelhurst, actor.

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This book is now out-of-print and hard to find, however [Fed Up with ADHD](#) is an update of this story together with full details of the diet.

FIRST CHAPTER

Mothers have sometimes said to me, 'my child was difficult from the start.' While this is not true of all ADD children, it was for us, and life would have been much easier for us if we had known about Attention Deficit Disorder when our first child was born. Parenting is a difficult

job for anyone. Our problems started when we took our daughter home from the hospital in New Zealand, although even by then there were a few missed clues.

Rebecca was an attractive baby. When she was four days old I overheard a nurse saying, 'Come and have a look at Mrs Dengate's baby, she's a real peach,' and I glowed with pride. The two nurses bent over the crib.

'She looks like a two-year-old, the way she sleeps,' mused one. It was true. Rebecca had none of the clenched-fist tension of other newborns, but lay sprawled in what I interpreted at the time as a relaxed posture, but now know indicated low muscle tone. I also noticed that the top fold of one of Rebecca's ears was 'stuck down'. It was barely noticeable unless you looked closely. Dismissing it as a tiny birth defect, I forgot about it until years later when I found a scientific paper suggesting minor physical irregularities like this as a predictor of ADD.

These were to be the first of many clues which would be misinterpreted and rationalised, remaining unrecognised as part of a larger pattern for seven gruelling years, until a pediatrician confirmed what we had come to suspect, that our beautiful baby had been born with a hidden handicap.

'It's a six-week siege,' our friends had told us. 'After that you start getting into a routine.' Six weeks turned into eight, then ten, and I started to feel mystified about the 'easy' babies described in the baby book. In fact, we ended up feeling that our siege lasted for nine years, but in those first four months, things were desperate. There were always heaps of unfolded washing, unmade beds and piles of washing up. I was always exhausted. Howard worked a full day at work then came home to a mess and started cooking and cleaning up.

Rebecca spent a lot of time crying. We carried her around and waited for her to become the settled baby promised by our childcare book. Our doctor prescribed a drug, now considered not safe, to help with colic.

A friend advised me to watch what I ate. 'I'm not going to stop eating fruit at the beginning of the stone fruit season,' I protested, but trial and error showed that fruit obviously did affect Rebecca. Since we paid for each lapse with a couple of hours of inconsolable screaming, I was motivated to stick to my limited diet and by the time Rebecca was four months old I found I had a more settled baby if I avoided all fruit except bananas and some vegetables. This supersensitive condition gradually improved. My husband Howard had hay fever, so we knew we were considered to be an allergy-risk family. I considered myself free of allergies and was surprised when I developed hay fever that year for the first time. 'Keep breastfeeding,' the breastfeeding counsellor told me. 'She's likely to develop more problems if switched to formula.'

Sleep disturbance in ADD children can vary from difficulty falling asleep or frequent night waking to sound sleepers who are prone to night terrors or sleeptalking. Of course, we didn't know what we were dealing with, and I had thought that sleep came naturally to babies, but even when she was obviously exhausted Rebecca would not drop off to sleep. I have always been the sort of person who falls asleep when my head hits the pillow, and I need a good night's sleep to function. Exhausted by the infectious hepatitis I developed when Rebecca was seven weeks old I followed the rule 'sleep when your baby sleeps'. I would feed Rebecca to sleep then fall into a deep sleep myself, only to be woken by her cries half an hour later. At night she woke often and was becoming less rather than more settled.

Before our marriage I had spent three years backpacking around the world. The highlight of my travels was the seven months I spent in the mountains of Nepal, trekking more than 2000 kilometres, mostly alone. During these treks I often stayed with families in one-roomed huts, unthinkingly observing the mothers breastfeeding, carrying and sleeping with their babies. I was an only child of older parents, so the mothers in Nepal provided me with my first role models. 'I can't remember the mothers in Nepal having these problems,' I thought. 'The

babies were always carried around. They slept with their mothers, and the whole family went to bed soon after dark, so they weren't left alone.'

Howard has always had difficulty getting to sleep and getting back to sleep if he is woken. 'Rebecca must have inherited this difficulty sleeping,' we thought, so we worked out a system which would enable us to survive. I would feed Rebecca to sleep on a double mattress in her room, start the night off with Howard, then move to Rebecca's bed at the next waking. If she didn't fall asleep at the breast I would spend hours rocking her stroller across a ridge in the kitchen floor, grimly singing 'Rock my soul in the bosom of Abraham'.

Rebecca's wakefulness was worsened by teething. 'We didn't know our daughter had her first tooth until we heard it clinking on the spoon,' a young doctor friend commented. By contrast, Rebecca started teething early and we were plagued by sleepless nights and daytime grumpiness for each tooth. My friend was more sympathetic after her third child experienced teething problems but how could she be expected to know what I was dealing with? My child was difficult in every major area of child-rearing. I always felt there was something wrong with my skills as a mother. I found myself constantly trying to explain why Rebecca was so fussy or difficult, and often felt inadequate and embarrassed that she wasn't easier, like other children.

By the time Rebecca was nine months, she was waking at least five times every night. Our doctor suggested teething gel and paracetamol. We also tried controlled crying. It was very traumatic for all of us, and it didn't work. Rebecca had far more stamina for screaming than we had for listening and I doubt if she would ever have fallen asleep exhausted.

In desperation I went to my doctor again. He prescribed some medicine. 'It's a mild sedative,' he explained. We looked forward to having a good night's sleep at last. The medicine had the reverse effect. Rebecca spent the next four hours leaping around, laughing and generally having a great time. This was from eleven at night until three in the morning. Other mothers of ADD children have experienced the same paradoxical effects of medicines intended to help the children to sleep. I felt we had turned to medicine as a last resort and it had failed us utterly. I interpreted this to mean that our doctor had nothing more to offer us and felt alone and desperate.

In her first winter, Rebecca had a number of colds, leading to ear infections. On one occasion, when she was about ten months old, I gave her some paracetamol and took her into a warm bath with me. Afterwards, I lay her on my bed briefly while I dressed. When I turned around she was lying motionless on the bed, eyes closed. Panicking, we called the duty doctor. He quickly examined her. 'This child is asleep,' he said, perplexed. Howard and I looked at each other. In ten months she had never fallen asleep without such a huge effort that the possibility hadn't crossed our minds. The doctor obviously thought we were very peculiar. He didn't know Rebecca. We laugh about it now, saying, 'The only time she fell asleep on her own we called the doctor.' But living with a child who couldn't go to sleep was no joke.....

Now read on...
