

## Psychotropic Medication use with Children and Adolescents

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The use of medications in the child and adolescent population to target symptoms that have a psychological, emotional and/or behavior component (also known as psychotropic medications) involves several unique and challenging issues, including:

- Many (if not most) psychotropic medications utilized with the pediatric population are not FDA-approved for the specific indication that the medication is being prescribed for; this is called “off-label” prescribing, a frequent occurrence in child/adolescent psychiatric treatment. There are several reasons for this, including the limitations placed on direct drug testing and research with the child population that would be required to obtain FDA approval.
- Most childhood psychiatric and psychological conditions do not involve a single contributing factor or a single symptom that has an accompanying medication that “treats” it—in other words; it does not tend to be helpful to envision a “diagnosis” explaining a child’s complex circumstance, with an expectation that a medicine will treat the diagnosis.
- Many childhood conditions change and evolve during a child’s development- some areas of impairment may improve as a child matures and develops more adaptive coping strategies, other symptoms may wax and wane, or worsen as a result of an underlying biologic condition that presents more fully over time. This means that medication strategies and emphasis will change over time.
- There are many childhood psychiatric conditions that do not have a medication “treatment” in the same sense as Penicillin is a treatment for strep throat— it is rare that psychotropic medications provide total symptom relief, and usual that they provide partial symptom improvement.
- Medication response with psychotropic medications is extremely individualized—a medication that provides one child with a tremendously positive benefit may be ineffective or lead to undesired side-effects in another child; in addition, an ineffective response to one medication in a “family” of medications (for example, the family of stimulants) does not mean that a different medication in the same family will not be effective. Given this, there are times when “medication trials” are necessary (and important) in clarifying a worthwhile medication approach.

As a result of these special and challenging issues, I believe that it is important for parents to be thinking about and considering the following pertaining to psychotropic medication use:

- Given that many psychotropic medications have not been specifically and comprehensively researched in the child population, it is important for you to feel informed about the medication in a general sense—reviewing literature, websites, discussing medication with your clinician and family and friends that may have had experiences to share—all of this is of value. The reality is that there is no “guarantee” that a medication will help in the way that it is intended, or that there will not be an undesired side-effect that unpredictably occurs. These unknowns are out of your control. Being and feeling as informed as you can be **is** in your control.
- Given that medications usually do not treat a “diagnosis”, I believe that it is important to have a discussion with your clinician about specific “target symptoms” that a medication can reasonably address—for example, if a child has uncomplicated ADHD, target symptoms may be impulsivity, distractibility, inattention and hyperkinesis (hyperactivity). If a child has Asperger’s disorder with ADHD, anxiety, and explosivity, target symptoms identified may include inattention, distractibility, anxiety, thought disorganization and frustration tolerance. Clearly identifying and discussing target symptoms prior to initiating medications is essential for several reasons including establishing treatment goals, and developing realistic expectations around the role of medication in your child’s care.
- Given that a child’s overall functioning and behavior will change over time for reasons noted earlier, and that medications tend to lead to partial symptom relief rather than total symptom relief, it is important for you to steadily monitor (and even document) your child’s level of “target symptom response”—are the target symptoms improved? To what extent? What are the other factors that are having an impact? (for example, conflicts, environmental stressors, changes in schedule, missed dosages/non-compliance, medication side-effects, differing perspectives between parents, differing functioning and behavior depending on setting) Your observations and perspective, as well as your child’s, represents a vital contribution to your child’s medication treatment plan.
- Given the individualized response that children and adolescents (and adults for that matter) have to medications, it is important to allow yourself permission to be frustrated, disappointed, uncertain, angry, sad, but also hopeful that an undesired outcome with one medication does not guarantee that this will be the case with another medication trial.

Given that antidepressants, mood stabilizers, atypical neuroleptics (anti-psychotics) as well as some medications used to treat attention span in children and adolescents have rare but serious adverse effects, including the prospect of increased suicidal thinking, it is important to closely monitor medication response and side-effects, particularly in the first few weeks and months of treatment.

When in doubt, when concerned, when questions arise, contact your treatment provider.