# AVOIDING POLYPHARMACY: SAFE AND EFFECTIVE USE OF PSYCHIATRIC MEDICATIOSS IN CHILDREN AND ADOLESCENTS—IN BRIEF:

## Overview of Key Principles and Best Practices for Prescribers

- **Background:** Safe, effective and judicious use of psychiatric medications in children and adolescents has become possible over the last two decades, largely because the federal government has supported a number of randomized controlled trials (RCTs), testing the effects of optimal medication strategies vs. optimal (evidence-based) psychotherapies vs. both treatment types combined, vs. some type of control group (placebo or "treatment as usual").
- **Critical RCTs funded by the National Institutes of Mental Health (NIMH).** NIMH has funded 5 critical RCTs that are highly relevant to primary care practitioners (PCPs). Each of these 5 RCTS, each focused on a common childhood behavioral disorder, are listed below.
    - **MTA**: Multimodal Treatment Study of Children with Attention Deficit Hyperactivity Disorder – This RCT examined for the first time the safety and relative effectiveness of these two treatments—alone and in combination for a time period of up to 14 months, and compared these treatments to routine community care. Combination treatment and medication management alone were both significantly superior to intensive behavioral treatment alone and to routine community care in reducing ADHD symptoms. The study also showed that these benefits last for as long as 14 months.
    - **PATS**: "The Preschool ADHD Treatment Study provides us with the best information to date about treating very young children diagnosed with ADHD," said NIMH Director Thomas R. Insel, MD. "The results show that preschoolers may benefit from low doses of [stimulant] medication when it is closely monitored, but the positive effects are less evident and side-effects are somewhat greater than previous reports in older children."
    - **TADS: Treatment for Adolescents with Depression Study** - A multi-site clinical research study examining the short- and long-term effectiveness of an antidepressant medication and psychotherapy alone and in combination for treating depression in adolescents ages 12 to 17. This study showed that an SSRI medication combined with cognitive behavioral therapy (CBT) was the most safe and effective treatment for children and adolescents with major depressive disorder.
    - **CAMS:** The Child/Adolescent Multimodal Study randomly assigned 488 children and adolescents ages 7 to 17 years to one of four treatment options for a 12 week period. 81 percent of children and adolescents receiving combination treatment improved. Sixty percent of them receiving CBT only improved and 55 percent receiving antidepressant medication only improved. Twenty four percent of those receiving only placebo improved.
    - **TOSCA:** The **Treatment of Severe Childhood Aggression Study** randomly assigned 168 children and adolescents ages 6 to 12 years with ADHD and severe physical aggression were randomly assigned to 9 weeks of treatment to one of two groups. One half children received *standard treatment*, consisting of an optimally titrated dose of a psychostimulant (STIM), parent training (PT), and **placebo**; the other half received *augmented treatment*: STIM, PT, and **risperidone**. Children receiving the augmented treatment showed substantially greater improvements in parent-rated aggression compared to children receiving the standard treatment.
    - **Summary;** Psychiatric medications in children have extensive data in support of safety and efficacy, *given the correct diagnosis*

- The most common disorders (ADHD, depression, anxiety, and disruptive behavior disorders) can be effectively treated & monitored in primary care – ***you can do it!***
- Many children will benefit by your learning the safe & appropriate use of these agents.

**Based on these and other RCTs, the following "first principles and best practices" summarized below, with the intent of avoiding the use of multiple medications whenever possible:**

## First Principles and Best Practices

- **1: Developmental / Contextual Assessment**
  - Assess children & adolescents' networks: family, friends, neighborhood, schools, etc.
  - Do a thorough diagnostic & bio-psycho-social evaluation
  - Medications cannot replace needs for family support, safety, parenting skills, friends, meaningful hobbies, self-esteem, etc.
  - Diagnostic systems (DSM & ICD) have limitations in assessing children and their contexts
  - Diagnoses may unfold over time, and initial symptoms and diagnoses may differ from later adult diagnoses
  - Psychiatric medications are generally just one part of a meaningful, effective treatment plan
- **2: Team Formation, Communication, and Decision-Making**
  - Fully involve family & child in decision-making re: medications use (shared decision making)
  - Inquire about concerns, continue to address their concerns
  - Medication approaches must recognize chronicity of childhood neuropsychiatric disorders, by providing:
  - Parental and youth support, empowerment, self-management, and patient activation to promote recovery and hope
  - Sustained therapeutic alliance and problem-solving
  - Treat primary diagnosis (or the most urgent or impairing problem) with indicated medication first
  - Use systematic rating scale to measure agreed-upon target symptoms at baseline and throughout treatment
- **3: Do No Harm**
  - Children & youth are different than adults, e.g. developmental differences for efficacy & side effects. Examples: SSRIs, TCAs, stimulants
  - Children may require proportionately higher doses: faster metabolism, kidney clearance, and liver-to-body-size ratio
  - Use medications at appropriate RCT-documented dose and duration before changing or augmenting
  - Start low, go slow, taper slow (exception: stimulants can be discontinued more quickly)
  - Use systematic rating method to measure side effects
- 4**: Evidence-based Prescribing Practices**
  - Whenever possible, use medications supported by double-blind RCTs for this age group and diagnosis
  - Minimize use of multiple medications

- When changing meds:
- - Make only one med change at a time; monitor results
- - Always consider environmental strategies as alternative or complement
- - “Don’t change horses mid-stream”
- - Evaluate iatrogenic effects of multiple medications
- - When unclear, consider tapering or discontinuing most worrisome medication or the one with the least amount of RCT evidence

## Recommendation - Collaborative Care

- Please refer to specific individual treatment guidelines for recommendations for specific conditions.
- When unsure whether to add or change a psychiatric medication, please consult with the on-call psychiatrist on the Psych TLC hotline:

- **The free Psych TLC** service is available for:
  - Consultation on psychiatric medication related issues including:
    - Advice on diagnosis and initial management for your patient
    - Titration of psychiatric medications
    - Side effects of psychiatric medications
    - Combination of psychiatric medications with other medications
    - Referral and services consultation regarding children with mental health issues

  - A licensed mental health professional (MHP) and a child and adolescent psychiatrist (CAP) are available via telephone to provide consultation and support to PCPs from 8am-5pm, M-F. Simply call **(844) 547-5688 or (501) 320-7270** to contact the Psych TLC Call Center. One of our expert MHPs will obtain basic information from your about the child and then set up a convenient time for Peter S. Jensen, MD, or another child & adolescent psychiatrist to call you back, usually within 30 minutes to 2 hours.