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Matters

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Update on the Use of Psychotropic Medications in Children

The Nebraska DUR Board has made several recommendations to assure the safe use of psychotropic medications in Nebraska Medicaid patients 18 years of age and younger. Recommendations 1 - 10 were previously published in the October 2014, January 2015, and April 2015 issues of the *DUR Matters* newsletter and can be found at *www.durnebraska.org*.

RECOMMENDATION 11

The Use of Four or More Psychotropic Medications in Children

The DUR Board, with the approval of a committee of Nebraska child and adolescent psychiatry practitioners, adopted *The Psychotropic Medication Utilization Parameters for Children and Youth in Foster Care*, developed by the Texas Department of Family and Protective Services and the University of Texas at Austin College of Pharmacy as the standard of practice for the treatment of Nebraska Medicaid patients. These parameters can be found at *https://www.dfps.state.tx.us/Child_Protection/Medical_Services/documents/reports/2016-03_Psychotropic_Medication_Utilization_Parameters_for_Foster_Children.pdf.*

The Parameters note the importance of non-pharmacological interventions except in urgent situations. The general principles of the use of psychotropics in children include:

- A diagnosis using the Diagnostic and Statistical Manual of Mental Disorders (DSM–5) before prescribing medications.
- Target symptoms and treatment goals are clearly defined prior to beginning treatment with psychotropic medications.
- Side effects must be carefully considered in the decision on whether to use psychotropic medications.
- Informed consent should be obtained prior to the initiation of psychotropic medications.
- Psychotherapy should begin before or concurrent with the use of medication.
- An emphasis of non-pharmacological treatment should be placed in the care of preschool-aged children.
- Parents and patients need to collaborate regarding medication management.
- Each visit should include documentation of side effects or lack thereof.
- Monitoring of lab values as well as height, weight and blood pressure will be performed at each visit.
- Monotherapy should be tried before any polypharmacy regimen. Any addition of medications should be systematic with on-going monitoring.
- The lowest dose should be used upon initiation, with careful titration to increase the dose.
- Therapy changes should involve a single medication at one time.
- Use of medications "as needed" is discouraged, unless a clear indication for use is provided, including the maximum dose in 24 hours.

- A child who is receiving psychotropic medications should follow-up in the clinician's office at least every 90 days to monitor symptoms, behavior, function and medication side effects. Children with more severe illness should receive follow up more often, to adequately monitor response to treatment.
- Suicidality should be carefully evaluated in high-risk patients, including those with a diagnosis of depression or self-harm, beginning an antidepressant, or with a history of anxiety or substance abuse disorders.
- Refer when appropriate to a child psychiatrist.
- Adherence should be assessed before additional medications are prescribed.
- Instead of adding a medication to a regimen that has not resulted in improvement, it should be discontinued.
- When treating patients with aggression in absence of a psychotic diagnosis, tapering of medication can be attempted if the patient has been remission for six months.
- All care provided by the clinician should be documented in the child's medical record.

These parameters state that further clinical review is warranted when four or more psychotropic medications are prescribed concomitantly in a child under the age of 19 years. It is important to note that these parameters do not necessarily indicate that treatment is inappropriate, but they are an indicator for the need of further review and documentation.

The psychotropic medications include antidepressants, antipsychotics, hypnotics, mood stabilizers, sedatives, stimulants and other medications for ADHD such as atomoxetine, clonidine, and guanfacine.

Letters will be sent to prescribers of patients who are prescribing four or more psychotropic medications concomitantly. Prescribers shall review the patient's medication regimen and consider decreasing the number of mental health drugs so that prescribing is in compliance with the Texas guidelines.

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