To Give or not to Give Medication: That is the Question

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September 14, 2018

Introduction

- Board Certified Child & Adolescent Psychiatrist
- Clinical expertise in ECMH and Developmental Disabilities
  - Rady Children's KidSTART Clinic
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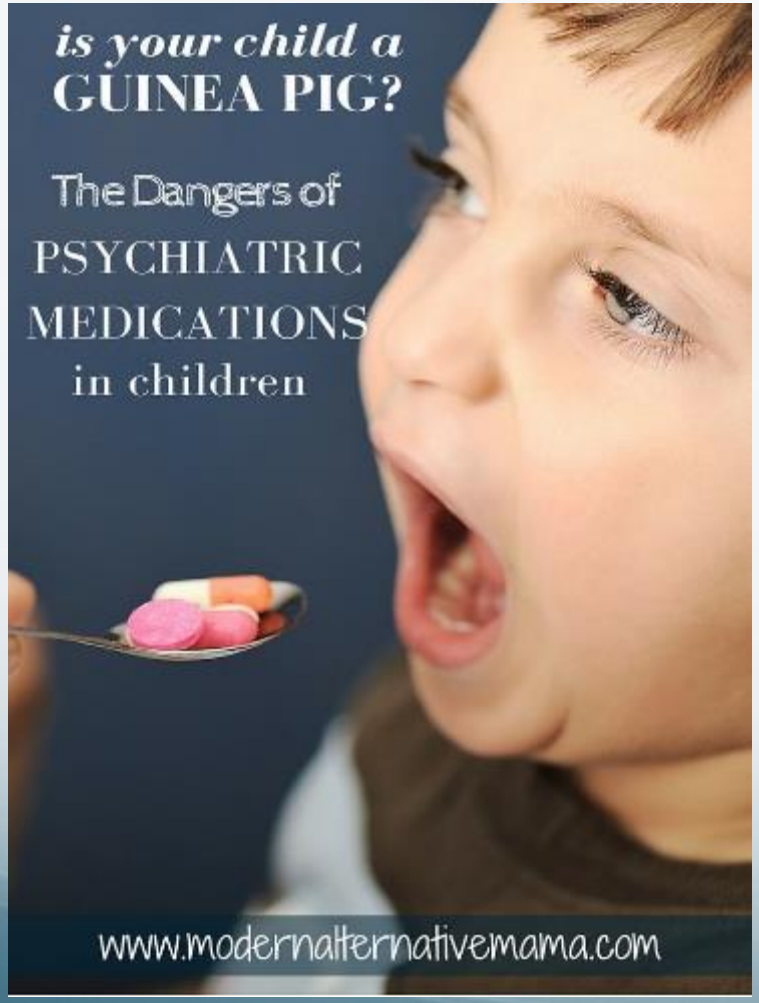
Outline

- Case Presentation
- Stigma
- Reasons for Psychiatric Referral
- How to decide about Medication
- Specific Medications
- More Cases/Treatment Dilemmas

Case #1

Lets Talk About the Stigma



Concerns Raised about Medication

- Child is too young
- Long term side effects
- Effects on development
- Limited data/FDA approval

Reasons for a Psychiatric Referral

- Diagnostic clarification
- Assessment for limited progress in therapy
- Consultation on effect of medical concerns and/or developmental concerns on the mental health presentation
- Consideration for medication intervention

Psychiatric Evaluation

- Clinical interview with child and caregiver
- Chart review
- Collateral information from school/day care provider
- Collateral information from other providers
- Review of other treatments that have been tried and results

When to Consider Medication

- In most cases, as a late option, if there is minimal progress with other services

- Certain cases, may consider medication early on
  - Intensity of behavior makes it difficult to provide other services
  - Severe aggression, self injury
  - Severe mood lability, emotional dysregulation

Targets for Medication

- “Good” Targets
- “Bad” Targets

- Set up the situation for a chance at success

"Good" Targets for Medication

- Impulsivity
- Hyperactivity
- Anxiety
- Trouble initiating or maintaining sleep
- Behavioral arousal
- Emotional dysregulation

"Bad" Targets for Medication

- Not listening
- Purposeful aggression
- Defiance
- Oppositionality
- Bad parenting

Psychoeducation

- Limited data
- Off label use
- Largely unsure about long-term effects
- Concern that medications may impact growth and brain development
- Part of a comprehensive treatment plan
- Using medication to treat clusters of symptoms rather than confirmed diagnosis

Diagnostic Limitations

- Medications are FDA approved based on diagnoses
- Many young children don't meet criteria for covered diagnosis
- Challenging to establish a diagnosis in DSM V/ICD10

What to Do?

- Consider DC 0-5 diagnosis
- BUT…DC 0-5 diagnoses are not linked with FDA approval for medication
- SO…explain carefully to caregivers that medication choice is based on clusters of symptoms with a hypothesized underlying diagnosis/cause rather than a confirmed diagnosis
  - Ex: aggression, impulsivity with underlying anxiety

DC 0-5

- Crosswalk available to link to DSM V and ICD 10
- Helps with establishing a billable diagnosis

General Principles

- Exhaust other non-medication options first when possible
- Pick a medication with a safer side effect profile
- “start low and go slow”
- Adding medication to the treatment plan can help a child gain more from other services

More General Principles

- Carefully review risks, benefits, possible side effects, and alternative treatments
- Have measurable target symptoms
- Ensure that caregivers understand timeline for effect of medication
- Assess for response in all settings
- Carefully monitor for side effects
  - Weight, height, blood pressure, pulse when appropriate
  - Labs, EKG when appropriate

Medication Dilemma

- Insurance company might require diagnosis and medical justification for approval
  - “covered diagnosis”
  - Is it okay to give a diagnosis for medication approval purposes even though not an actual diagnosis for a child?
    - Ex. ADHD to obtain approval to try a stimulant medication even though hyperactivity symptoms are related to in utero exposure and sensory concerns?

Classes of Medication

- Stimulants
- Alpha agonists
- Sleep medications/supplements
- Antidepressants
- Mood stabilizers
- Antipsychotics

Stimulants

- 2 main classes:
  - Methylphenidate based and amphetamine based
- Short acting and long acting formulations
  - Long acting less effective in young children
- Used for ADHD symptoms
  - Hyperactivity, impulsivity, inattention
- Side effects:
  - Decreased appetite, sleep disturbance
  - Moodiness when wearing off
  - Increase in anxiety and agitation – use carefully in trauma-exposed children and children with sensory concerns

Alpha2-agonists

- Includes Tenex (guanfacine) and Catapres (clonidine)
- Short acting and long acting formulations
- Useful for hyperactivity, impulsivity, aggression related to underlying hyperarousal
  - Originally medications for hypertension
- Calming physiological response calms psychological response
- Side effects: dizziness, lowers blood pressure, sleepiness

Sleep Medications

- Consider after extensive review of sleep hygiene practices and assessment of medical cause of sleep disturbance
  - sleep apnea, enlarged tonsils, allergies, etc
- Melatonin – OTC
  - 0.5-5 mg given 1 hour before bedtime
  - recent concerns about long term use
- Benadryl – OTC or prescription
  - Paradoxical reaction
- Trazodone – prescription only
- Clonidine can be used

Antidepressants

- SSRIs – main class but there are others
- Used for depression, anxiety, PTSD, Impulse Control Disorders, DMDD
- Tricky to use in young children, not as effective
- Side effects: increase in anxiety, agitation, akathisia (internal restlessness)
  - FDA black box warning

Mood Stabilizers

- Some overlap with seizure medications
- Can be used for impulsivity and aggression that seems to have an underlying mood component
  - Trileptal, Depakote, Tegretol, Lithium
- Some require lab monitoring
- Some have significant side effects:
  - Liver dysfunction, weight gain, sleepiness, thyroid dysfunction

Antipsychotics

- Includes: Risperdal, Abilify, Seroquel
- Rarely used in young children
- Considered last resort for extreme aggression, self injury
- FDA approval for Irritability in Autism
  - Resulted in increased use
- Side effects: metabolic effects, increase in appetite, somnolence, weight gain, involuntary movements

Factors to Consider

- Have all other reasonable treatments been exhausted?
- Are there a reasonable target symptoms for the medication?
- What is the risk/benefit assessment? Could the medication make anything else worse?

Challenging Scenarios

- 1. child could benefit from therapy but parent is limited because of her own severe mental health diagnosis

- 2. child has not started therapy yet but is presenting with severe aggression and self injury

Summary

- Medications can have an important role in treatment with young children
- Trying to utilize risk-free treatment options first
- Psycho-education on appropriate targets
- Using medications with relatively safer side effect profiles first, using lowest possible dose

Questions?