Psychotropics: Are We Over Medicating Our Most Vulnerable Youth?

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Affiliations

- Member of AACAP
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- Knowledge and experience from training and clinical work influence my belief that psychotropic medication, when used appropriately, can improve quality of life for suffering children
Learning Objectives

• Identify current mental health needs of our youth

• Explore trends in psychotropic prescribing practices

• Review of best practice standards in prescribing

• Describe legislative and policy changes regarding psychotropic medication in children
Mental Health Needs of American Youth

- 9-13% of children between 9 and 17 identified with emotional disturbances (ED)
- 5-9% identified with severe functional impairments

Source: Center for Mental Health Services
Mental Health Needs of American Youth

- Only 20% of ED children receive mental health treatment
- Only a fraction of these were treated by child psychiatrists
- Approximately 7,000 practicing child psychiatrists
- Projected shortage of 4,000 child psychiatrists by 2020
in Foster Care in the United States

• 439,000 children in foster care at any given time in 2009

• 249,000 children entered into foster care in the same year

• Numbers have been decreasing, however

• 552,000 (2000) to 439,000 (2009)
in Foster Care in the United States

- Mental health problems affect nearly half of children entering foster care

- Common diagnoses include:
  - ADHD
  - Depression
  - Conduct Disorder
  - Post-Traumatic Stress Disorder

Source: Stein, Bradley. *The Child Welfare System, the Health
Barriers

- Identification of mental health needs requires: funding, time, and training

- National guidelines endorse universal screening for all children entering out-of-home placement—but lack guidance regarding the details of what, when or who should do the screening.
Barriers

Sociocultural biases, less effective engagement of African American children may explain lower rate of MH care.

Stigma and lack of understanding about mental illness impedes successful identification and treatment.
Barriers

- Lack of trained providers in the community
- Difficulties in ensuring continuity of care across settings as children transition
- Lack of integrated care (e.g., care being provided in “silos”)
Accounting for Increased Rates of Mental Illness

- Genetics
- In-utero exposure
- Attachment problems
- Poor parenting
- Malnutrition
- Separation and Loss
Accounting for Increased Rates of Mental Illness

- Trauma
- Physical/Sexual Abuse
- Witnessing of Domestic Violence
- Exposure to gang activity
- Living in Unsafe Environments
- Acting as a perpetrator on
A Word on the Neurobiology of Stress...

Neuroendocrine studies indicate an association between early adversity and atypical development of the HPA axis stress response, which can predispose to psychiatric illness.
A Word on the Neurobiology of Stress…

- Neuroimaging studies show structural and functional brain differences in children and adults who have experienced maltreatment.
- Specific findings implicate structural differences in the hippocampus and corpus callosum, and decreased activity of the prefrontal cortex.
More on the Neurobiology of Stress.

Very interesting research indicates potential interactions between environmental adversity and genotype.

Example: carriers of the low-activity allele of the MAO-A gene are at increased risk for anxiety and social behavioral disorders after maltreatment. Mechanisms may include hyper-responsivity of the brain’s threat detection system and reduced activity of emotional regulation circuits.
Childhood Adversity and Toxic Stress


A sampling of key findings associated with ACE (Adverse Childhood Experiences):

More likely to initiate drinking alcohol
There are the long effects of early childhood adversity and toxic stress.

More likely to use alcohol as a means of coping with stress.

More likely to smoke, use drugs, become obese, and engage in promiscuity.

Higher risk of school failure, gang membership, unemployment, homelessness, violent crime, incarceration and becoming single parents.

High risk adults who become parents are...
Perception of Psychotropics in the Public and in the Media

ABC News "New Study Shows U.S. Government Fails to Oversee Treatment of Foster Children with Mind-Altering Drugs"

Doctors Put Kids At Risk With Mind-
What’s the Reality?
Trends in Prescribing Practices

Psychostimulants

Between 1987 and 2002, psychostimulant use increased by 7-fold.

Since 1990, rate of stimulant prescriptions for 6-4 year-olds increased by three times.
Further Trends in Prescribing Antipsychotics

• Between 1993-1998 and 2005-2009, rates increased (per 100) from:
  • 0.24 to 1.83 for children
  • 0.78 to 3.76 for adolescents
  • 2005-2009, 31.1% of outpatient youth patients were on antipsychotics
• Most common rationale: Disruptive Behavior Disorders
Further Trends in Prescribing Antidepressants

• Antidepressant usage in youth under 19 increased from 1.3% in 1997 to 1.8% in 2002.

• In 2013, the prevalence is estimated at 2.5%.
Trends in Prescribing: Revisiting Foster Care

Rates of Psychotropic Medication Use Continue to Increase Among Youth in Child Welfare/Child Protective Services” (Leslie et al., 2010). Overall, 22% of youths used medication over 3 years. High medication use” found in 12%
Trends in Prescribing: Revisiting Foster Care

- 41.3% received ≥ 3 different classes of medication
- 15.9% received ≥ 4 different classes of medication
- 22.2% on multiple medications received 2 drugs from the same class (e.g. 2 antipsychotics)
- 0.3-2.1% under the age of one receive psychiatric medication
Public Concerns

/2011: GAO Report on rates of psychotropic medication use in foster care:

Studied 2008 rates of prescriptions for foster/non-foster children and state oversight of psychotropic prescriptions for foster care children in five selected states (FL, MA, MI, OR, TX)
Psychotropic Prescription Rates for Foster and Nonfoster Children Age 0-17 in Medicaid Fee-for-Service in Five States

Prescribed at least one psychotropic medication:

- % of foster children
- % of nonfoster children

Source: GAO analysis of state Medicaid and foster care data.
Higher rates themselves do not necessarily indicate inappropriate prescribing practices.”

However, significant deviations from safe prescribing practices were identified in the selected states monitoring programs also short of AACAP best principle guidelines.

The report concludes that HHS consider endorsing guidance for states on best practices for overseeing psychotropic prescriptions for foster children.
Explaining the Trend?

- Increased access to mental health services
- Destigmatization (partially) of mental illness
- Public recognition and appreciation of some mental illness
- Increased evidence base for the efficacy of psychotropic medication
Parental / Guardian Influence

Buy into notion of a “quick fix”
Resolves parents of responsibility but can so handicap change at the family system level
Parents want to believe biology is to blame” versus parenting styles that may inadvertently contribute to sustaining
Psychotherapy is being deemphasized.

Highest compensation based on quick "medichecks".

Limited healthcare resources lead to pressure to see more with less.

Increase in mid-level practitioner and psychologist prescribing.
Lack of Safety and Efficacy Studies of Psychotropic Medications for Children:

Brain continues to develop into early adulthood

Impact of adding psychoactive medications to a developing brain remains unknown
Lack of Safety and Efficacy
Studies of Psychotropic Medications for Children:

Other medications that were safe for use in adults that had unanticipated side-effects for children:

- Tetracycline > dental discoloration
- SSRI’s > suicidality
- Aspirin > Reye’s syndrome
When Medication Is Indicated:
Best Practice Standards

- AACAP Practice Parameter on the Use of Psychotropic Medication in Children and Adolescents
- AACAP Practice Parameter on Child and Adolescent Mental Health Care in Community Systems of Care
- AACAP A Guide for Community Child Serving Agencies on Psychotropic
Good psychopharmacology depends on...

Proper use of safe and effective meds

Treatment of other obvious factors (e.g., medical conditions, toxic substances/environments)

Solid formulation & Diagnosis

Good team functioning

Rapport with the patient and family
Medications in Children

Need to be used with caution and respect.

Can deliver significant relief & put children back on their developmental trajectory.

Little information about long-term effects on brain development, but untreated diseases get worse as they progress.

Disrupted development has long-term consequences as well.
Treatment is an Evidence-Based Practice

SSRI’s have FDA indications for PTSD (Zoloft, adults), Depression (Prozac, ages 8-18) and Panic (Zoloft, ages 6-17). Stimulants are highly effective for comorbid ADHD. Atypical antipsychotics have indications for irritability and aggression in autism (Risperdal, ages 5-16; Abilify, ages 3-15).
Antipsychotics Do Have a Place...

- Childhood Schizophrenia
- Childhood Bipolar Disorder
- Autistic Spectrum Disorders
- Tourette’s Disorder
- Substance Induced Psychosis
- Not for behavior
Best Practice Standards

- Safety and Efficacy
- Hierarchy of the track record of safety / efficacy
- I.E. Stimulants > SSRI’s > mood stabilizers > antipsychotics
Best Practice Standards

- MONOpharmacy is better than POLYpharmacy
- One medicine is better / safer than two
- Two medicines is better / safer than three
- Three medicines is better / safer than four
- And so forth
Best Practice Standard

• Most importantly, it is NEVER “just” about medication

• Sometimes, it’s not about medication at all

• Psychotherapy, Trauma-focused CBT, parent and caregiver training
Best Practice in Children in Foster Care or Custody

Youth in custody should be screened and monitored for emotional/behavioral disorders.

Youth with ED should have a comprehensive psychiatric evaluation and if indicated, a BPSS treatment plan.
Youth in state custody who require mental health services are entitled to:
• continuity of care
• effective case management
• longitudinal treatment planning
Best Practice in Children in Foster Care or Custody

- Youth in state custody should **have access** to effective:
  - psychosocial
  - psychotherapeutic
  - behavioral treatments
  - when indicated, pharmacotherapy.
Best Practice in Children in Foster Care or Custody

- Psychiatric treatment requires a rational consent procedure.
- Effective management requires careful identification of:
  - target symptoms
  - monitoring response to treatment
  - screening for adverse effects
states developing authorizing and monitoring procedures for the use of psychotropics for youth in state custody should:

- be guided by best practice principles to ensure that children and adolescents get only pharmacological treatment
So Then, Are We Over or Under-Medicating Our Youth?

• Most likely **YES** to both

• Majority of children not receiving mental health care (both foster care and general population)

• National Survey of Child and Adolescent Well-Being (NSCAW): 3/4 of children with impairment received no care within 12 months of CPS investigation
Potential Pitfalls and Unintended Consequences

Suicide Rate

Antidepressant Use
Pendulum swings are Dangerous...

RI’s cause suicidal thinking in a small portion of kids (about 4%), they decrease suicidality for a greater number of kids. The consequences of not treating psychiatric orders may outweigh the risks to the few who were inappropriately treated. (Risks can be gated by Best Practice)

Despite problems and abuses, we need to be cautious that we don’t create the unintended...
Public Concerns Lead to New Regulations

2008: Fostering Connections to Success and Increasing Adoptions Act:
• Requires states to strengthen medical oversight and expand access to medical homes for children in the child welfare system.

2011: Child and Family Services Improvement and Innovation Act
• Added language requiring State Child and Family Services Plans (five-year strategic plans) to include details about homes that meet certain criteria for children in the child welfare system.
Concerns Lead to New Regulations

1/23/11: Department of Health and Human Services letter to state directors outlining Departmental plan to improve the health, well-being and future prospects of children impacted by maltreatment.

SM-5 Introduced Disruptive Mood Dysregulation Disorder with partial aim at increasing use of antipsychotics in children.
Problematic prescribing practices in the 15-20% of medicated children has led to the heightened levels of public concern.

State and federal regulations are being put into place to address this.