

Pattern of Psychotropic Medication Use for Children and Adolescents in Psychiatric Inpatient at a Teaching Hospital

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Objectives: To describe the pattern of prescribing psychotropic medications for children and adolescents in psychiatric inpatient at King Khalid University Hospital in Riyadh, highlight its defects and then improve its quality.

Method: Retrospective review of case records, over 10 years, of patients eighteen years of age or younger who were admitted to the psychiatric wards, regarding prescriptions of regular and p.r.n. Psychotropic medications.

Results: One hundred and forty patients were admitted. One hundred and eleven (79.3%) received at least one psychotropic medication and 64.3% received more than one psychotropic agent. Antipsychotic form 41.8% (22.7% typical antipsychotic, 15.8% atypical antipsychotic) followed by anticholinergic 18.2% followed by

antidepressant 15.8% (10% SSRIs and 5.5% TCAs) followed by anticonvulsant mood stabilizers 12.7% and then anxiolytics 10%. Ninety-three patients (66.2%) received at least one p.r.n. medication during admission. The most prescribed p.r.n. medication was procyclidine (31.3%) followed by lorazepam and haloperidol (19.7% each).

Conclusion: A broad range of regular and p.r.n. psychotropic medications are being prescribed for children and adolescents in psychiatric inpatient at KKHU and combinations of psychotropic medications are used regularly as well. As recommendations, atypical antipsychotic should be considered first line antipsychotic rather than typical antipsychotic and mono therapy should be followed as standard rather than poly pharmacy.

Keywords: Psychotropic medication, child, adolescent.

Abbreviations:

SSRI: Selective serotonin reuptake inhibitor

TCA: Tricyclic antidepressants

KKUH: King Khalid University Hospital

BAD: Bipolar affective disorder

NaSSA: Noradrenalin serotonin selective antidepressant

OCD: Obsessive-compulsive disorder

PTSD: Post-traumatic stress disorder

p.r.n.: Pro re nata = when necessary

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INTRODUCTION

An estimated 20% of children have a mental illness that causes at least mild functional impairment, but only 5% receive any kind of mental health care (Shireman, et al. 2002; Costello, et al. 1993; McGee, et al. 1990). Recent reports from the United States and other countries have reported an increase in the prescribing of psychotropic medications for children with behavioral and mental health problems including very young children (Efron, et al. 2003; Zito, et al. 2000; Vitiello, 2001; Martin, et al. 2003).

Generally, Stimulants are by far the most commonly used psychotropic agents in children (Vitiello, et al. 1999; Jensen, et al. 1999). Selective Serotonin Reuptake Inhibitors (SSRIs) were found to be the second most frequently prescribed psychotropic agents in the United States during 1995 followed by tricyclic antidepressants (TCAs) with notable TCAs-to-SSRIs shift (Jensen, et al. 1999).

Anticonvulsant mood stabilizers, antipsychotic and benzodiazepines were among the seven most commonly used psychotropic medications (Jensen, et al. 1999).

Moreover, the use of combined psychotropic drug treatment is on the rise (Martin, et al. 2003; Safer, 1997). Despite a paucity of compelling evidence of long-term safety in the use of many agents, psychopharmacology is an increasingly common intervention in child psychiatry even among preschoolers (Martin and Leslie, 2003).

These reports have raised multiple concerns. None of the medications identified in the surveys has received regulatory approval for children younger than 6 years of age or been adequately tested for efficacy or safety in this age group (Vitiello, 2001). The use of psychotropic medications in children is a global public health issue, which should be studied in order to expand the evidence base for their use in children (Wong, et al. 2004).

The purpose of this study is to describe the pattern of prescribing psychotropic medications for children and adolescents who were eighteen years of age or younger and were admitted to the psychiatric wards at King Khalid University Hospital (KKUH) between May 1st 1995 and April 30th 2005, comparing it with other studies, highlighting its defects and aiming ultimately to improve its quality.