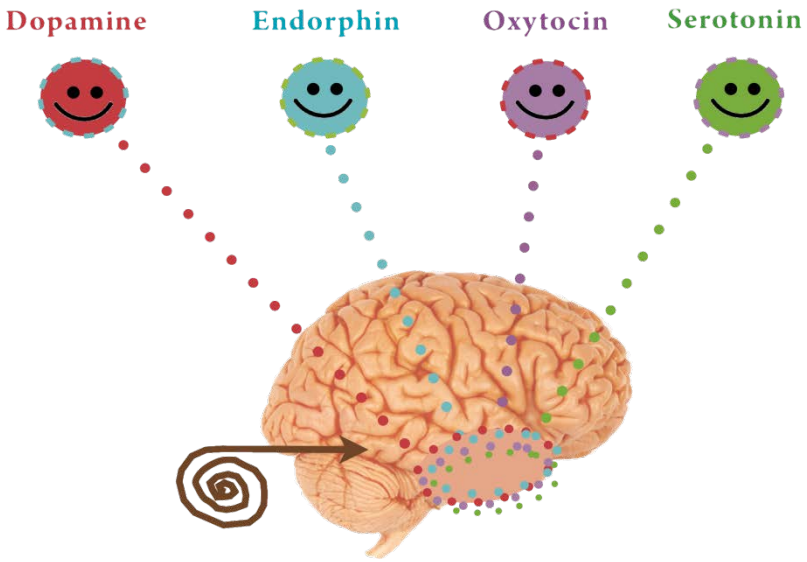
Psychotropic Medication Guidelines for Indiana Youth in DCS Care

Training for DCS Staff, Foster Parents and Residential Providers

Note: This training has been approved by the Indiana Psychotropic Medication Advisory Committee (PMAC)

What are psychotropic medications?

Psychotropic medications are used to treat emotional and behavioral health symptoms and disorders. They mostly act on the central nervous system and affect mood, thoughts, behaviors, and how a person processes information and perceives his or her surroundings.



The Problem: Psychotropic Medication Use among Youth in State Care

- Youth in state care are prescribed psychotropic medications at rates that are significantly higher than comparable youth who live at home
- Youth in state care are more likely to be prescribed multiple psychotropic medications (too many)
- Youth in state care are more likely to be prescribed psychotropic medications at dosage levels that exceed recommendations (too much)
- Youth in state care are more likely to be prescribed psychotropic medications at younger ages (too young)
- Youth in the most restrictive placements are more likely to be prescribed multiple psychotropic medications

Administration for Children, Youth and Families-CB-IM-12-03 (4/11/12)

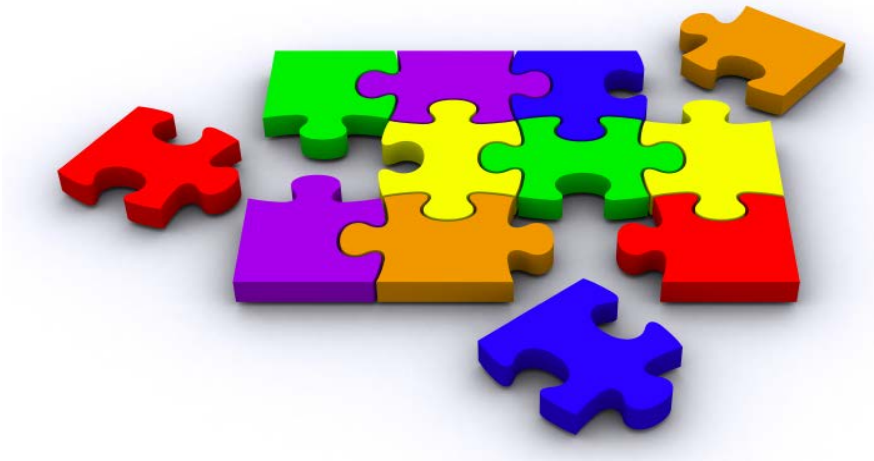
Statutory Mandates

- **Fostering Connections to Success and Increasing Adoptions Act of 2008 (PL 110-351)** – requires oversight of prescription medications for children in foster care

- **The Child and Family Services Improvement and Innovation Act of 2011 (PL 112-34)** – state plans must include protocols for the appropriate use and monitoring of psychotropic medications, as well as plans to promote the use of evidence-based practices

The Indiana Psychotropic Medication Advisory Committee

The Indiana Psychotropic Medication Advisory Committee (PMAC) was launched in 2013 to review the psychiatric treatment of DCS-involved youth, with a specific focus on psychotropic medication utilization patterns. The PMAC includes Child Psychiatrists, Psychologists, Pediatricians, Pharmacists, Advanced Practice Registered Nurses, Social Workers, Administrators and Advocates from both the public and private sector.



PMAC Responsibilities

- Review the literature on psychotropic medication best practice (e.g., AACAP) and provide guidance to DCS, OMPP and prescribing providers;
- Provide assistance to DCS in establishing a consultation program for youth in state care who are prescribed psychotropic medications;
- Review psychotropic medication utilization trends for youth in DCS care and make recommendations for improvement, as appropriate:
- Publish guidelines for the utilization of psychotropic medications among DCS-involved youth, with revisions made on a semi-annual basis, as needed;
- Develop psychotropic medication training for DCS staff, residential providers and foster parents;
- Review DCS policies for requesting and obtaining consent to treat DCS-involved youth with psychotropic medications and make recommendations for change to DCS Permanency and Practice Support Division; and
- Identify non-pharmacologic, evidence-based mental health treatments for DCS-involved youth.

Purpose of this Training

- ✓ To educate DCS staff, foster parents, residential providers and licensed child placing agencies about psychotropic medications

- ✓ To help them make informed decisions about psychotropic medications
- ✓ To help them more effectively monitor children in DCS care who are prescribed these medications.

Specific Training Objectives

1. Understand the problems associated with psychotropic medication use among youth in DCS care
2. Understand the role of the Indiana Psychotropic Medication Advisory Committee (PMAC)
3. Be familiar with Indiana best practice guidelines for psychotropic medication use
4. Understand the steps required to initiate psychotropic medications, including the psychiatric evaluation, consent policy, informed consent process, and involvement of the child and legal guardian
5. Be familiar with the IU Department of Psychiatry Consultation Program and how it can be accessed

Specific Training Objectives

6. Understand how to monitor a child for possible side effects or to see if the psychotropic medication is working
7. Know what to do if you have concerns about the psychotropic medications prescribed to children in your care
8. Know what situations would necessitate additional review of a child's psychotropic medication regimen
9. Recognize that psychotropic medications are not always the only, or even the best, treatment for youth with certain behavioral and/or emotional disorders
10. Be aware of the various classes of psychotropic medications, how they work, their side effects, and examples of medications in each class

Disclaimers

- This training explains the PMAC's expectations for the safe and effective use of psychotropic medications by youth in the care of the Indiana Department of Child Services (DCS). Always discuss specific questions about the medications with the child's doctor.

- Residential child care providers must have additional training covering:
  - their specific policies and procedures on psychotropic medications;
  - all applicable accreditation standards pertaining to the use of psychotropic medications; and
  - who may consent to the use of psychotropic medications for children who are not in DCS care.

Psychotropic Medication Training

Module I

Best Practice Guidelines for the Use of Psychotropic Medications

Indiana Best Practice Guidelines

- All youth should receive a comprehensive evaluation by a licensed mental health professional ***prior to*** the use of medications
- A current DSM diagnosis should be made before psychotropic medications are prescribed
- Clearly defined target symptoms and treatment goals for the use of psychotropic medications should be identified ***prior to*** the use of psychotropic medications

Indiana Best Practice Guidelines

- ***Prior to*** prescribing a psychotropic medication, the provider should carefully consider potential side effects, and evaluate the overall benefit to risk ratio
- Except in the case of an emergency, DCS policy requires that informed consent be obtained ***prior to*** initiating psychotropic medication
- Youth, as well as caretakers, should be involved in the decision-making about medications
- The presence or absence of side effects should be documented in the youth's medical record at each visit
- Appropriate monitoring of indices such as height, weight, blood pressure or other laboratory findings should be documented

Indiana Best Guidelines

- One medication for specific target symptoms should usually be tried before multiple medications
- Medications should be initiated at the lower end of the recommended dose range and titrated carefully as needed
- Only one medication should be changed at a time, unless a clinically appropriate reason to do otherwise is documented

Indiana Best Practice Guidelines

- The use of "prn," or as needed, prescriptions is discouraged
- The frequency of follow up with the patient should be appropriate for the severity of the child's condition
- The potential for emergent suicidality should be carefully evaluated and monitored, particularly in depressed children and adolescents
- If the prescribing provider is not a child psychiatrist, referral to a child psychiatrist should occur if the child's condition has not improved within 90 days
- If medication has not resulted in improvement in a child's target symptoms, the prescribing provider should discontinue the medication rather than adding a second medication to it

Indiana Best Practice Guidelines

- Before adding additional psychotropic medications to a regimen, the youth should be assessed for adequate medication adherence, accuracy of the diagnosis, the occurrence off comorbid disorders, and the influence of psychosocial stressors
- If a medication is being used primarily to treat aggression, and the behavior disturbance has been in remission for six months, consideration should be given to slow tapering and discontinuation of the medication
- The prescribing provider should clearly document care provided in the youth's medical record, including history, mental status, physical findings, impressions, laboratory monitoring, potential known risks, medication response, presence or absence of side effects, treatment plan and intended use of prescribed medications

Other Considerations

Children who are traumatized by abuse or neglect may show negative behaviors or signs of emotional stress that are a normal reaction to what they have been through. Also, all children act out at different stages of their lives. For example, two-year olds commonly have temper tantrums and teenagers often rebel.

The Importance of an Appropriate Environment

Many children will gradually heal in an appropriate, stable environment. This means that the child does not change placements and the caregiver:

- Is patient, understanding, kind, loving, and gentle.
- Gives clear instructions about expectations and house rules.
- Gives consistent consequences when rules are broken.
- Teaches the child coping skills and how to control their behavior and emotions in an age appropriate way.
- Praises the child for positive behaviors.

The Importance of an Appropriate Environment

Children may act out as they adjust to a new home and learn new rules. Caregivers should expect that adjustment takes time and give appropriate support and acceptance. Over time, most children will learn to trust, feel safe, and learn to control their emotions and behavior in way that is appropriate for their age.

The Importance of Evidence-Based Psychotherapy

"Evidence-based practices are interventions for which there is consistent scientific evidence showing that they improve client outcomes."

Drake et. al. (2001)

The Importance of Evidence-Based Psychotherapy

We will discuss severe symptoms later, but in most cases, you should try evidence-based therapy before psychotropic medications. You can get help by:

- Talking to the child's FCM or treatment team about how to help the child manage behaviors or deal with emotional stress.
- Talking to the child's FCM or treatment team about seeking evidence-based, mental health treatment. Examples of evidence-based treatments utilized by DCS include:
  - Child Parent Psychotherapy
  - Trauma-Focused Cognitive Behavior Therapy
  - Family Centered Treatment
  - Motivational Interviewing

When To Seek Medical Help?

- ✓ If a child has serious symptoms or is not getting better with other interventions, the caregiver or guardian should talk to a doctor.
- ✓ Anytime a child is a danger to himself/herself or others, the caregiver or guardian should immediately contact the doctor. Examples include suicidal or violent thoughts or actions.
- ✓ A primary care provider, who is not a psychiatrist, may prescribe psychotropic medications for:
  - Attention Deficit Hyperactivity Disorder (ADHD).
  - Mild anxiety.
  - Mild depression.
- ✓ For more complex problems, the child should see a psychiatrist. The child psychiatrist and adolescent psychiatrist will do a complete psychiatric evaluation and make a recommendation about treatment. Ask the child's primary care provider if you are not sure if the child needs to see a psychiatrist.

Complete Mental Health/Psychiatric Evaluation

What the mental health provider/psychiatrist will do:

- Talk to the child
- Talk to the caregivers and/or guardian
- If needed, get laboratory studies such as blood tests or x-rays
- If needed, get special assessments such as:
  - A psychological evaluation which is a mental examination and testing by a psychologist
  - Educational assessments which help find out a child's ability to learn material at an appropriate age and grade level and the best way for a child to learn
  - Speech and language evaluation to assess the child's ability to understand language, express him or herself, and speak clearly
- Give a diagnosis
- Recommend the best way to treat the child

Complete Mental Health/Psychiatric Evaluation

What the mental health provider/psychiatrist will need to know:

- Description of child's problems and symptoms
- Information about health, illness and treatment (both physical and mental) including current medications
- Parent and family health and psychiatric histories
- Information about the child's abuse and neglect history
- Information about the child's development
- Information about school and friends
- Information about family relationships in the child's birth family and current family

It is important for a child's caregiver or guardian to find out as much of this information as possible before taking the child to the mental health provider or psychiatrist. The provider/ psychiatrist needs to know how the child is doing in all areas of his or her life.

Psychiatrist's Recommendations

The psychiatrist will make a recommendation for treatment, such as therapy or psychotropic medication, after the evaluation has been completed. The psychiatrist will also provide a current DSM diagnosis.

The psychiatrist may recommend psychotropic medication for the child if he or she believes this is the best way to help the child get better so they can function at school, at home, and in his or her daily life.

Consenting to Psychotropic Medications

A prescribing provider must obtain "informed consent" from the child's legal guardian (DCS) before prescribing a psychotropic medication.

This means the doctor must give the legal guardian (DCS) enough information to decide whether or not to consent for the child to have the medication. The doctor must also allow the legal guardian to ask questions. The process of understanding the risks and benefits of giving the medication to the child is called informed consent.

Consenting to Psychotropic Medications

The legal guardian (DCS) must give informed consent for each new medication, but not for changes in the dose of a medication. However, the legal guardian should always talk to the doctor if he or she has concerns about the dose.

If the legal guardian is not sure whether to consent to the medication, he or she should discuss his or her concerns with the prescribing provider or the IU Department of Psychiatry Consultation Program.

What Does Informed Consent Involve?

You are entitled to know the following information before deciding whether to consent to any medication(s):

- ✓ What are the child's diagnoses and symptoms?
- ✓ What symptoms are the medications likely to reduce and how likely is it that the medications will work?
- ✓ What are the chances of the child getting better without the medications?
- ✓ What other reasonable treatments are available?
- ✓ The name, dosage, frequency route of administration and duration of the prescribed medications
- ✓ Side effects of the medications known to commonly occur
- ✓ Any special instructions about taking the medications.

Other Questions to Ask the Doctor

1. Is this medication addictive? Can it be abused?
2. Does the child need laboratory tests (e.g. heart tests, blood test, etc.) before taking the medication? Does my child need any tests while on this medication?
3. Will a child and adolescent psychiatrist monitor my child's response to medication and change the dose if necessary? Who will check on my child's progress and how often?
4. Does my child need to avoid other medications or foods while taking this medication?
5. Does this medication interact with other medications (prescription and/or over-the-counter) my child is taking?

Discuss Psychotropic Medications with Children

It is important to talk with the child about taking psychotropic medications. You should:

- Talk to the child in a way that the child can understand.
- Make sure the child understands why he or she is taking these medications.
- Tell the child what he or she can expect from any tests or treatment.
- Find out if the child will accept the tests and treatment.

Why talk with a child about psychotropic medications?

Involving the child;

- Helps children feel more in control and builds trust.
- May help make the treatment more successful.
- Helps children learn to make medical decisions as adults.

Children should have more input into decisions about taking psychotropic medications as they get older. However, the medical consenter should always make the final decision based on what is best for the child.

Psychotropic Medication Training

Module 2

Giving Psychotropic Medications, Monitoring, and Follow Up

Giving Psychotropic Medications to Children

- Remember that psychotropic medications are only one strategy to help the child. The caregiver or residential provider should always provide a stable environment and consistent behavior intervention. The child will also likely require evidence-based psychotherapy.

- Always read and keep the insert from the pharmacy that comes with each medication. The insert tells you important information such as how to give the medication and side effects.

- Store the medication in the original container that came from the pharmacy.

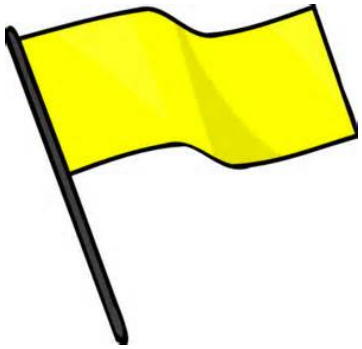
More About Giving Psychotropic Medications

- Give the medication exactly as prescribed and never more or less unless directed by the doctor.
- Never quit giving the medication to the child unless the doctor tells you to quit.
- Follow the doctor's direction for giving the medication. For example, the doctor may tell you to give the medication at a certain time of day or to make sure the child does not eat certain foods.

More About Giving Psychotropic Medications

- Watch to make sure the child takes the medication.
- Never give a child a medication that is prescribed for someone else.
- Keep a medication log for each child. Write down the date, time, and who gave the medication to the child.
- Coordinate with the doctor to make sure you get refills on time.
- Some psychotropic medications require weaning off gradually. Always follow the doctor's instructions when stopping medications.

What Are Side Effects?



- Uncomfortable effects such as stomach aches, drowsiness, dizziness, sleep problems, tremors, and weight gain that usually get better over time
- Usually occur when starting a new medication, increasing the dose, or stopping the medication
- May get better with healthy diet and exercise
- Child can usually continue taking the medication unless it makes the child very uncomfortable or interferes with functioning

What Are Adverse Reactions

Adverse reactions:

- Are uncommon and unexpected.
- May be an allergic reaction.
- Are likely harmful if the child keeps taking the medication.
- ***May be life threatening.***

Call 911 or immediately take the child to the emergency room if the child is having an adverse reaction that is life threatening!

Immediately talk to the child's doctor and follow his or her directions if there is an adverse reaction.

Monitoring and Follow Up

- Watch for side effects or adverse reactions and report these to the doctor.
- Watch for any changes in the child's behavior or symptoms that may show whether the medication is working or not.
- Write down in the child's record any side effects, changes in behavior, or contacts with the doctor or his or her office about the medication.

Monitoring and Follow Up

- Take the child to the doctor who prescribed the medication at least every 90 days. The doctor will evaluate how the child is doing and whether the medication is working.

- Participate with the child in each visit with the doctor.

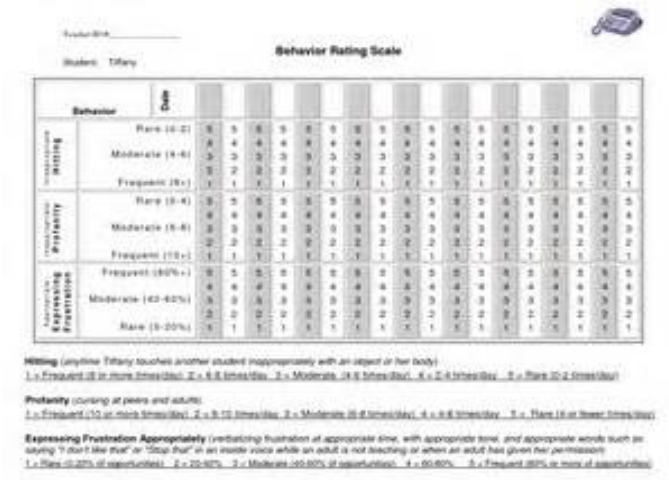
- Report side effects, adverse reactions, and how the child is doing on the medication to the child's FCM and your child placing agency or residential operation.

Monitoring and Follow Up

Rating Scales:

Rating scales used to identify response to treatment can be identified in numerous sources. A large number of evidence-based assessment tools are available free of charge for provider use in the current DSM.

www.psychiatry.org/practice/dsm/dsm5/online-assessment-measures


Behavior Rating Scale

Student: Tiffany

Behavior | Date

Hitting

Profanity

Expressing Frustration Appropriately

What to Tell the Doctor During Follow up Visits

Some things to tell the doctor about are:

- Changes in behavior, mood, appetite or sleep.
- Changes in how the child is doing in school.
- Significant things that are happening to the child (example: loss of best friend, major disappointment, termination of parental rights, etc.).
- Changes in how the child gets along with others.
- Suspected alcohol or drug use.
- Any side effects of the medication.
- Weight gain or loss. Note: given problematic weight gain among youth on psychotropic agents, diet and exercise counseling with referrals to primary care physicians, dieticians and/or other specialists is recommended for any child with weight changes, ideally early in the treatment course.

Psychotropic Medication "Outlier Categories" for Youth in DCS Care

- The **Outlier Categories** were developed by the PMAC, based on "best practice" and clinical research. These categories serve as red flags for youth in DCS care who are prescribed psychotropic medications.

Psychotropic Medication "Outlier Categories" for Youth in DCS Care

For a child being prescribed a psychotropic medication, any of the following suggests the need for additional review of a patient's clinical status:

1. Absence of a complete current DSM (or comparable ICD-10) diagnosis in the youth's medical record
2. Four (4) or more psychotropic medications prescribed concomitantly
3. Any psychotropic medication prescribed to a child less than one (1) year of age
4. Prescribing of:
   - Stimulants to a child less than three (3) years of age
   - Antipsychotics to a child less than four (4) years of age
   - Antidepressants to a child less than four (4) years of age
   - Mood stabilizers to a child less than four (4) years of age

Psychotropic Medication "Outlier Categories" for Youth in DCS Care

5. The psychotropic medication dose exceeds usual recommended doses (FDA and/or literature based maximum dosages).
6. The prescribed psychotropic medication is not consistent with the appropriate care for the patient's diagnosed mental disorder or with documented target symptoms usually associated with a therapeutic response to the medication prescribed.
7. Psychotropic polypharmacy (2 or more medications) for a given mental disorder is prescribed before utilizing psychotropic monotherapy.
8. Prescribing of:
   - Two (2) or more concomitant stimulants
   - Two (2) or more concomitant antidepressants
   - Two (2) or more lithium based mood stabilizers
   - Three (3) or more lithium based mood stabilizers in combination with other mood stabilizers
   - Two (2) or more antipsychotics

IU Consultation Service

- When a child's psychotropic medications fall into one of the outlier categories, DCS will refer the case to the IU Department of Psychiatry Consultation Program.

- An IU child and adolescent psychiatrist will review the child's medical records, talk to the DCS team and consult directly with the prescribing provider.

- Sometimes medications are changed. Other times the child keeps taking the medications, even though the medications fall into an outlier category, because the child's condition is complex and the medication is helping the child. In these instances, the IU psychiatrist will maintain monthly contact with the prescribing provider to ensure that the medication regimen continues to be appropriate.

Note: The IU Consultation Program is scheduled to begin 1st Quarter, 2015.

IU Consultation Service

Referral to the IU Consultation Program can happen in several ways, including:

- An automated process using Medicaid Claims Data that identifies children who fall into one or more of the outlier criteria
- When DCS identifies a youth who falls into one or more of the outlier criteria
- When someone, such as a caregiver, DCS local office, residential provider foster parent, attorney, CASA/GAL, or other person has a concern and asks DCS to refer for consultation
- When a court asks for a review.

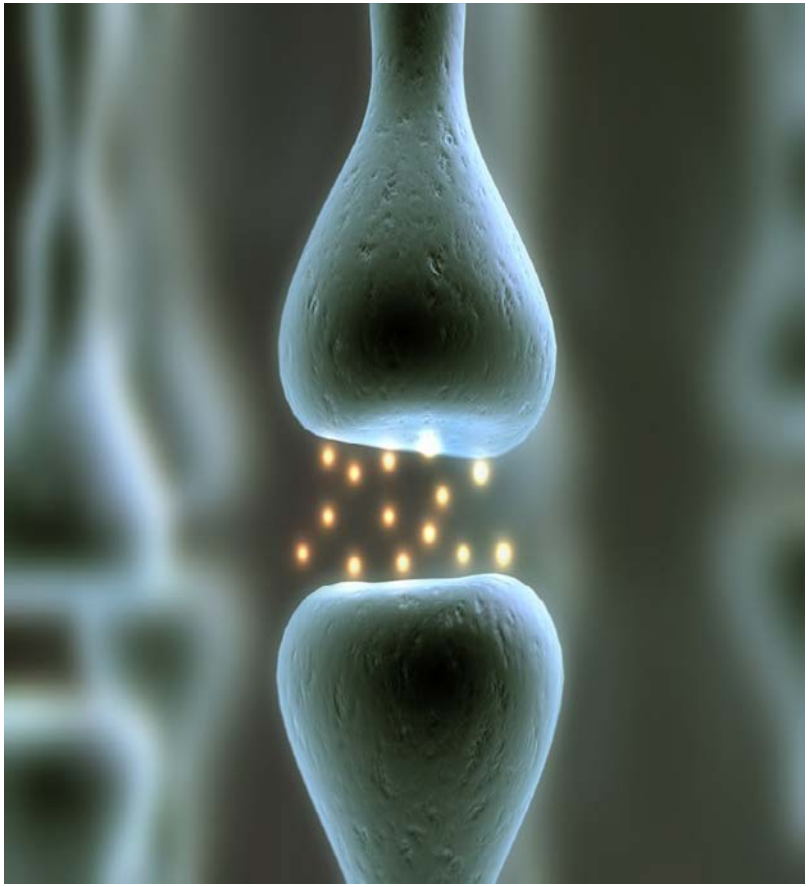
Note: The IU Consultation Program is scheduled to begin 1st Quarter, 2015.

Psychotropic Medication Training

Module 3

Overview of Psychotropic Medications

How Do Psychotropic Medications Work?



Psychotropic medications act on the brain and central nervous system. They change the way chemicals in the brain called "neurotransmitters" send messages between brain cells through a synapse or crossing. Each psychotropic medication is used to treat certain "target" symptoms.

Choosing a Medication

Your prescribing provider will consider the following when choosing a medication:

- ✓ The child's diagnosis
- ✓ Benefit vs. side effects, toxicity, drug interactions, etc.
- ✓ Medication history
- ✓ Time issues (i.e., how soon until the medication is likely to start working)

Target Symptoms (Behaviors)

	Anger/ Depression	Impulsive	Withdrawn Sad	Destructive Defiant	Anxious	Difficulty w/ Focus	Manipulative
ADHD	X	X		X		X	
Conduct Disorder	X			X			X
Oppositional Defiant Disorder	X	X		X			X
Anxiety Disorder	X	X	X		X	X	
Bipolar Disorder	X	X	X	X		X	X
Obsessive Compulsive Disorder		X			X		
PTSD	X		X		X	X	

Classes Of Psychotropic Medications

The classes of psychotropic medications are:

- Stimulants
- Antidepressants
- Antipsychotics
- Mood stabilizers
- Anxiolytics

We will now discuss the different classes (types) of psychotropic medications used in children, and examples of medications in each class and their side effects. The medication your child is taking may not be mentioned since new medications come out all the time. It is important to read the pharmacy insert and talk with the physician to learn about each medication.

Stimulants

Stimulants are commonly used to treat Attention-Deficit Hyperactivity Disorder (ADHD). Symptoms of ADHD interfere with functioning at school and in daily living and may include:

- Short attention span.
- Inability to stay still.
- Being impulsive.

Stimulants may be short acting or long acting. Short acting means that they act right away but do not last a long time. Long acting means that they take longer to act but last longer. Some children need to take a short acting and a long acting stimulant to get coverage throughout the day. Taking a short acting and a long acting stimulant together counts as only one stimulant and is not considered an "outlier."

Stimulants

Examples of short acting stimulants

- **Dextroamphetamine (Dexedrine, Dextrostat)**
- **Methylphenidate (Ritalin, Metadate, Methylin)**
- **Amphetamine (Adderall)**
- **Dexmethylphenidate (Focalin)**

Examples of long acting stimulants

- **Amphetamine (Adderall XR)**
- **Lisdexamfetamine (Vyvance)**
- **Methylphenidate (Concerta)**
- **Dexmethylphenidate (Focalin XR)**

Possible Side Effects and Adverse Reactions of Stimulants

Side Effects

- Decreased appetite
- Weight loss
- Headaches
- Stomachaches
- Trouble getting to sleep
- Jitteriness
- Social withdrawal

Adverse Reactions

- FDA warning about increased risk of sudden death in children with pre-existing serious heart problems
- High blood pressure
- Problems with growing

Other ADHD Treatments

Sometimes medications that are not stimulants are used to treat ADHD. These medications come from different classes. You will need to read the pharmacy insert to learn about side effects and adverse reactions to these medications. A child in your care may be prescribed one of these medications.

Examples are:

- **Clonidine (Catapres, Kapvay**)--used to treat high blood pressure in adults but causes sedation in children in small doses
- **Guanfacine (Tenex, Intuniv)--**used to treat high blood pressure in adults but causes sedation in children in small doses
- **Atomoxetine (Strattera)--**newer antidepressant
- **Bupropion (Wellbutrin, Wellbutrin SR, Wellbutrin XL)--**newer antidepressant
- **Imipramine (Tofranil)--**older antidpressant, are usually used to treat bed wetting, but may be used to treat ADHD

More About Treating ADHD

- Stimulants are usually the first medication tried for ADHD.
- Sometimes antidepressants are given for ADHD if 2 to 3 stimulants are tried and do not work.
- Your child's physician should start the stimulant at the lowest dose and only increase the dose as needed.
- A short acting stimulant should last for about 4 hours and a long acting stimulant for about 8-12 hours.

Antidepressants

Antidepressants are used in children to treat symptoms of depression and other conditions.

Symptoms of depression may include:

- Feelings of hopelessness or helplessness
- Loss of energy
- Changes in appetite
- Weight gain or weight loss
- Not being able to enjoy activities the child used to enjoy
- Thoughts of suicide

Antidepressants help with other conditions:

- School phobias
- Panic attacks
- Eating disorders
- Autism
- ADHD
- Bedwetting
- Anxiety disorders
- Obsessive-compulsive disorder (OCD)
- Post-traumatic stress disorders (PTSD)
- Personality disorders
- Sleeping problems
- Chronic pain (off label)

Antidepressants: SSRIs

Selective Serotonin Reuptake Inhibitors (SSRIs) are one of the newer groups of antidepressants. SSRIs are often used to treat depression and other disorders in children. SSRIs are popular because they are safer than some of the older antidepressants if overdose occurs.

Examples are:

- **Citalpram (Celexa)**
- **Excitalopram (Lexapro)**
- **Fluoxemine (Prozac)**
- **Fluvoxamine (Luvox)**
- **Sertraline (Zoloft)**
- **Paroxetine (Paxil)**

Possible Side Effects and Adverse Reactions of SSRI Antidepressants

Flu-like symptoms:

- Headaches
- Nausea
- Stomach upset
- Dry mouth
- Extreme sweating

Other side effects:

- Trouble sleeping
- Irritability
- Weight changes
- Decreased sex drive and impaired sexual functioning

Warning

The caregivers of children taking SSRIs should monitor them for depression that is getting worse and thoughts about suicide. The caregiver or medical consenter should immediately talk to the physician if this happens.

Antidepressants, SNRIs

Serotonin Norepinephrine Reuptake Inhibitors (SNRIs) are usually prescribed when SSRIs have not worked. SNRIs are not usually prescribed to children. However, they may be helpful in some cases.

Examples are:

- **Venlafaxine (Effexor XR)**
- **Duloxetine (Cymbalta)**
- **Desevenlafixe (Pristiq)**

Possible Side Effects and Adverse Reactions to SNRI Antidepressants

Side Effects:

- Abnormal dreams
- Nervousness
- Body weakness
- Chills
- Cough
- Dizziness
- Headache
- High blood pressure
- Increased sweating
- Loss of appetite or weight
- Stomach or colon problems

Adverse Reactions:

- Thoughts of suicide
- Panic attacks
- Hallucinations

Atypical Antidepressants

Children who have been traumatized may have problems with sleep. Atypical antidepressants are more often used to help children with sleep problems than to treat depression. These medications are usually safer for children than standard sleep medications.

Examples are:

- **Bupropion (Wellbutrin)**
- **Mirtazapine (Remeron)**
- **Trazadone (Desyrel)**

Possible Side Effects and Adverse Reactions of Atypical Antidepressants

Side Effects:

- Sleepiness
- Headache
- Constipation
- Dry mouth
- Agitation
- Nervousness
- Weight changes
- Flushing
- Sweating
- Tremors
- Changes in blood pressure

Adverse Reactions:

- Male erection that is unwanted, painful and lasts a long time (Trazadone)
- Seizures (Wellbutrin)
- Low white blood cell count (Remeron)

Other Information About Antidepressants

- These medications may take a couple of weeks to work.
- A two-week break may be needed after finishing one medication and starting another one.
- A child should never stop taking antidepressants suddenly. Your child's physician will help you wean the child off of the medication slowly. This will help prevent dizziness and other side effects.

Antipsychotics

Antipsychotics may be used to treat a number of conditions in children:

- Psychosis
- Bipolar disorder
- Schizophrenia
- Autism
- Tourette's syndrome
- Severe aggression

Antipsychotics are divided into two groups, atypical (or second generation) antipsychotics and typical (or first generation) antipsychotics. First generation antidepressants were first developed in 1950, and second generation, in 1994.

Atypical (Second Generation) Antipsychotics

Atypical antipsychotics are the most common antipsychotics used in children. These antipsychotics are less likely to cause movement disorders (shuffling walk, tongue sticking out of mouth, drooling, etc.) than the typical antipsychotics.

Examples are:

- **Aripiprazole (Abilify)**
- **Quetiapine (Seroquel)**
- **Olanzapine (Zyprexa)**
- **Risperidone (Risperdal)**
- **Clozapine (Clozaril, Fazaclo)**
- **Ziprasidone (Geodon)**
- **Paliperidone (Invega)**
- **Iloperidone (Fanapt)**
- **Asenapine (Sphris)**

Possible Side Effects of Atypical Antipsychotics

Common Side Effects:

- Sleepiness or tiredness
- Dizziness
- Constipation
- Dry mouth
- Blurred vision
- Difficulty urinating
- Sensitivity to lights
- Weight gain
- Change in menstrual cycle

Less Common Side Effects:

- Dytonia: muscle spasms; Stiff neck; tongue sticking out of mouth, trouble swallowing
- Akathisia: restlessness, unable to sit still
- Akinesia: rigid muscles; shuffling walk; drooling; tremor

Possible Adverse Reactions of Atypical Antipsychotics

- Tardive dyskinesia (permanent involuntary movements of tongue, mouth, face, trunk, arms and legs that are more common with typical antipsychotics than with atypical)
- Overheating or heatstroke (prevent by drinking water and staying out of heat)
- Metabolic Syndrome (obesity, hypertension, increased blood glucose, triglycerides, and cholesterol)
- Neuroleptic malignant syndrome (extreme muscle stiffness, high fever, sweating, tremors, confusion, unstable blood pressure and heart rate). **This is a medical emergency**.

Clozaril:

- ❑ Can cause a dangerous drop in white blood cells
- ❑ Requires weekly blood work and close monitoring
- ❑ Usually used only when other treatments fail

Typical (First Generation) Antipsychotics

Typical antipsychotics are only used in children with severe behavioral problems when other treatments fail or for short periods of time when children are in psychiatric hospitals.

Examples are:

- **Chlorpromazine (Thorazine)**
- **Haloperidol (Haldol)**
- **Perphenazine (Trilafon)**
- **Pimozide (Orap)**

Side Effect Terminology

- Parkinsonism
  - tremor, muscle stiffness, slowed movement, drooling
  - generally occurs beyond 1 week after starting medication
- Tardive dyskinesia (TD)
  - spastic facial distortions and tongue movements
  - may extend to neck, trunk, and extremities
  - delayed effect, usually beyond 6 months from starting medication
  - risk increases with duration of exposure to antipsychotic
  - known to occur without antipsychotic therapy
  - may be permanent, occur on discontinuation or resolve on own
  - is worsened by medications used to treat other EPS symptoms

Side Effect Terminology

- Neuroleptic malignant syndrome (NMS)
  - pipe-like rigidity, fever, tremor, altered level of consciousness
  - hypotension, tachycardia
  - laboratory abnormalities- elevated WBC & CK
  - mortality 10-20%
  - can occur any time in course of treatment
- Anticholinergic effects
  - dry mouth, blurred vision, constipation, urinary retention, mydriasis (dilated pupils)

Side Effect Terminology

- Extrapyramidal symptoms (EPS)
  - pyramidal system- responsible for voluntary movement
  - extrapyramidal system- responsible for involuntary muscle action
  - includes dystonias, Parkinsonism, akathisia & tardive dyskinesia
- Acute dystonia
  - sustained muscular contraction of neck, eyes, throat
  - generally occurs soon after starting medication
- Akathisia
  - uncomfortable continuous motor restlessness
  - can occur any time in treatment but generally in first week(s)
  - easily misdiagnosed as the underlying psychiatric disorder

Other Information About Antipsychotics

- Each child is different, so a child may need to try different medications in order to find the one that works best.
- You should start seeing positive changes in 2-3 weeks, but it may take 6-8 weeks.
- A child should never stop taking an antipsychotic suddenly. This may cause fast changes in mood, agitation, aggression, nausea, sweating or tremors. The child's physician will help you wean the child off the medication slowly.

Mood Stabilizers

Mood stabilizers are used to treat children with mood disorders, such as bipolar disorder. Children with bipolar disorder have extreme mood swings (manic or depressed states).

- When children are in the "manic" state, they may be very active, talk too much, have a lot of energy, and sleep very little. They may also be angry, irritable, or feel overly self-important.
- Children in the "depressed" state may:
  - Feel hopeless or helpless.
  - Have a loss of energy.
  - Have changes in appetite.
  - Gain or lose weight.
  - Not enjoy activities the child used to enjoy.
  - Have thoughts of suicide.

Mood Stabilizers

Some medications used to treat mood disorders are also used to treat seizure disorders. If it is used to treat seizures, it is not considered a psychotropic medication.

Medications that may be used to treat mood or seizures:

- **Cabamazine (Carbatrol, Tegretol, Tegretol XR)**
- **Divalproex (Depakote)**
- **Lamotrigine (Lamictal)**

Medications that are only used as mood stabilizers:

- **Lithium (Eskalith, Eskalith CR. Lithobid)**

Mood Stabilizers

Tegretol

- Used in acute mania and bipolar maintenance
- More effective than lithium in rapid cycling and mixed states
- Less effective in bipolar-related depression

Depakote

- Can be dosed rapidly to treat acute mania
- Sometimes used to treat aggression and impulsivity in other disorders

Lamictal

- Minimally sedating, unlike other mood stabilizers
- Appears especially effective in treating bipolar-related depression but unproven to treat mania

Possible Side Effects and Adverse Reactions of Carbamazine (Tegretol)

Side Effects:

- Dizziness
- Drowsiness
- Nausea
- Unsteadiness
- Vomiting

Adverse Reactions:

- Reduction of blood cell production in the bone marrow
- Decreased red blood cells, white blood cells, and platelets

Children should have regular blood work to rule out decreased blood cells. Contact the physician right way if the child has tiredness, weakness, easy bruising or unusual bleeding.

Possible Side Effects and Adverse Reactions of Divalproex (Depakote)

Side Effects:

- Indigestion
- Nausea/vomiting
- Drowsiness
- Hair loss
- Weight changes
- Changes in menstrual cycles
- Constipation

Adverse Reactions:

- Liver toxicity and liver failure (very rare but very serious)

Children taking Depakote should have regular blood work to check for liver problems and make the dose is safe and effective

Possible Side Effects and Adverse Reactions of Lamotrigine (Lamictal)

Side Effects:

- Dizziness
- Problems sleeping
- Drowsiness
- Blurred vision
- Vomiting
- Constipation
- Stomach aches

Adverse Reactions:

- Serious rashes
- Stevens Johnson Syndrome*

* Stevens Johnson Syndrome is a rare, but serious condition affecting the skin and mucous membranes. It is a medical emergency that requires hospitalization. It begins with swelling of the face and tongue, skin pain, blisters, hives, shedding of skin; the child may also have fever, sore throat, burning eyes, cough. **Immediately contact the physician if your child develops a rash while taking this medication.**

Possible Side Effects and Adverse Reactions of Lithium

Side Effects:

- Fatigue
- Muscle weakness
- Nausea
- Stomach cramps
- Weight gain
- Urinating more often
- Slight hand tremor
- More thirsty
- Low blood sugar
- Lower thyroid function
- Hair loss

Adverse Reactions:

These are signs of Lithium toxicity:

- Repeated vomiting/diarrhea
- Severe tremors
- Difficulty walking/unable to walk
- Poor coordination
- Extreme sleepiness
- Slurred speech/difficulty sleeping
- Blurred vision/ringing in ears
- Unable to control eyes going in circles
- Muscle twitching
- Seizures

Children taking Lithium should have regular blood work to determine if the blood level of Lithium is in the safe and effective range. Increased toxicity with fluid or salt restriction, hot weather, sweating, use of anti-inflammatory drugs, diuretics, ace inhibitors and angiotension receptor blockers.

Anxiolytics (Tranquilizers)

Tranquilizers are used to treat people with severe anxiety that interferes with their daily activities. The Benzodiazepines are are potentially addictive and are more commonly used in the hospital. However, they may be used to treat neurological problems in children, such as muscle spasms. Examples are:

Benzodiazepines:

- Clonazepam (Klonopin)
- Lorazepam (Ativan)
- Alprazolam (Xanax)

Other (not addictive)

- Buspirone (Buspar)

Summary

- Psychotropic medications are often overprescribed for youth in DCS care, especially for youth in out-of-home placement.
- The Indiana Psychotropic Medication Advisory Committee (PMAC) has created best practice guidelines for the use of psychotropic medications, including "outlier criteria" for youth who may require physician review.
- Some children will require psychotropic medications to get relief from symptoms of trauma, abuse or neglect, or to treat behavioral health disorders.
- For youth involved with DCS, the local office must give informed consent before a physician can start a child on psychotropic medications.

Summary

- Psychotropic medications alone are not the best treatment. They should always be used with other interventions, such as evidence-based psychotherapy, for long-lasting effects.
- The caregiver/provider has a responsibility to monitor the child to make sure the medication is helping, watch the child for side effects and adverse reactions, and let the doctor know how the child is doing.
- DCS has contracted with the IU Department of Psychiatry (effective 1st Quarter, 2015) to provide physician-to-physician consultation in those instances where a child meets one or more of the "outlier criteria."

For more Information

Administration for Children and Families. (2012). *Oversight of psychotropic medication for children in foster care: Title IV-B Health Care Oversight and Coordination Plan.* (ACYF-CB-IM-12-3). Washington, DC: Author.

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