

## Monitoring Psychotropic Medications Webinar Technical Assistance and Guidance

Question	Response
Are these medications recommended for Children under 18? Most testing is completed on adults so not sure if these drugs are safe in many cases.	For the most part long term testing of medications has not occurred with children, most drug trials occur with adults. The following references may be helpful in evaluating the use of psychotropic medications for children.  A Guide for Public Child Serving Agencies on Psychotropic Medications for Children and Adolescents <a href="http://www.aacap.org/app_themes/aacap/docs/press/guide">http://www.aacap.org/app_themes/aacap/docs/press/guide</a> for community child serving agencies on psychotropic medications for children and adolescents 2012.pdf  Ninan, A., Stewart, S. L., Theall, L. A., Katuwapitiya, S., & Kam, C. (2014). Adverse effects
	of psychotropic medications in children: predictive factors. Journal of the Canadian Academy of Child and Adolescent Psychiatry = Journal de l'Academie canadienne de psychiatrie de l'enfant et de l'adolescent, 23(3), 218-25.  Robin Hieber(2013) Toolbox: Psychotropic medications approved in children and adolescents. Mental Health Clinician: May 2013, Vol. 2, No. 11, pp. 344-346. https://doi.org/10.9740/mhc.n145473
Why is Melatonin considered a psychotropic medication when it is an all-natural, over-the-counter sleep aid?	The definition of a psychotropic medication is: Medication that is being used to control behaviors. Psychotropic medication is any medication that affects the mind, emotions, and behaviors. If the melatonin is given to control the behavior of a person, sleeping is a behavior, then it is a psychotropic medication, even if it is over the counter.
If a child is on multiple psychotropic meds for a longer period of time, does that impact brain	Rule out and treat any medical issues, complete a behavioral assessment and implement associated behavioral interventions, measure effects and make changes based on data.  Collect data and monitor side effects of psychotropic medication. Support staff, agencies,

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chemistry; and if yes, what are the steps to decrease those meds or stop them?	and families can be provided with data and documents to take to psychiatry appointments. Support staff, agencies, and families can look for opportunities to learn about psychotropic medications and advocate for best practices rather than seeking a quick fix through a pill.
Will any over-the counter drug being used as a psychotropic med (affecting the behavior or mind) need to be noted in the ISP and would it need to be reviewed by the Human Rights Committee?	Yes, it should be in the ISP, and if appropriate, due process should be given and a review by the due process committee to determine if due process was afforded, would be appropriate.
If we are seeing these concerns (long term) about medication, why aren't families able to access mental health services EASIER and community supports in place to avoid just defaulting to the medication route?	Often times families are unaware of other interventions or services and what is best practice. It is the role of the professionals involved to assist the family in making an informed decision.
What is the percentage of children in general population on psychotropic drugs?	Any general comparison of population data is difficult. The following references may provide some indication that special populations, like foster children, tend to have higher usage of such medications.  CDC NCHS Data Brief No. 135, December 2013 Key Findings: Provides some data of interest that was obtained from the National Health and Nutrition Examination Survey  • Approximately 6.0% of U.S. adolescents aged 12–19 reported psychotropic drug use in the past month.  • The use of antidepressants (3.2%) and attention deficit hyperactive disorder (ADHD) drugs (3.2%) was highest, followed by antipsychotics (1.0%); anxiolytics, sedatives, and hypnotics (0.5%); and antimanics (0.2%).  • Males (4.2%) were more likely than females (2.2%) to use ADHD drugs. Females (4.5%) were more likely than males (2.0%) to use antidepressants.  • Psychotropic drug use was higher among non-Hispanic white (8.2%) adolescents than non-Hispanic black (3.1%) and Mexican-American (2.9%) adolescents.  • About one-half of U.S. adolescents using psychotropic drugs in the past month had seen a mental health professional in the past year (53.3%).

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	U.S. Kids Take More Psychotropic Drugs Than Europeans - ABC News <a href="https://abcnews.go.com/Health/Healthday/story?id=5880138&amp;page=1">https://abcnews.go.com/Health/Healthday/story?id=5880138&amp;page=1</a> Sep 26, 2018 - Researchers found that the annual prevalence of psychotropic medications among children in the United States was significantly greater than in either the Netherlands or Germany. In the United States, 6.7 percent of children were taking these drugs, compared with 2.9 percent in the Netherlands and 2 percent in Germany.
	PSYCHOTROPIC MEDICATION USE AMONG CHILDREN WHO ARE SUBJECTS OF CHILD PROTECTIVE SERVICES INVESTIGATIONS: DOES COURT OVERSIGHT MATTER? December 2016, ASPE Research Brief. Office of the Assistant Secretary For Planning and Evaluation. Office of Human Services Policy U. S. Department of Health and Human Services. <a href="https://aspe.hhs.gov/system/files/pdf/258531/PsychotropicMedication.pdf">https://aspe.hhs.gov/system/files/pdf/258531/PsychotropicMedication.pdf</a>
I've noticed a decline in aging Down's syndrome behavioral changes comparable to those of dementia, Alzheimer's related diagnosis.  Benadryl is used as a PRN med. Is this behavior a result of long term medication effects or environmental?	It has generally been determined that individuals with Down's syndrome have a greater likelihood of early onset Alzheimer's and dementia. I have not seen this associated with any medications for that population.
If research has shown that ABA is effective, why can't kids who aren't on the spectrum have access to it? related comment: Medicaid or regional center funding does not cover it.	There <u>is</u> funding for behavioral services for children without the diagnosis of autism who are on one of the Medicaid waivers. Insurance companies in Missouri have a mandate to cover ABA services for only children with autism.
Are trauma response behaviors mimicking some of the symptoms of different disorders and should we try some other types of treatments like trauma therapy before we try psychotropic medication?	All other issues that may contribute to the problem behaviors or symptoms should be addressed prior to trying medications, unless a medication is the primary and recommended treatment for an issue.
A lot of these medications are used for muscle spasms after accidents or for individuals with CP. Are they still considered psychotropics when used in this manner?	No.

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Does the length of time a client is on a psychotropic make a difference in side effects if the drug is discontinued?	Yes, it often does, as does the dosage and combination with other medications. A pharmacist or physician can evaluate the threat of side effects and family and supports can assist by being aware of the likelihood of side effects and monitoring and reporting them.
If we notice that someone is on a great number of psychotropic medications (more than 7), and we have concerns that the individual's behaviors are a result of medication side effects, is it appropriate to express those concerns, and how would one do so appropriately?	There is no scientific data supporting the use of multiple psychotropics for the same issue. More than 3 is a great number of medications. We advocate for using the physician feedback form to give the medical professionals objective information about the effects of the medications in a respectful and concerned manner.