

# Professional Practice Guideline 7: Guidance for psychotropic medication use in children and adolescents

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## General Principles

A number of psychopharmacological agents are available for the treatment of psychiatric disorders in children and adolescents, according to current international guidelines. These medications act on the central nervous system, usually by reducing, modulating and/or enhancing the action of different neurotransmitter systems. Psychotropic medications can produce a range of effects that may include the following: alter the level of arousal, the experience of anxiety symptoms, influence mood, concentration, and modify psychotic experiences.

Psychotropic medications have a range of potential adverse effects, some being mild and only presenting a minor nuisance to patients. Other potential adverse effects are more serious, producing physiological and neurological disturbance or affecting behavior, concentration and learning. Very rarely, adverse effects may cause serious, irreversible or life threatening complications. Psychiatric disorders in children and adolescents have complex biopsychosocial and cultural determinants.

Psychopharmacological agents have modulating effects, which can facilitate change in psychological function and social relationships. Medication treatment should be part of a comprehensive care plan with a psychotherapeutic, psychoeducation and social management program. Medication treatment may be crucial in assisting recovery, permitting other psychological healing and adjustment processes to occur in psychiatric disorders.

Full psychiatric assessment with reliable baseline medical documentation of problem and target behaviours and symptoms and potential adverse effects to watch out for should occur before the initiation of medication. Regular follow-up to monitor response and potential adverse effects is necessary. Medication dosage ordinarily commences at low doses, slowly building to the minimum dose that achieves the desired therapeutic effects. For a number of medications (particularly stimulants), medication-free holidays may be useful to assess the need to continue treatment.

Prudence and caution are always necessary in the psychiatrist's approach towards the prescription of psychotropic medication. However, there is no doubt that - when properly prescribed - these medications can significantly improve the quality of life of children and adolescents with serious psychiatric disorders and their families and help young people to recover from, or be less impaired by, their psychiatric disorder/s. It is essential that all child and adolescent psychiatrists are thoroughly knowledgeable of the indications for, and psychopharmacology of, psychotropic medications.

## Guidelines

Before utilising psychotropic medication in children and adolescents, the RANZCP recommends that the following guidelines be followed. As with all psychiatric treatments, a comprehensive psychiatric assessment of young people and their families should be undertaken, exploring the symptoms of emotional, behavioural and cognitive disturbance, leading to a formulation and diagnosis informed by a recognised classification system such as DSM-5 (American Psychiatric Association, 2013) or ICD-10 (World Health Organization, 2015).

1. The assessment should identify the presence of specific target disorders, symptoms and behaviours understood to be potentially modifiable by psychopharmacological agents.
2. The diagnosis, target symptoms and behaviour need to be considered in the context of cultural, social, family, psychological, developmental and biological contributing factors.
3. The target symptoms and behaviours should be of such severity or persistence that there is significant impairment in social, mental and school functioning and it should be confirmed that they are causing distress to the young person and/or the family.
4. The psychiatrist requires a thorough knowledge of psychopharmacology. Other medications the child takes regularly or intermittently need to be ascertained as do their interactions with psychotropic medication before prescribing. The psychiatrist best placed to prescribe psychotropic medication is a child and adolescent psychiatrist with specialist training and experience with children.
5. The medications used should be those with the best evidence base and safety profile and fewest in number, and given in the lowest effective dose for the shortest time possible. Explanation of the purpose, actions and potential adverse effects of the medication(s) should be given to the parents and to the child or adolescent in a manner consistent with their development and mental capacity prior to obtaining consent. Strategies to maintain medication compliance should be implemented and an explanation of off-label prescribing should be provided when appropriate.
6. The psychiatrist should have, or obtain, evidence of the child's physical health sufficient to form an opinion regarding the relative risk of prescribing psychotropic medication. Establishing baseline levels of function may be required. The psychiatrist should monitor, or arrange for, the monitoring and promotion of, their patients' physical health and well-being.
7. As with all psychiatric treatments, a management plan should be drawn up where appropriate provision is made for monitoring the effects and adverse effects of medication (and other treatments), at regular intervals. Ordinarily, the psychiatrist who carried out the diagnostic interview should execute this management plan or it may be progressed under the psychiatrist's supervision or regular consultation. The psychiatrist should maintain regular communication with the general practitioner and pediatrician involved in the general medical care of the child regarding the psychiatric treatment and progress.

## Education and Training

RANZCP accredited child and adolescent psychiatry training programs must include a didactic teaching program on the pharmacology and use of psychotropic medication in children and adolescents and the pharmacotherapy of childhood psychiatric disorders, as well as mandatory supervised clinical experience in the prescription and use of psychotropic medication with children and adolescents.

## Disclaimer

This information is intended to provide general guide to practitioners, and should not be relied on as a substitute for proper assessment with respect to the merits of each case and the needs of the patient. The RANZCP endeavours to ensure that information is accurate and current at the time of preparation, but takes no responsibility for matters arising from changed circumstances or information or material that may have become subsequently available.

## References

American Psychiatric Association (2013) *Diagnostic and statistical manual of mental disorders, 5th edition (DSM-5)*, Washington, DC, American Psychiatric Press.

World Health Organization (2015) *International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10)*, Available at: [apps.who.int/classifications/icd10/browse/2015/en](https://apps.who.int/classifications/icd10/browse/2015/en).

## Revision Record

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