HOW DO PSYCHE MEDS WORK ON OUR YOUTH?

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Dr. Laura Vleugels, San Diego HHSA
Moderator: Hon. Jerilyn Borack, Sacramento Superior Court

OBJECTIVES

- To have a better understanding of how medications affect the adolescent brain.
- To better understand the pros and cons of using psychotropic medications on youth.
- To provide guidance to judges in assessing the information in the application for medication.

PLACEHOLDER SLIDE

- Dr. Lavid to discuss how medications work on the brain and tell us the types of medications most commonly prescribed for most common symptoms, and the most common adverse, side effects to look for.

Introduction to Psychopharmacology

Dr. Laura Vleugels

"They're trying to figure out whether it's a chemical thing or I'm just a crybaby."

Overview

- Children are commonly affected by psychiatric disorders
- Over the past 20 years, there has been a marked increase in understanding of psychiatric disorders
- Evidence based for both psychopharmacological and psychosocial treatments has developed over that time
- Without treatment, youth experience short and long term distress
- Provider Challenge: chose and sequence treatment optimally

Evidence based pharmacology

- ADHD
- MDD
- OCD
- Separation anxiety disorder
- Social phobia
- Generalized anxiety disorders
- Mania
- Tic disorders
- Aggression, problems with impulse control in Autism

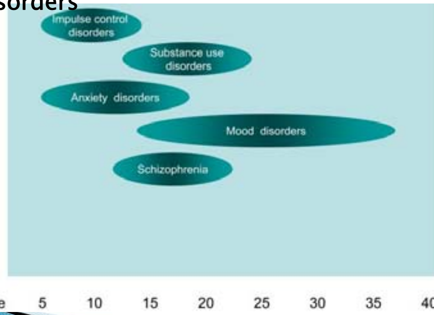
Symptom profiles needing treatment

- Aggression
- Tantrums
- Sleep difficulties
- Impulsivity
- Multiple Medications

Despite increasing knowledge…

- Majority of children in need do not receive appropriate Evaluative & Treatment services
- 80% prescriptions not **FDA approved** for use in children
- Few evidence-based studies: children vs adults
- Ambivalent attitudes re: psych meds in pediatric population
- **Med oversight** to monitor for overuse, inappropriate use vs barrier to care

Ranges of onset age for common psychiatric disorders



Nat Rev Neurosci. 2008 December, 9(12): 947-957

Consequences

- Suicide 3rd leading cause of death for 15-24yo
- 50% of students >age 14 who have mental illness drop out of high school
- 65% of boys and 75% of girls in juvenile detention have at least one mental illness

General Principles

- Realistic expectations
- Initial diagnostic hypotheses
- Careful definition of target symptoms
- Coordinate psychosocial services for optimal individual, family, school, community support
- MEDS: Start low and go slow
- Allow for sufficient period of clinical stabilization (6-12 months)
- Re-evaluate for ongoing need for medications

Office of the Inspector General

- Federal oversight
- 687 claims for second-generation antipsychotic medications during 2011
- California, Florida, Illinois, New York, Texas
  - 39% of Medicaid claims in 2011
- 7 quality-of-care concerns reviewed

A board certified-child/adolescent psychiatrist reviewed using 7 criteria related to quality-of-care concerns

- Too young 17%
- Taken too long 34%
- Wrong dose 23%
- Wrong treatment 41%
- Poor monitoring 53%
- Too many drugs 37%
- Side effects 7%

Treatment Authorization Request: Antipsychotic Medications

- Implemented in October 2014
- CA Department of Health Care Services pharmacist review requests for antipsychotic medication for Medi-Cal youth
- Consequences
  - Delays in care
  - Diagnostic issues

California Guidelines for the Use of Psychotropic Medication with Children and Youth in Foster Care (2015)

- Statement of best practice for the treatment of children and youth in out of home care
- Basic principles and values
- Expectations regarding the development and monitoring of treatment plans; Principles for emotional and behavioral health care, psychosocial services, and non-pharmacological treatments;
- Principles for informed consent to medications; and
- Principles governing medication safety

CURRENT IMPLEMENTATION OF BEST PRACTICES

SB 238, enacted 2015

SB 253, now in second year as a two-year bill.

SB 238 AMENDS WIC 369.5 & 739.5
Mandates new JC forms and CRCs

- Opportunity for child, caregiver, family and others to provide input to court re meds
- Overall mental health assessment and treatment plan to be given to court
- Provide court with **rationale** for prescribing in context of past and current treatment efforts
- Inform court re other pharma and nonpharma treatments used and child's reaction
- Explain to court how med being prescribed is expected to improve the child's symptoms.

SB 238
MANDATES FOR REVIEWS

- Periodic oversight by the court to include:
  - Caregiver's and child's observations
  - How effective is medication in ameliorating symptoms?
  - What are side effects?
  - How has the medication been managed with management and follow up appointments?
  - What other mental health treatments are being delivered?

Possible New Questions for Prescribing Physician – JV-220(A)

- Dr/patient relationship and how long
- Assessment of overall mental health
- Description of treatment plan
- Description of nonpharma treatment tried in past and child's response
- Description of other pharma treatment tried
- Description of how med is expected to improve child's symptoms

HYPOS

What should I know? What more do I need to know? What is the best way to handle this request?

HYPO #1

- 16 year old female is being prescribed two new medications; 1) Sertraline, 200mg, and 2) Aripiprazole, 15mg.
- The drug information sheet that is attached to the request for the authorization says that Sertraline is not approved for treating depression in children and that it should not be prescribed for anyone under 18 years old.
- The application also includes information that the child is participating in group therapy for substance abuse issues.
- The child is living in a group home with WRAP services in place.
- Her symptoms include irritability, numbness, hyper vigilance, interrupted sleep, intrusive thoughts of harm to self, sadness, and guilty preoccupations.

HYPO #2

- Male child, age 10 years, placed in a foster family home.
- Application says that he has mild cerebral palsy symptoms. No lab tests have been documented.
- Two new medications are being proposed; Celexa and Risperdal. Application indicates no therapy other than "medication management".
- Symptoms are described as sleep disturbance/hallucinations. Diagnosis includes PTSD and Attachment disorder.

Attachments/warnings only describe possible side effects for adults and indicate nothing specific to prescribing for children; in other words, no pediatric warnings.

HYPO#3

- Male child, age 17 years, placed in level 12 group home. Has been in foster care for two years. Child was previously adopted.
- Diagnosed as having a "conduct disorder", using cannabis and other drugs – poor management of his emotions. Past diagnosis include "reactive attachment disorder" at age 8-10 years old.
- Child gets into fights at school, assaults peers at the group home, and lies. He has been moved into and out of 4 group homes in the past year. Four months ago he tried to hang himself.
- Child is prescribed Depakote and Abilify.

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