Psychotropic Medication

Dr Doug Shelton
Clinical Director
Community Child Health
Gold Coast
Synopsis

- Case studies
- Common conditions
- Stages
- Drugs
- Side effects
- Monitoring
- Other Issues
Ben  8yrs Gd 3

- Verge of expulsion
- Smart child average IQ
- Failing academically
- Never sits still, fearless
- Found on roof age 3
- Off task & Non-compliant
- Interrupts & butts in
Sarah 11 yrs Gd6

- No behaviour problems
  - school
  - home
- Slowly deteriorating academic performance
- Dreamy & distractable
- Above average IQ
- Socially - a couple of close friends
Jaidyn – ASD age 8

- Non-verbal
- Aggressive to peers & adults
  - “Kicked principal in the balls”
  - Needs 1:1 supervision for safety of sibs
- Frustration
  - Scratches his own face
  - Bites his wrist
  - Smacks his own abdomen, thighs & buttocks
    - Bruising +++
Ben, Sarah or Jaidyn’s in your practice?
Common conditions

- ADHD
- ASD
- Mental health
- Learning/intellectual disability
- Behaviour
ATTENTION DEFICIT HYPERACTIVITY DISORDER
ADHD - Diagnosis

- Construct diagnosis
- No gold standard test
- Clinical assessment plus corroborative data
  - Standardised questionnaires
    - School & home
  - Allied health
    - Psych
    - SLP
ADHD 1st Line Treatment

- Should always be non-medication
  - Watchful waiting
    - If is not causing significant problems
  - Words we use are important
    - Self fulfilling prophecies
    - “Busy active child” vs “ADHD”
      - May lead to different final outcome/diagnosis
Non-medication Treatment

- Behaviour management
  - Triple P
  - Incredible Years
  - Child psychologist

- Address co-morbidities
  - Family
  - Language
  - Social
  - Motor
ADHD - Comorbidities

- Learning difficulties in 30%
- Co-ordination, clumsiness
- Social skills
- Low self esteem
- Anxiety
- Depression
- Conduct disorders
Medication stages

1. Set up
2. Trial
3. Rehabilitation
4. Maintenance
5. Getting off

- Each one is an opportunity to add value
- Where is the child in front of you?
1\textsuperscript{st} line medications

<table>
<thead>
<tr>
<th>Formulation</th>
<th>Size (mg)</th>
<th>Duration (hrs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ritalin</td>
<td>10</td>
<td>3-4</td>
</tr>
<tr>
<td>Ritalin LA</td>
<td>10,20,30,40</td>
<td>6-8</td>
</tr>
<tr>
<td>Concerta</td>
<td>18,27,36,54</td>
<td>10-12</td>
</tr>
</tbody>
</table>

NB: PBS states efficacy of short-acting methylphenidate must be demonstrated before commencing intermediate or long acting
**2nd Line medications**

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<tr>
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<th>Duration (hrs)</th>
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<tbody>
<tr>
<td>Dexamphetamine</td>
<td>5</td>
<td>24</td>
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</table>
Stimulant Medication

- Not addictive
- No withdrawal effect
- No tolerance
Stimulant side effects

- Appetite suppression
  - Monitor growth
    - Danger if BMI < 5% for age
      - Cease or holiday
  - Boost calories

- Cardiovascular effects overstated
Stimulant side effects

- Delayed sleep onset
  - Sleep hygiene
  - Last dose of the day
    - Give earlier
    - Omit
  - Change to sorter acting
  - ??Melatonin
Stimulant side effects

- Increased anxiety
  - Esp if pre-existing

Options

- Mild – do nothing, distraction, discussion.
  - Esp if first week
- Moderate – CBT or cease
- Severe - cease
Not side effects

- Tics
  - Are comorbid
- “Brain shrinkage”
- Adverse long term mental health
- Illicit drug use
Stimulant issues

- Misuse & diversion
  - Secondary school
    - 5-10 %
  - University
    - 5 - 35%

- Cognitive enhancement

Stimulant prescribing

- GPs can initiate and continue in Qld
- Preference
  - In consultation with paediatrician or child psychiatrist
- Drugs of Dependence Unit, Qld Gov
Things to monitor

- Why do they need to keep taking it?
- Efficacy
  - Academics
  - Behaviour
  - Social
- Ask result of missed doses/days?
  - “Teacher rang at 9am on Monday”
Things to monitor

- Side effects
  - Growth
  - Sleep
  - Anxiety
  - BP
Non-Stimulants
### 3<sup>rd</sup> Line medications

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<tr>
<th>Formulation</th>
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<th>Duration (hrs)</th>
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<tbody>
<tr>
<td>Atomoxetine</td>
<td>Multiple</td>
<td>24</td>
</tr>
<tr>
<td>Clonidnne</td>
<td>100,150 microgram</td>
<td>4-6</td>
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</tbody>
</table>
Atomoxetine

- 1\textsuperscript{st} & 2\textsuperscript{nd} line meds
  - Ineffective
  - Unacceptable side effects
- Impulsivity & hyperactivity predominate
- Anxiety & ADHD
- Avoids roller coaster of shorter acting stimulants
Atomoxetine side-effects

- Usually avoided by slow titration
  - 4 weeks
- GIT
  - Disturbance
  - Appetite
Clonidine

- Prob 4th/5th line for ADD
- Assists with sleep disturbance
- Co-existing tic disorders
- Wean before cessation
Clonidine side-effects

- Drowsiness
  - Commence at night
- Hypotension
- Rebound hypertension
  - If ceased suddenly
SSRIs

- Most clinicians gain experience with one & stick to it
- Anxiety
- Depression
- Emotional dysregulation
- 3rd or 4th line for ADD
Atypical Antipsychotics

- Risperidone
Risperidone Indications

- In Autism with
  - Severe behaviour disturbance
    - Self mutilation
    - Aggression
- Psychosis
Risperidone - side effects

- Increased appetite
  - Can be +++
- Weight gain
  - Can be +++
- Warn in advance
  - Monitor BMI closely
  - Dietary change
  - Dietitian
Safely managing psych meds

- Remember the five stages
  - Set up
  - Trial
  - Rehab
  - Maintenance
  - Getting off
- Regular checking for ongoing efficacy
  - Can we stop now?
- Knowledge of common side effects
  - Strategies to monitor & manage
Questions