Pediatric

Psychiatric Diagnosis
And
Psychopharmacology

Common Childhood Psychiatric Disorders

Anxiety
Depression
ADHD
Pediatric Bipolar Disorder

Therapeutic Relationship

A significant predictors of improvement and satisfaction in treatment is the perception of the relationship of trust between the child, parent, and provider.

Treatment Partnership

It is essential to have the ability to enter the clients “private world” and understand their thoughts and feelings without judging these (Rogers, 1957).

Prescribing for Children

- Consideration must be given to factors that will influence medication compliance.
- Ethical issues: Off-label prescribing, Informed consent and developmentally sensitive assent for medication for medication use.

FDA Approval

- Resource for Pediatric FDA medication approval.

www.fda.gov/cder/drugsatfda

Trends

- **1 in 10 children and adolescents have a mental illness severe enough to cause impairment.**
- **Only 1 in 5 of these children receives any treatment.**
- **For nearly half of the children who do receive services, the school was the only provider.**

Suicide

- **For nearly half of the children who do receive services, the school was the only provider.**
- **Suicide is the 3rd leading cause of death among children ages 10 – 19**
- **Acute psychiatric illness is the single most common and dangerous trigger for suicide.**
- **90% of youth who died by suicide were suffering from depression or another diagnosable and treatable mental illness at the time of death.**
- **Nearly as many teens die from suicide as all natural causes combined.**
- **Another 520,000 children require medical services each year as a result of suicide attempts.**

Anxiety

Anxiety disorders are among the most common childhood psychiatric disorders affecting 1 in 5 children and adolescents (AACAP Practice Parameters: Anxiety, 1997).

Common Anxiety-Related Disorders of Childhood

- Separation Disorders
- Generalized Anxiety Disorders
- Panic Disorder
- Social Phobia
- Obsessive Compulsive Disorder
- Post Traumatic Disorder

Antidepressant-Anxiety Psychopharmacology Treatments

Fluoxetine (Prozac)
Fluvoxamine (Luvox)
Escitalopram) (Lexapro)
Citalopram (Celexa)
Venlafaxine (Effexor)
Sertraline (Zoloft)
Duloxetine (Cymbalta)
Clomipramine (Anafranil)

Anxiety Psychopharmacology

Augmentation for anxiety

- Add an Atypical Antipsychotic (Seroquel) sleep and anxiety
- Add Trazodone (sleep and acute anxiety)
- Add Atarax (sleep and anxiety)
- Mirtazapine (Remeron) sleep

Anxiolytics

- Buspirone
- Clonazepam

Duration of Psychopharmacology Treatment

- 9-18 months after treatment after symptoms resolve of stabilize, the gradual taper off medication.
- Rapid discontinuation may lead to Discontinuation Syndrome

Childhood Depression

- Mood characteristically irritable and sad: Experienced as angry and oppositional
- Mood reactivity; Brightens temporarily to an event
- Neurovegative signs; Sleep, Energy, Motor
- Somatic complaints
- Rejection sensitivity

Co-Morbidities

- 60% co-morbid with ADHD (onset age 4)
- 30-75% co-morbid with anxiety disorders (onset age 6)
- 20-80% co-morbid with oppositional/conduct disorder (onset age 7-8)
- Dysthymia/ Depression (onset age 8)

Course of Major Depression

- 40% recover in 1% ; in 2 years
- Most experience residual symptoms
- 72% experience recurrent episodes within 5 years

(Spencer, 2004)

Depression Psychopharmacological First Line Treatments

- Fluoxetine (Prozac)
- Sertraline (Zoloft)
- Escitalopram) (Lexapro)
- Citalopram (Celexa)

Depression Psychopharmacological Second Line Treatments

- SSRI and Augmentation (If partial response to SSRI) (Select agent for synergistic effects, e.g. Lithium or Buspirone)
- Monotherapy, different class (TCA, SNRI, Bupropion, mirtazapine)
- Combination Antidepressants

Making Sense of FDA Advisories

(Emslie, 2004; Riddle, 2004; ACNP, 2004)

The American College of Neuropyschopharmacology (ACNP) conducted an independent analysis of over 2000 youth on SSRI's from published clinical trials, unpublished data from pharmaceutical companies, & data from Britain's MHRA (drug regulatory agency).

Making Sense of FDA Advisories

(Emslie, 2004; Riddle, 2004; ACNP, 2004)

- Suicide autopsy data-49 adolescents completing suicide & receiving SSRI's showed no antidepressant in blood; treatment noncompliance.
- Prepubertal children & young adolescents are more prone to behavioral disinhibition & activation with SSRI's

Pediatric Attention Deficit Disorders

Three core Symptom Clusters

- Hyperactivity: fights, talks excessively, unable to stay in seat, runs/climbs excessively, motor driven.
- Impulsive, Blurts out answers, interrupts, has difficulty waiting or taking turns.
- Inattentive; Distracted, forgets things, makes careless mistakes, has difficulty sustaining attention to monotonous tasks

Pediatric Attention Deficit Disorders

- **ADHD, Combined Type (most prevalent)**
- **ADHD, Predominantly Hyper-Active-Impulsive**
- **ADHD, Predominately Inattentive**

ADHD Comorbid Disorders

- 35% oppositional defiance disorder
- 75% mood disorders
- 25% anxiety
- 75% conduct disorders

Psychopharmacological Treatments For ADHD

- Methylphenidate based include: Ritalin, Ritalin LA, Metadate CD, Focalin, Focalin XR, and Concerta.
- Amphetamine base include; Adderall, Adderall XR, Vyvanse, and Dexedrine.

Psychopharmacological Treatments For ADHD

- Second line treatments Amoxetine (Strattera), Tricyclic antidepressants, and Bupropion (Wellbutrin).
- Tenex and Clonidine which are blood pressure medications that can be helpful with attention deficit disorders. Especially with hyperactivity and impulsivity and TIC's.

Pediatric Bipolar Disorder

- Thought to represent a developmental subtype of adult onset BAD
- Characterized by a mixed presentation versus discrete episode of depression & mania
- First episode more likely mixed or mania, with irritability & "affective storm" then euphoria
- Often predicts a chronic or rapid cycling course & poor or partial response

Pediatric Bipolar Disorder Co-morbid Disorders

- 60-90% ADHD
- 50-60% Anxiety disorders
- 88% Opposition defiant DO
- 40% Conduct disorder
- 40% Learning disabilities, reading
- 30% Learning disabilities, math
- Psychotic symptoms

Bipolar and ADHD Symptoms

- Symptoms may overlap:
  - Talks excessively: jumps from toppic to topic
  - Easily distracted; frequently changes activities and plans
  - Fidgety; motor restlessness
  - Interrupts; butts in; blurts out; low social inhibitions
  - Impulsive; disregard for potential adverse effects

Distinguishing symptoms between ADHD & Pediatric Bipolar DO

- ADHD
  - Forgetful: loses things: makes careless mistakes
  - Avoids sustained mental effort & monotonous tasks
  - Doesn't listen: difficulty following directions
- Bipolar Disorder
  - Inflated self esteem: grandiosity
  - Increased goal directed activity
  - Increased sexual interests; sexual indiscretions

Bipolar sleep patterns in Children

- Sleep patterns may distinguish Bipolar (mood) high and low energy periods
- Low energy cycle
- High energy cycle

Psychopharmacological Bipolar Treatments

- Mood Stabilizers
  - Depakote
  - Lithium
  - Tegretol
  - Trileptal
  - Tpomax
- Antipsychotics
  - Abilify (Aripiprazole)
  - Zyprexa (Olanzapine)
  - Geodon (Ziprasidone)
  - Seroquel (Quetiapine)
  - Risperdal (Risperidone)
  - Invega

The End

Psychiatric Diagnosis in children can be complicated to diagnosis and complicated to treat. Often the best solution is a combination of psychotherapy and medications.

Questions?