

# Psychotropic Medication in Children and Adolescents



Psychotropic medications play a crucial role in managing mental health conditions in children and adolescents, including depression, anxiety, and mood disorders. When prescribed and monitored appropriately, these medications can significantly improve a child's emotional regulation, cognitive function, and overall well-being, allowing for better academic and social outcomes. However, psychotropic medications also pose notable risks, including metabolic side effects (such as weight gain and increased glucose levels), potential impacts on growth and development, sedation, and the risk of overprescription or inappropriate use. Studies emphasize the importance of rigorous monitoring, including regular assessments of glucose, lipids, prolactin levels, and BMI, particularly when long-term antipsychotic medications are used.

Additionally, guidelines caution against excessive polypharmacy, recommending thorough justification for cases where multiple psychotropic drugs are prescribed simultaneously. This document provides guidelines to help ensure the responsible and evidence-based use of psychotropic medications in children, balancing therapeutic benefits with potential risks while emphasizing proper oversight, documentation, and individualized treatment planning.

## **The following indicate a need for more thorough documented justification by the prescriber. They do not mean that treatment is inappropriate for that individual.**

- ▶ Four or more psychotropic medications
- ▶ Two or more concomitant stimulants (long-acting and an immediate release stimulant of the same chemical entity does not constitute concomitant prescribing)
- ▶ Two or more concomitant alpha agonists (long-acting and an immediate release alpha agonist of the same chemical entity does not constitute concomitant prescribing)
- ▶ Two or more concomitant antidepressants
- ▶ Two or more concomitant antipsychotics
- ▶ Three or more concomitant mood stabilizers
- ▶ Psychotropic medication dose exceeds usual recommended doses
- ▶ The use of PRN medications
  - If PRNs are used, the situation indicating need for the medication should be clearly documented. The maximum doses allowed within 24 hours and a week should also be documented.
  - The frequency of administration should be monitored to ensure that these do not become regularly scheduled medications unless clinically indicated.

## **Additional resources:**

<https://pubmed.ncbi.nlm.nih.gov/37761415/>

[https://www.ncsc.org/\\_data/assets/pdf\\_file/0022/83803/Oversight-of-Psychotropic-Medications-Prescribed-to-Children-in-Foster-Care.pdf](https://www.ncsc.org/_data/assets/pdf_file/0022/83803/Oversight-of-Psychotropic-Medications-Prescribed-to-Children-in-Foster-Care.pdf)