

# **PSYCHOTROPIC MEDICATIONS FOR BEHAVIORAL & EMOTIONAL DISORDERS**



**A GUIDE FOR PARENTS AND FAMILY  
MEMBERS, RESOURCE FAMILIES, YOUTH  
AND SOCIAL WORKERS  
June 2013**

# Table of Contents

## Page

3	How this Guide Can Help
5	Getting Help
8	Medications
9	Informed Consent
11	Asking Questions about Medications
12	What to Expect
13	Giving Medication to your Child
13	Side Effects
14	Medication Interactions
15	Poison Control Center Contact Information
16	Food and Drug Administration (FDA) Approval
16	What is Medication "Off Label" Use?
17	What are Black Box Warnings?
18	Medication Types in this Guide
19	Antipsychotics
21	Antidepressants
23	Mood Stabilizers
25	Stimulants and other Medications for ADHD/ADD
27	Anti-Anxiety Medications
29	Sleep Medications
31	Medication Safety
32	Child Specific Medication Inventory (can be copied)
33	Resources
35	Glossary
40	Medication with FDA approval for specific ages

# How This Guide Can Help

This guide is specifically written for youth in foster care, their parents and family members, resource parents and social worker. Its purpose is to help everyone have a better understanding of psychotropic or psychiatric medications that may be used to help a child or adolescent with behavioral and/or emotional problems. Being able to talk openly with a child's physician or other health care provider is very important. This guide is intended to help facilitate discussions regarding psychotropic medications. In this guide you will find information about the medications that may be used to help treat emotional and/or behavior disorders in children and adolescents, how these medications work and possible side effects a child or adolescent may experience.

Parents and other caregivers of a child with a behavioral or emotional disorder may feel overwhelmed as they try to help a child cope with his or her problems. Their caregivers may feel that nobody understands their frustration. However, many families are in the similar situation. According to the US Department of Health Human Services, four million children and adolescents in the U.S. suffer from a serious mental disorder that causes significant functional impairments at home, school and with peers.

**NOTE:** For ease of reading, this guide is written for the perspective of the child's parent or other caregiver. It refers to "your child." This is not meant to exclude the applicability of the information to other individuals involved in the foster child's life or the child or adolescent him or herself.

This guide is largely based on the guide developed by the State of Connecticut Department of Children and Families (DCF) and can be found at [http://www.ct.gov/dcf/lib/dcf/behavioral\\_health\\_medicine/pdf/educational\\_booklet\\_5-7-2010.pdf](http://www.ct.gov/dcf/lib/dcf/behavioral_health_medicine/pdf/educational_booklet_5-7-2010.pdf)

The text of this guide has been modified to fit with the Family Centered Practice Model of the State of Idaho's Child and Family Services. It is guided by the key elements of Family Centered Practice:

- Working with the family unit to ensure the safety and well-being of all family members
- Strengthening the capacity family to function effectively
- Engaging, empowering and partnering with families throughout the decision and goal-making process
- Providing individualized, culturally responsive, flexible and relevant services for each family.
- Linking families with collaborative, comprehensive, culturally relevant, community-based networks of supports and services.

Involving a child's family in decision making regarding treatment alternatives is critical. The majority of children in Idaho foster care are safely reunified with their families. When families are involved in decision making around their child's treatment for emotional or behavioral disorders, the more likely they will be to follow through with these treatments following the child's return home. Families can enhance and improve the well-being of their children with assistance and support. Families have a right to be supported in their efforts to improve their child's well-being.

Feedback on this guide was provided by the IDHW Medicaid Program, especially the Medicaid Pharmacy Program, the Division of Behavioral Health, Child and Family Services staff, families, and Child and Adolescent Psychiatrist, Hamilton Warren-Sutton. The "state of the art" is continually changing and this guide will be revised as new information and medical practices evolve.

## Getting Help

Children and adolescents with behavioral or emotional disorders frequently have symptoms that can differ from the symptoms of adults with the same disorder. Symptoms may vary from child to child and it can be difficult to interpret and identify a child's symptoms when a history of child abuse or neglect exists. This is made even more challenging as children frequently have difficulty identifying and sharing their feelings. Sometimes the warning signs or symptoms a child demonstrates can be misinterpreted or overlooked. If you are concerned about your child's behavior and/or emotional health, please talk with your child's social worker and primary care provider about getting help for them.

There are many different types of help for children and adolescents with behavioral or emotional disorders. Some examples are:

- **Cognitive Therapy or Cognitive Behavior Therapy** - A type of psychotherapy that makes the assumption that thoughts precede moods and that false self-beliefs lead to negative emotions. Cognitive therapy aims to help the individual recognize and reassess patterns of negative thoughts and replace them with positive thoughts that more closely reflect reality.
- **Behavioral Therapy** - Behavior therapy is focused on helping an individual understand how changing their behavior can lead to changes in how they are feeling. The goal of behavior therapy is usually focused on increasing the person's engagement in positive or socially reinforcing activities. Behavior therapy is a structured approach that carefully measures what the person is doing and then seeks to increase chances for positive experience.
- **Occupational & Physical Therapy** - Occupational therapy tends to focus more on evaluating and improving a person's functional abilities. Physical therapy is focused on evaluating and diagnosing movement dysfunctions as well as treating a person's injury or impairment.

.

- **School Programs** - Educational services guided by an Individualized Educational Plan (IEP) or other program of individualized educational strategies (e.g. a 504 plan) to improve a child's learning within the school environment.
- **Parent-Child Therapy** - Parent-Child Interaction Therapy (PCIT) is an research supported treatment for young children with a conduct disorder, that places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns. In PCIT, parents are taught specific skills to establish a nurturing and secure relationship with their child while increasing their child's pro-social behavior and decreasing negative behavior.
- **Family Therapy** - Family therapy is based on the belief that the family is a unique social system with its own structure and patterns of communication. These patterns are determined by many factors, including the parents' beliefs and values, the personalities of all family members, and the influence of the extended family. Family therapists view any problem in one member as a symptom of change or conflict in the group.
- **Group Therapy** - Group therapy is a type of psychotherapy that involves one or more therapists working with several people at the same time.
- **Medication Therapy** - A medication therapy review is a process of collecting patient-specific information, assessing medication therapies to identify medication-related problems, developing a prioritized list of medication-related problems, and creating a plan to resolve them. Medication therapy may be an adjunct to other treatments listed here, but should not be the first and/or only treatment provided to a child or adolescent.
- **Trauma Focused Treatments** - Most children and adolescents involved in foster care have histories of reoccurring interpersonal trauma often caused by their caregivers. Complex trauma, a combination of physical abuse, sexual

abuse, emotional abuse, neglect, and/or domestic violence, is common in these children's lives. Children and adolescents with histories of complex trauma are more frequently diagnosed with emotional and/or behavioral disorders. Children exposed to trauma can exhibit maladaptive behaviors which can be very challenging for families, including resource families to manage and can lead to placement disruption if not well understood. There may be "trauma triggers" in the environment that the child may be unaware of, but still responds to (ie. conflict between resource parents, raising of voices, not being picked up at a specific time as planned). The focus of trauma informed treatments are to assist the child to identify specific traumatic events and assist the child to gain "mastery" over the trauma and learn how to cope with situations which can "trigger" previous traumas. Cognitive-Behavioral Therapy is often used to assist children and adolescents manage their thoughts and behavioral in relation to trauma.



# Medications

Medication(s) may be one part of a comprehensive treatment plan that includes other therapies that address the specific behavioral and/or emotional disorder your child may be experiencing. It is also important to remember that while medications may help to manage symptoms, they do not "cure" behavioral or emotional disorders like an antibiotic can cure strep throat.

Psychotropic medications are drugs used to treat symptoms of emotional and behavioral disorders. They affect the neurotransmitters in the brain often resulting in changes to thinking, mood and behavior. Before making a recommendation to treat your child with a psychotropic medication, a qualified health care provider should make a thorough assessment of your child and understand his or her needs and circumstances. You may meet with a medical doctor (Primary Care Provider, Child Psychiatrist or Developmental Pediatrician) or with a Nurse Practitioner or a Physician Assistant. These health care providers can evaluate behavioral and/or emotional disorders in children and adolescents, make a diagnosis and recommend treatments including medication if appropriate. Part of the health care provider's evaluation of your child may include a physical exam, blood tests, cognitive (related to thinking) tests and behavioral questionnaires. Additional tests may also be needed to help the health care provider further clarify a child's behavioral and/or emotional concerns.

Deciding on the right medication(s) for your child can be difficult. Children's brains continue to develop into adulthood. Some medications that are proven to be safe and effective for adults may have unexpected side effects for children and adolescents. Also, some medications used to treat adult disorders do not have the same effect on children's brains and a child may metabolize the medicine differently. Many of these medications have not been studied in children and a very limited number of psychotropic medications have FDA approval. At the end of this guide, you can find a listing of medications referred to in this guide and the FDA approval status of each medication. It is important

to remember that as research continues, a specific medication's FDA approval status may change.

Additionally, certain medical conditions require special consideration. Inform the person prescribing your child's medication(s) of all known or suspected medical conditions before beginning any medication.

## **Informed Consent**

Medication(s) may not be prescribed for a child unless the health care provider has permission or "informed consent" from the parent/guardian. Assent (agreement with something after thoughtful consideration) of the youth is also required. Your child's health care provider should explain to you and the youth what the medication is being used for (such as what symptoms or disorder), potential benefits of using the medication, potential side effects/risks and alternatives to using that medication prior to beginning treatment with a medication. The provider should also explain any special follow up such as office visits, heart rhythm tests, or blood tests that will be needed. Older children and adolescents should be included in this discussion and also give their assent. The health care provider should answer any questions and be sure that you understand the plan of care before actually writing the prescription. Your child's social worker will make every effort to participate in your child's appointments and may be able to answer any additional questions you may have or help you get in contact with the health care provider.

You may be asked to sign a document indicating that understandable explanations were provided for the reasons for the medications, the benefits, the side effects, what may happen if the child doesn't take the medication, etc.

**NOTE:** In rare circumstances, the child's parent or guardian may refuse to consent for the child to receive psychotropic medication. It is expected that the child's social worker will be present for appointments at which psychotropic medications are discussed. While the social worker cannot give informed consent, the social worker can talk further with the parent or guardian. If the parent's

refusal seems arbitrary without any apparent concern for the child, the social worker may request the court to order that the child's treatment include medication therapy.



# Asking Questions About Medications

Below are some questions to ask your child's prescriber before you agree to start any medication treatment. Write these questions down and take them with you to the appointment. You can also make a copy of this page if it would be helpful as the length of the appointment may be limited.

**Having your questions ready will help you to get the information you need.**

- What is the name of the medication?
- What is the medication treating?
- What will happen if my child refuses to take the medication?
- How long should it take for the medication to begin working?
- When and how should my child take this medication?
- Will this medication interact with anything (foods, drinks, other meds)?
- What are the potential side effects of the medication? What should I do if side effects occur?
- How will I know that my child is getting better on this medication?  
What are the signs that my child is getting worse?
- Is there any information for me to read about this medication?
- Are there any blood tests or any other testing that needs to be completed before my child begins taking the medication?
- Will any tests need to be done while my child is taking the medication?
- What does my child's school nurse need to know about this medication?
- How long will my child need to take this medication? How will we decide to stop this medication?
- What can we expect during a process of stopping this medication?



## What to Expect

Medications cannot cure behavioral or emotional disorders. They can help improve specific symptoms. It is also important to understand that every child or adolescent reacts to medication in his or her own way. The prescriber will not always know exactly which medication will work best for your child. Some medications that work well for some children may not work well for your child. Several medications may need to be tried before the prescriber finds the right one for your child. It is also important to remember that some medications will work immediately, while others may take several weeks before you can expect to see any improvement.

The actual dose of medication may be based on your child's age, gender, size and weight. Your child's specific symptoms, other health problems and his or her personal habits will be considered. All these factors can affect how well the medication works and what side effects your child may experience. Some children may experience side effects while other children may not. This guide includes information about possible side effects in coming pages.

The length of time a child may need to take medication varies. **Even if your child is feeling better or is now symptom free, do not suddenly stop giving medication without first talking to your child's prescriber.** Many medications must be "tapered" - a slow lowering of the dose over time - so that your child can gradually adjust to the medication change without side effects.



## Giving Medication to Your Child

As a parent or caregiver, you are responsible for ensuring that your child or adolescent (no matter your child's age) is taking her medication as the health care provider prescribed it. Having a set time for when medication is taken can help you and your child remember to take the medication consistently. Your health care provider, nurse, or pharmacist can help decide what time(s) of day are best for taking the medication.

While adolescents have a role in remembering and being responsible to take their medication(s), they should not have free access to their medications. This is especially the case for youth experiencing depression and suicidal thoughts who may misuse or overdose on their medication.

## Side Effects

Once your child starts a medication, it is important to watch closely for potential side effects. Children may have different reactions to medications than adults. Also, children may be less able or willing to tell their parents or other caregivers that they are having a problem with the medication. Remind your young child to tell you or other caregivers if he is feeling "funny" or "different" after starting on a medication. Older children and adolescents should be told how to know if the medication is helping or if side effects are developing. This information should have been provided by the prescriber, but the youth may need a reminder.

The chance for side effects is different for each medication and for every child. A medication may cause severe side effects in one child but only mild or no side effects in another child. The dose of the medication and a child's individual body chemistry may influence whether a child is likely to have side effects. Some side effects from a medication may be temporary and mild, improving after several days to a few weeks of treatment.

**NOTE: If any side effect occurs, talk to your health care provider right away.**

When side effects occur, your child's health care provider may change the

dose of the medication or try a different medication. Sometimes, though, if a child is doing much better with a certain medication and its side effects are mild and do not cause harm to the child, the prescriber may recommend keeping the child on that medication.

## Medication Interactions

All of the medications used to treat behavioral or emotional disorders in children can interact with other prescription or over-the-counter (OTC) medications, herbal supplements, vitamins, tobacco and illicit drugs. These interactions may cause more severe side effects or a worsening illness. It is very important that you tell your child's prescriber about all medications and supplements your child is taking. Be sure to tell your child's health care provider about any changes in other medications your child may be taking. Let the provider know if any medication is stopped, a new medication is started or if a dose is changed. If you don't know this information, please make sure that your child's social worker, parent or resource parent provides that information.

Your child's health care provider must know if your child is using illegal drugs, alcohol, or tobacco products. Alcohol, illegal drugs and tobacco can cause serious problems with the medications used to treat behavioral or emotional disorders. Encourage your child to be honest with his health care provider. Help your child understand that tobacco, alcohol and illegal drugs can have negative effects on his physical or mental health.



# Important!

If you think that your child has taken the wrong medication, has taken too much medication (an overdose), or has taken any other poisonous or toxic substance, please call your health care provider immediately!

If you cannot immediately speak to your health care provider call

**Poison Control Center**  
at **1-800-222-1222.**

Have the name of the medication and/or toxic substance ready to give to Poison Control.



You can reach Poison Control Center at

**1-800-222-1222**

from anywhere in the United States.

## Food and Drug Administration (FDA) Approval

Every new drug must be proven safe and effective to FDA's satisfaction before companies can market them. FDA does not develop or test products. Rather, FDA experts review the results of laboratory, animal, and human clinical testing done by manufacturers. If FDA grants an approval, it means the agency has determined that the benefits of the product outweigh the risks for the intended use.

According to the National Institutes of Mental Health (NIMH) most medications used to treat young people with mental illness are safe and effective. However, many medications have not been studied or approved for use with children.

### What is Medication "Off Label" Use?

Your child's health care provider uses his or her experience and knowledge about medications to make informed decisions about which medication may be most helpful. A health care provider may choose a medication that has **not been officially approved** by the U.S. Food and Drug Administration (FDA) for use in children. This is called "off-label" use. Some medications have been safely used "off-label" to help children with behavioral or emotional disorders. Always talk with your child's provider so that you understand why a certain medication is being prescribed, how it may help, what other medications it could interact with and what side effects to watch for.

Be aware that some insurance companies, including Idaho Medicaid, may not pay for an "off label" medication use. Your child's health care provider may have to complete a Prior Authorization form and receive approval prior to you being able to pick up the medication from the pharmacy.

# What are Black Box Warnings?

A black box warning is the sternest warning by the U.S. Food and Drug Administration (FDA) that a medication can carry and still remain on the market in the United States.

A black box warning appears on the label of a prescribed medication to alert you and your healthcare provider about any important safety concerns, such as serious side effects or life-threatening risks.

A black box warning, also known as a "black label warning" or "boxed warning," is named for the black border surrounding the text of the warning that appears on the package insert, label, and other literature describing the medication (e.g., magazine advertising).

The FDA requires a black box warning for one of the following situations:

- The medication can cause serious undesirable effects (such as a fatal, life-threatening or permanently disabling adverse reaction) compared to the potential benefit from the drug. Depending on your health condition, you and your child's doctor would need to decide if the potential benefit of taking the drug outweighs the risk.
- A serious adverse reaction can be prevented, reduced in frequency, or reduced in severity by proper use of the medication. For example, a medication may be safe to use in adults, but not in children.

From <http://drugs.about.com/od/medicationabcs/a/BlackBoxWarning.htm>

## Medication Types in this Guide

Several different types of medications used to treat behavioral or emotional disorders in children and adolescents are described in this guide including:

- Antipsychotics
- Antidepressants
- Mood stabilizers
- Medications for Disorders of Attention (ADHD,ADD)
- Anti-anxiety medications
- Medication used for sleep

The overview of each type of medication will have the names of some of the most often used medications, what disorders they are used to treat, possible side effects and the follow - up that will be needed. **The medications will be listed using their generic names with their brand names in parentheses.**

**Remember:** Talk to your child's health care provider, nurse or pharmacist if you have any questions about the medication(s) prescribed for your child.

# ANTIPSYCHOTICS

May be used to treat the following disorders

- Bipolar Disorder
- Depression
- Irritability/Aggression in Autism
- Obsessive-Compulsive Disorder (OCD)
- Post-Traumatic Stress Disorder (PTSD)
- Schizoaffective Disorder
- Schizophrenia
- Tourette's Syndrome

Antipsychotics work by changing important chemicals in the brain. There are two major groups of antipsychotic medications: traditional (or first generation) antipsychotics and atypical (or second generation) antipsychotics. Traditional antipsychotics are used far less frequently than the newer atypical antipsychotics.

## Generic name (Brand name)

Traditional Antipsychotics	Atypical Antipsychotics
chlorpromazine (Thorazine)	aripiprazole (Abilify)
haloperidol (Haldol)	asenapine (Saphris)
perphenazine (Trilafon)	clozapine (Clozaril)
thiothixine (Navane)	iloperidone (Fanapt)
trifluoperazine (Stelazine)	olanzapine (Zyprexa)
	paliperidone (Invega)
	quetiapine (Seroquel)
	risperidone (Risperdal)
	ziprasidone (Geodon)

## Possible Side Effects

Traditional Antipsychotics	Atypical Antipsychotics
Abnormal movements	Abnormal movements
Blurred vision	Diabetes, insulin resistance
Constipation	Dizziness
Dizziness	Drowsiness
Drowsiness	Lipid abnormalities
Dry mouth	Low white blood cell count*
Motor restlessness	Motor restlessness
Muscle stiffness	Muscle stiffness
Tardive Dyskinesia with long time use	Vision changes
Tremors, Muscle Spasms	<b>Weight gain (can be significant)</b>
	Prolactinemia (increase in prolactin hormone from the pituitary gland - resulting in possible pituitary tumors, changes in menstruation, breast size)

Follow up tests and checks will depend on the specific antipsychotic medication, but may include:

- Blood chemistry tests
  - Blood pressure
  - Blood sugar testing (more common with atypical antipsychotics)
  - Cholesterol testing
  - Electrocardiogram (ECG)
  - Heart rate checks
  - Height, Weight
- \*Weekly blood tests (clozapine only)

# ANTIDEPRESSANTS

## May be used to treat the following disorders

- Anxiety (including Generalized Anxiety, Social Anxiety and Panic Disorders)
- Bed-wetting
- Depression
- Eating Disorders
- Obsessive Compulsive Disorder
- Pain Syndromes
- Posttraumatic Stress Disorder (PTSD)
- Pre-menstrual Syndrome
- Seasonal Affective Disorder

Antidepressants may take up to 8-10 weeks to reach a therapeutic level. Do not stop these medications without talking to your child's health care provider first. Problems can occur if the medication is stopped suddenly without slowly reducing (tapering) the dose.

Selective Serotonin Reuptake Inhibitors (SSRI) and Serotonin/Norepinephrine Reuptake Inhibitors (SNRI) are used most often today because they work well and usually have fewer side effects than tricyclic antidepressants (TCA). Some SSRI's and TCA's also have FDA approval for use in children and adolescents.

Types of Antidepressant Medication		Generic name (Brand name)
Tricyclic Antidepressants	SSRI/SNRI	Other
amitriptyline (Elavil)	citalopram (Celexa)	bupropion (Wellbutrin)
desipramine (Norpramin)	desvenlafaxine (Pristiq)	mirtazepine (Remeron)
doxepin (Sinequan)	duloxetine (Cymbalta)	trazodone (Desyrel)
imipramine (Tofranil)	escitalopram (Lexapro)	vilazodone (Viibryd)
nortriptyline (Pamelor)	fluoxetine (Prozac)	
	fluvoxamine (Luvox)	
	paroxetine (Paxil)	
	sertraline (Zoloft)	
	venlafaxine (Effexor)	

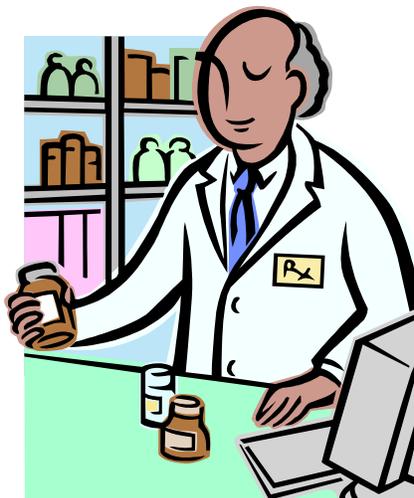
## Possible Side Effects

Tricyclic Antidepressants	SSRIs and SNRIs
Agitation/Mood irritability	Appetite change
Blurry vision	Headache
Constipation	Insomnia (versus sedation)
Dizziness	Mood irritability
Drowsiness, Sedation	Nausea
Dry Mouth	Nervousness/Agitation
Urinary retention	Weight loss (versus weight gain)

### Follow up tests, checks and things to watch for

- Worsening of depression and thoughts about suicide.
- Blood tests may be needed.
- Blood pressure checks may be needed.

**Remember:** Talk to your child's health care provider, nurse or pharmacist if you have any questions about the medication(s) prescribed for your child.



# MOOD STABILIZERS

May be used to treat the following disorders

- Aggression
- Bipolar disorder
- Migraines
- Mood dysregulation
- Seizures

These medications (mood stabilizers) include certain antipsychotics, antidepressants (both previously discussed) as well as anticonvulsants and lithium.

Your child's health care provider will choose a specific medication based on your child's specific symptoms and to meet your child's needs.

Anticonvulsants	Other
carbamazepine (Tegretol) divalproex (Depakote) lamotrigine (Lamictal) oxcarbazepine (Trileptal)	Atypical Antipsychotics Lithium (Eskalith, Lithobid)

## Possible Side Effects

Anticonvulsants	Lithium	Atypical Antipsychotics
Dizziness Headache Liver problems Menstrual irregularities Nausea/diarrhea Rash Sedation Tremor	Acne Excessive thirst Frequent urination Gastrointestinal symp Nausea Thyroid problems Tremor Weight gain	Diabetes, insulin resistance Dizziness Drowsiness Lipid abnormalities Low white blood cell count Muscle stiffness Weight gain Prolactinemia (increased prolactin level)

## Follow Up Steps to Take

### Anticonvulsants

- Blood tests will be needed including:  
Platelet count (platelets are cells that work to stop bleeding)  
Liver function tests  
Weight checks  
Serum levels

### Lithium

- Frequent monitoring of Lithium level, thyroid and kidney functioning
- Weight checks
- Contact child's health care provider if the child has a fever, diarrhea, sweats heavily or becomes dehydrated.

### Lamotrigine and Depakote

- Watch for rash - report any rash immediately to your child's health care provider.

For some of these medications, blood tests are needed to check the amount (level) of medication in your child's blood. Your child's health care provider may need to adjust the dose your child is prescribed if the blood levels are too low or too high.



# Stimulants and other Medications for ADHD/ADD

Can be used to treat the following disorders

- Attention Deficit Hyperactivity Disorder (ADHD)
- Attention Disorders - Combined Type; Inattentive Type; and Primarily Hyperactive/Impulsive Type

ADHD is the most common behavioral or emotional disorder in children. Stimulants are frequently prescribed to help children with ADHD to focus and ignore distractions. **Non-stimulant medications that are used to treat ADHD are also listed below\***. Some of these medications will last most of the day. Others have an effect for a few hours. Your prescriber will work to find the one that works best for your child.

## Medications Used for ADHD/ADD

Generic Names	Brand Names
*atomoxetine	Strattera
*clonidine	Catapres, Kapvay
*guanfacine	Tenex, Intuniv
dextroamphetamine sulfate (amphetamine)	Dexedrine, Dexedrine Spansules
dexmethylphenidate	Focalin, Focalin XR
lisdexamfetamine dimesylate	Vyvanse
methylphenidate short and intermediate acting lasting 3-4 hours	Methylin, Methylin ER, Ritalin, Ritalin SR,
methylphenidate long acting lasting 8-12 hours	Concerta, Metadate CD, Metadate ER, Daytrana, Ritalin LA
mixed amphetamine salts	Adderall, Adderall XR

## Possible Side Effects

- Decreased appetite/ weight loss
- Dizziness
- Dry mouth
- Dysphoria - feeling sad, restless, anxious without a known reason
- Headaches/Stomachaches
- Increased heart rate and blood pressure
- Irritability, moodiness
- Jitteriness/Anxiety
- Perseverative behaviors (keeps going, doesn't stop)
- Sleep problems
- Tics (motor and/or vocal)

## Follow up Steps to Take

- Before starting this medication, your child's primary care physician should evaluate your child with a physical exam to rule out heart diseases.
- Your child's blood pressure and heart rate will be checked before treatment and periodically during treatment. Your child's height and weight will also be monitored.

**Remember: Talk to your child's health care provider, nurse or pharmacist if you have any questions about the medications prescribed for your child.**



# Anti-Anxiety Medications

Can be used to treat the following disorders

- Generalized Anxiety
- Obsessive Compulsive Disorder (OCD)
- Panic Disorder
- Post-Traumatic Stress Disorder (PTSD)
- Separation Anxiety

Anxiety in children is a common problem and can often cause them to have feelings of fear, nervousness, and shyness. Depending on a child's situation and neurochemistry, these feelings may not go away despite counseling and may result in a child avoiding certain places, activities, and social interactions. Anti-anxiety medications are used to help relieve symptoms of severe anxiety to maximize a child's functioning and emotional health.

Today, the most commonly used anti-anxiety medications are antidepressants called Selective Serotonin Reuptake Inhibitors (SSRI's). Other anti-anxiety medications include Benzodiazepines, Antihistamines, Tricyclic Antidepressants; low dose Antipsychotics, as well as a medication called buspirone.

## Types of Anti-Anxiety Medications      Generic name (Brand name)

<b>SSRI</b>		<b>Benzodiazepines</b>	
citalopram	(Celexa)	alprazolam	(Xanax)
escitalopram	(Lexapro)	chlordiazepoxide	(Librium)
fluoxetine	(Prozac)	clonazepam	(Klonopin)
fluvoxamine	(Luvox)	diazepam	(Valium)
paroxetine	(Paxil)	lorazepam	(Ativan)
sertraline	(Zoloft)	oxazepam	(Serax)
<b>Antianxiety</b>		<b>Antihistamines</b>	
buspirone	(Buspar)	hydroxyzine hcl	(Atarax)
		hydroxyzine pamoate	(Vistaril)

# CAUTION

- SSRI's may take up to 8 weeks to have a good effect. **Do not stop these medications without first talking to your child's healthcare provider** as your child may need to be weaned off the medication depending on how long your child has been taking it.
- Buspirone may take up to 2 weeks to have a good effect. **Do not stop this medication without first talking to your child's healthcare provider.**

## Possible Side Effects

SSRI	Benzodiazepines	Buspirone	Antihistamines
Agitation Headache Insomnia Nausea Nervousness	Balance problems Blurry vision Confusion Dizziness Drowsiness Memory Loss Sleepiness Worsening- behavior	Agitation Dizziness Headache Lightheadedness Nausea Nervousness	Balance problems Blurred Vision Confusion Dizziness Drowsiness Dry mouth Heartburn Sleepiness

## Follow up Steps to Take

- Watch for improvement in anxiety symptoms and any worsening side effects while taking these medications.
- If your child takes a SSRI for depression, watch for thoughts of suicide and contact your healthcare provider immediately if these symptoms occur.
- Do not stop these medications suddenly without slowly reducing (tapering) the dose as directed by your healthcare provider.
- While taking buspirone, avoid grapefruit juice.
- Teenagers should avoid alcohol use

# Sleep Medications



Can be used to treat the following disorders

- Insomnia (short-term treatment)

Insomnia is a condition where a person has trouble falling asleep or staying asleep. As a result, energy level, mood, academic performance, quality of life, and overall health are all affected.

How much sleep someone needs varies from person to person. Generally speaking, children need on average 9-12 hours of sleep per night. These medications are generally not used as a first line treatment of insomnia. Understanding and dealing with the underlying issues that are disrupting sleep are always the first step. **Sleep medications are used for the short-term treatment of insomnia and should not be used for long-term treatment unless your child's healthcare provider thinks otherwise.**

## Types of Sleep Medications

### Generic name (Brand name)

prazosin	(Minipress)
mirtazapine	(Remeron)
diphenhydramine	(Benadryl)
trazodone	(Desyrel)

## Possible Side Effects

Headache	Dizziness
Weakness	Nausea
Memory loss	Daytime sleepiness
Hallucinations	Dry mouth
Confusion	Blurred Vision
Balance problems	Heartburn

**NOTE:** Children can be more sensitive to the side effects of antihistamines. Often, children can become excited rather than sleepy if they take this type of medication.

## Follow up Steps to Take

- After taking sleep medications, watch for the time it takes the child to fall asleep, the number of nighttime awakenings, and the effect on daytime activities.
- Watch for side effects and how they may effect daytime activities.
- Blood tests may be needed before the start of treatment though not usually.
- Child's physician may recommend a sleep study.

**Remember: Talk to your child's healthcare provider, nurse, or pharmacist if you have any questions about the medications prescribed for your child.**



# Medication Safety



Keep an updated list of all the medications your child takes. Include prescription medications, over-the-counter medicines and herbal remedies and vitamins. Share this list with your child's prescriber and pharmacist.

Be sure that all medications are kept out of reach of children and stored in locked container. Be especially careful with medications that look like water or soft drinks. Please do not ever tell your child that his or her medicine is "candy".

Some medications need to be kept in the refrigerator. But, be sure medications do not freeze or become exposed to moisture or extreme temperatures. . Keep medications separate from food.

Always read the medication labels carefully before you give your child medication. Be sure that it is your child's medication and that you are giving the right dose, at the right time, and in the correct way. **Regardless of the age of your child, do not give the responsibility of taking a medication to the child.**

Give medication to your child where there is adequate light so you can read the medication label easily.

Keep medicine in its original bottle or container from your pharmacy. Do not mix different medications together in the same container because then you will not be able to tell which medication is which.

Never give your child's medications to someone else. If you think your child is using illicit drugs and/or alcohol, please let your child's prescriber know as soon as possible because prescribed medication can interact negatively with these substances.

Dispose of any medication that has expired or that your child's prescriber has stopped. Dispose of any medication that does not have a label on the container. Dispose of medication so that children and animals will not find them. A good way to do this is to wrap the medication in duct tape or dispose of it mixed with kitty litter.

# Medications for \_\_\_\_\_ (child's name)

Prescriber: \_\_\_\_\_

Date Prescribed: \_\_\_\_\_ Date discontinued: \_\_\_\_\_

Brand name/generic name: \_\_\_\_\_

What the medication is for: \_\_\_\_\_

Dose (ie. mg, pills, puffs, drops etc): \_\_\_\_\_

When to take (when and times per day): \_\_\_\_\_

Prescriber: \_\_\_\_\_

Date Prescribed: \_\_\_\_\_ Date discontinued: \_\_\_\_\_

Brand name/generic name: \_\_\_\_\_

What the medication is for: \_\_\_\_\_

Dose (ie. mg, pills, puffs, drops etc): \_\_\_\_\_

When to take (when and times per day): \_\_\_\_\_

Prescriber: \_\_\_\_\_

Date Prescribed: \_\_\_\_\_ Date discontinued: \_\_\_\_\_

Brand name/generic name: \_\_\_\_\_

What the medication is for: \_\_\_\_\_

Dose (ie. mg, pills, puffs, drops etc): \_\_\_\_\_

When to take (when and times per day): \_\_\_\_\_

# Resources

## General resources on the web

[www.aacap.org](http://www.aacap.org) American Academy of Child and Adolescent Psychiatry (AACAP) has multiple resources, including Facts for Families and a section of great related web sites that's constantly updated.

[www.aboutourkids.org](http://www.aboutourkids.org) This is NYU's Child Study Center. Lots of resources.

[www.aap.org](http://www.aap.org) American Academy of Pediatrics.

[www.cfw.tufts.edu](http://www.cfw.tufts.edu): Tuft University's Child and Family webguide.

[www.parentsmedguide.org](http://www.parentsmedguide.org); Developed jointly by the American Psychiatric Association the American Academy of Child and Adolescent Psychiatric.

<http://www.webmd.com> Add-Adhd/guide/Adhd-treatment-overview

<http://www.psychguides.com/> Bipolar%20Handout.pdf

<http://www.nimh.nih.gov/Health/publications/medications/antidepressant-medications.shtml>

<http://www.nimh.nih.gov/health/publications/medications/antipsychotic-medications.shtml>

<http://www.psycheducation.org/> Depression/meds/moodstabilizers.htm

<http://store.samhsa.gov/shin/content/SMA11-4634CD-DVD/MedicationManagementChild-IDBD.pdf> Medication Management - Interventions for Disruptive Behavior Disorders

<http://store.samhsa.gov/product/Interventions-for-Disruptive-Behavior-Disorders-Evidence-Based-Practices-EBP-KIT/SMA11-4634CD-DVD> Evidence Based Interventions for Disruptive Behavior Disorders

## Specialty Websites for Parents

ADHD: [www.addresources.org](http://www.addresources.org); [www.chadd.org](http://www.chadd.org) (Children and Adults with ADD)

Anxiety: [www.adaa.org](http://www.adaa.org) (Anxiety Disorders Association of America)

Autism: [www.autism-society.org](http://www.autism-society.org); [www.autismspeaks.org](http://www.autismspeaks.org)

Bipolar: [www.bpkids.org](http://www.bpkids.org) (Child and Adolescent Bipolar Foundation);

[www.dbsalliance.org](http://www.dbsalliance.org) (Depression and bipolar support Alliance)

[www.ocfoundation.org](http://www.ocfoundation.org) Obsessive Compulsive Disorder

[www.ptsdinfo.org](http://www.ptsdinfo.org) PTSD

[www.tsa-usa.org](http://www.tsa-usa.org) Tourettes syndrome

<http://www.nami.org/> National Alliance on Mental Illness

<http://www.ffcmh.org/> National Federation of Families for Children's Mental Health

<http://idahofederation.org/> Idaho Federation of Families for Children's Mental Health

<http://www.nami.org/MSTemplate.cfm?MicrositeID=75> Idaho National Alliance on Mental Illness

## **Textbooks**

*Pediatric Psychopharmacology: Fast Facts*, by Daniel Connor, MD and Bruce Meltzer, MD,  
Norton Publishing, 2006

*Child and Adolescent Clinical Psychopharmacology, Fourth Edition*, by Wayne Green, Wolters  
Kluwer/Lippincott Williams and Wilkins, 2007

*Clinical Manual of Child and Adolescent Psychopharmacology*, edited by Robert Findling, MD,  
APA Publishing, 2008

# GLOSSARY

**AGGRESSION** - Violent, angry behavior toward others

**ANTIDEPRESSANTS** - Medications used to treat depression as well as anxiety.

**ANTIPSYCHOTICS** - Medications used to treat mental health disorders that cause disorganized thinking such as schizophrenia or aggression/agitation in individuals with developmental disabilities such as severe autism.

**ANTI-ANXIETY MEDICATIONS** - Medications used to treat anxiety or nervousness

**ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)** - A common condition where a child has a hard time controlling his activity and/or has problems with inattention/ concentration. Children with ADHD often struggle with paying attention, following directions, sitting still in school.

**BIPOLAR DISORDER** - A mental health disorder where a person has extreme changes in mood from being very excited, impulsive and active (mania) for discrete period of time to feeling sad and with low-energy and lack of interest (depression). Bipolar disorder used to be called "manic-depression". In children Bipolar Disorder can look similar to Schizophrenia.

**BRAND NAME** - The name a pharmaceutical company gives to a medication. For example, Tylenol is a brand name for the medication acetaminophen. Motrin is a brand name for the medication ibuprofen.

**DELUSION** - A false belief about what is real.

**DEPRESSION** - A mental health disorder when a person feels sadness, low energy, no interest in activities previously enjoyed and may or may not experience suicidal ideation associated with their depressed mood.

**GENERIC NAME** - The chemical name of a drug. Once an innovator of a drug loses its patent, other companies can manufacture and sell the drug under its

generic name as a generic.

**HALLUCINATION** - Seeing things or hearing sounds that do not really exist.

**INFORMED CONSENT** - Permission given by a child's parent or legal guardian for a specific treatment(s) (i.e. medication) to be used. The healthcare provider must explain why a medication or treatment would be helpful, what the possible side effects could be and the alternatives to that specific treatment. The parent or legal guardian must express understanding of this information and agree to the specific treatment (i.e. medication). Older children and adolescents must be included in this discussion and give their assent (agreement).

**INSOMNIA** - Difficulty falling asleep or staying asleep.

**MEDICATION INTERACTIONS** - One medication affecting how another medication works. This can occur whenever there is more than one medication (either prescribed or purchased over-the-counter) taken by a child. Negative interactions can also occur with use of illicit drugs and/or alcohol.

**MOOD REACTIVITY, MOOD DYSREGULATION, MOOD LABILITY** - A child's mood (feelings and behaviors) changes frequently and the child seems to be unable to control his mood. For example, he may show extreme anger over a small problem or for no apparent reason.

**MOOD STABILIZERS** - Medications that help to keep a child's mood be more settled. These medications can also be used to treat seizure disorder and migraines.

**NURSE PRACTITIONER** - A nurse practitioner (NP) is a nurse with a graduate degree in advanced practice nursing. In some states, including Idaho, NP practice is completely independent. Other states require that NPs work with an MD for prescriptive practice privileges or to get licensed. They are licensed through a process that takes place at the state level under state laws. They may also be certified through national organizations, with consistent professional practice standards across all states.

**OBSESSIVE COMPULSIVE DISORDER (OCD)** - Anxiety disorder causing extreme emotional distress secondary to a person's experiences of frequent

intrusive thoughts as well as compulsive behaviors that interfere with their daily functioning. For example, a person with OCD who is very worried about germs may need to wash his hands over and over, many times during the day.

**PANIC DISORDER** - A condition where a person has sudden, repeated attacks of overwhelming fear and anxiety that come on unexpectedly.

**PEDIATRICIAN** - An MD (Medical Doctor) or DO (Doctor of Osteopathic Medicine) that specializes in caring for children and adolescents.

**PERSON-CENTERED TREATMENT PLANNING** - Treatment planning which is characterized by fully engaging an individual, their family and other people they consider critical to their success in building a collaborative treatment plan.

**PHYSICIAN ASSISTANT** - Physician assistants, also known as PAs, practice medicine under the direction of physicians and surgeons. They are formally trained to examine patients, diagnose injuries and illnesses, and provide treatment including prescribing medications.

**POST-TRAUMATIC STRESS DISORDER (PTSD)** - A reaction to a traumatic event such as an accident, attack or highly stressful situation including exposure to significant abuse or neglect. The individual may not be the victim but can be witness to. PTSD symptoms may be seen shortly after the event or not for months or years later. Symptoms may include nightmares about the event, intrusive thoughts/flashbacks, depression and avoiding places that may remind the person of the event. The child may be hyper vigilant, constantly being on the "look out" for something bad to happen and/or a fight or flight response when reminded of the trauma by a "trauma trigger." PTSD can also cause increased mood reactivity and trauma re-enactment. The latter is most often observed in children.

**PREMENSTRUAL DYSPHORIC DISORDER (PMDD)** - Feelings of depression, nervousness and anger that occurs repeatedly every month prior to a young woman's menstrual period. Also called Hormonal Mood Dysregulation.

**PRIAPISM** - Painful penile or clitoral erection that requires immediate treatment. It is a potential, although rare, side effect with some medications.

**PSYCHIATRIST** - An MD or DO that specializes in emotional and behavioral health problems.

**SCHIZOAFFECTIVE DISORDER** - A condition where a child may experience unusual thoughts like hallucinations or delusions as well as signs of a mood disorder. A child with this disorder meets the criteria for schizophrenia as well as a mood disorder.

**SCHIZOPHRENIA** - A chronic, severe psychiatric disorder that can cause a person to be confused about what is real and what is not real. The person may hear voices or sounds or see things that are not real (hallucinations). The person may be confused about who they are or why things happen (delusions). They may also feel that other people are "out to get them" (paranoia).

**SEASONAL AFFECTIVE DISORDER** - Feelings of sadness and depression that happens at the same time every year, often starting in the fall and lasting through winter.

**SIDE EFFECTS** - Adverse or unwanted effects that begin after starting on a medication. Side effects are unwanted changes that occur in addition to the intended positive effects.

**SOCIAL ANXIETY** - Severe nervousness or shyness with other people as well as avoidance of social situations.

**TAPER** - To slowly lower a medication dose over time so that the child's body can adjust to the lower dose or to stopping the medication. Many medications need to be "tapered" rather than stopped suddenly. Talk to your child's health care provider before stopping any medication.

**TARDIVE DYSKINESIA** - A neurological disorder characterized by involuntary uncontrollable movements especially of the mouth, tongue, trunk, and limbs and occurring more frequently in individuals taking antipsychotic (especially traditional/1<sup>st</sup> generation) medications for many years.

**TITRATE** - To slowly increase a medication dose so that your child gets used to the medication. Talk to your child's health care provider before changing how much medication you administer to your child.

**TOXIC** - Poisonous. Medications that are not used correctly can be toxic to your child.

**TREATMENT PLAN** - List of goals, objectives and strategies which guide an individual consumer's therapeutic interactions to "fix" what isn't working in the consumer's life. Traditionally treatment plans were written for the patient. See Person-Centered Treatment Planning for a more contemporary approach to treatment planning.

**TREMOR** - Uncontrolled shaking or trembling of the hands, arms and/or legs.

**URINARY RETENTION** - When a child is unable to urinate when his bladder feels full. If your child says that he cannot urinate or has trouble urinating, contact your health care provider right away.

What follows is a list of medications referenced in this guide, cross referenced with a list of medications with FDA approval for specific age groups. The FDA approved age list was compiled by the National Institutes of Mental Health.

A complete list of Mental Health Medications can be found at <http://www.nimh.nih.gov/health/publications/mental-health-medications/index.shtml>

Generic Name	Trade/Brand Name	FDA Approved Age
<b>Conventional antipsychotics</b>		
haloperidol	Haldol	3 and older
chlorpromazine	Thorazine	18 and older
thiothixine	Navane	18 and older
perphenazine	Trilafon	
trifluoperazine	Stelazine	18 and older
<b>Atypical antipsychotics</b>		
aripiprazole	Abilify	10+ for bipolar disorder, manic or mixed episodes; 13-17 for schizophrenia and bipolar
clozapine	Clozaril	18 and older
olanzapine	Zyprexa	18 and older; ages 13-17 a second line treatment for manic or mixed episodes of bipolar disorder and schizophrenia.
quetiapine	Seroquel	13+ for schizophrenia ; 18+ for bipolar disorder; 10-17 for treatment of manic and mixed episodes of bipolar disorder
risperidone	Risperdal	13+ for schizophrenia; 10+ for bipolar mania and mixed episodes; 5-16 for irritability associated with autism
ziprasidone	Geodon	18 and older
asenapine	Saphris	
iloperidone	Fanapt	18 and older
paliperidone	Invega	18 and older
<b>Antidepressants (Tricyclic)</b>		
amitriptyline	Elavil	18 and older
desipramine	Norpramin	18 and older
doxepin	Sinequan	12 and older
imipramine	Tofranil	6+ for bedwetting
nortriptyline	Pamelor	18 and older

<b>Antidepressants (SSRI/SNRI)</b>		
citalopram	Celexa	18 and older
fluoxetine	Prozac	8 and older
escitalopram	Lexapro	18 and older 12-17 for major depressive disorder
fluvoxamine	Luvox	8 + for OCD only
sertraline	Zoloft	6+ for OCD only
venlafaxine	Effexor	18 and older
duloxetine	Cymbalta	18 and older
desvenlafaxine	Pristiq	18 and older
paroxetine	Paxil	18 and older
<b>Antidepressants (Other)</b>		
bupropion	Wellbutrin	18 and older
mirtazepine	Remeron	18 and older
trazodone	Desyrel	18 and older
Vilazodone	Viibryd	
<b>Mood Stabilizers (anticonvulsants)</b>		
divalproex	Depakote	2+ for seizures
carbamazepine	Tegretol	Any age for seizures
lamotrigine	Lamictal	18 and older
oxcarbazepine	trileptal	4 and older
<b>Mood Stabilizers (Other)</b>		
lithium	Eskalith, Lithobid	12 and older
Atypical Antipsychotics	See previous listing for atypical antipsychotics	
<b>Stimulants and others for ADHD</b>		
dextroamphetamine sulfate (amphetamine)	Dexedrine, Dexedrine Spansules	3 and older
*atomoxetine	Strattera	6 and older
*clonidine	Catapres, Kapvay	
*guanfacine	Tenex, Intuniv	6 and older
dexmethylphenidate	Focalin, Focalin XR	6 and older 6 and older
lisdexamfetamine dimesylate	Vyvanse	6 and older
methylphenidate short and intermediate acting lasting 3-4 hours	Methylin, Methylin ER Ritalin, Ritalin SR,	6 and older

methylphenidate long acting lasting 8-12 hours	Concerta, Metadate CD, Metadate ER, Daytrana, Ritalin LA	6 and older
mixed amphetamine salts	Adderall, Adderall XR	3 and older 6 and older
<b>Anti-Anxiety (SSRI's)</b>		
citalopram	Celexa	18 and older
escitalopram	Lexapro	18 and older 12-17 for major Depressive disorder
fluoxetine	Prozac	8 and older
fluvoxamine	Luvox	8+ for OCD only
paroxetine	Paxil	18 and older
sertraline	Zoloft	6+ for OCD only
<b>Anti-Anxiety (Benzodiazepines)</b>		
alprazolam	Xanax	18 and older
chlordiazepoxide	Librium	18 and older
clonazepam	Klonopin	18 and older
diazepam	Valium	18 and older
lorazepam	Ativan	18 and older
oxazepam	Serax	12 and older per label detail
<b>Anti-Anxiety (Anti Anxiety)</b>		
Buspirone	Buspar	18 and older
<b>Anti-Anxiety (Antihistamines)</b>		
hydroxyzine hcl	Atarax	Not listed – no label available
hydroxyzine pamoate	Vistaril	Not listed – no label available
<b>Sleep Medications</b>		
diphenhydramine	Benadryl	
mirtazapine	Remeron	18 and older
prazosin	Minipress	
trazodone	Desyrel	18 and older