It’s a Big Deal: Appropriate Use of Psychotropic Medications with Children & Youth

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“Painting” A Shared Vision...
...to ensure the appropriate use of psychotropic medications with children and youth.

Who We Are

Magellan Health Services Inc. is a health care management company that focuses on fast-growing, complex and high-cost areas of health care, with an emphasis on special population management. Magellan delivers innovative solutions to improve quality outcomes and optimize the cost of care for those we serve.

Magellan is dedicated to ensuring that children and young people with behavioral health conditions and their families receive clinically appropriate care that supports them to successfully participate in all aspects of their lives.

Our Public Sector Division manages publicly funded services and supports.

Social Context: What Impacts This Issue?

There is growing pressure on children to conform to strict behavioral standards in various settings. Behaviors that might have been seen in the past as a product of immaturity — and thus tolerated — are now seen as a problem that must be fixed quickly.

Authorities in schools, the courts and elsewhere often insist on a change in behavior immediately.

Parents are desperate to make things ok now.

Prescribers often have such busy practices that they are not able to balance pharmacotherapy with talk therapy. Appropriate psychotherapy and behavioral management therapies are often not available.

All of this leads to the perfect storm: Medication management as the primary answer to behavioral issues.

Learning Objectives

At the conclusion of this presentation, the attendee will be able to:
- Discuss why there has been an increase in the use of psychotropic medications in children and youth.
- Differentiate treatment for symptoms vs. treatment for diagnoses.
- Discuss the 13 principles for prescribing to children and youth from the AACAP practice parameter.
- Teach parents important questions to ask their prescriber before accepting a psychotropic medication for their child.
- Teach practitioners important issues to review with the parent/caregiver before prescribing medication.
The Issue

Children and youth are still developing. Little is known about the impact of medications on their development.

Children and youth are being treated with psychotropic medications that have only been approved through clinical trials with adults.

Many children and youth are taking multiple medications without benefit of positive outcomes. The use of multiple prescriptions increases the likelihood of drug interactions and other adverse effects.

Side effects include weight gain, cardiovascular disease, insulin resistance, neurological and other issues.

Medications can prevent the development of psychosocial strategies and interpersonal skills.

Inappropriate use of medications can lead to false expectations from family, school personnel and other caregivers.

Why are More Drugs being Prescribed?

Availability of new classes of drugs

- SSRIs.
- Atypical antipsychotics.
- Long-acting stimulants.

Changing federal regulations

- FDA Modernization Act: Loosened restrictions on promotion of off-label uses of medications (Buck, 2000).
- Television advertising spending increased six-fold (Rosenthal et al, 2002).

Changing clinical practice

- Low doses to minimize side effects.
- Choosing medications based on neurotransmitters, circuits and receptors (Stahl, 2013).
- This shift has contributed to polypharmacy and increased use of psychotropic medications.

Increased Use of Medications: Good or Bad?

Lack of correlation between recorded diagnoses and medication usage:

- 30% of office visits involving prescriptions of psychotropics — no psychiatric diagnosis (Goodwin et al 2001).


So What is Being Treated?

Symptoms, behaviors disconnected from diagnostic categories.

Impulsivity: When associated with ADHD, should it be treated like bipolar disorder?

Aggression: When associated with conduct disorder, should it be treated like aggression found in affective disorders?

Irritability: When associated with oppositional defiant disorder (ODD), should it be treated like irritability associated with bipolar disorder?
**An Additional Side Effect of Increased Medication Management**

Increase in use of medications, decrease in psychotherapies.

Martin & Leslie (2003): 12.1% growth in medication costs per outpatient with concomitant decrease in outpatient therapy by 9%.

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**In Summary**

Ample evidence: Increased use since 1980s.

Evidence not clear: Did this increase provide treatment for those who need it?

Children/Adolescents in the US are both under-treated and over-treated with psychotropic medications.

Data regarding certain psychotropic prescribing causes concern, suggests that prescribing practices are sometimes questionable.

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**Why the Clinical Monograph?**

Anxiety and confusion regarding use of medications in children.

Increased awareness of severe mental health problems in children.

Development of safer medications.

Increased experience of practitioners in treating younger children.

Increased behavioral expectations of very young children in settings.

Relying on medications alone can create problems as serious as the behavioral issues.

The monograph summarizes evidence-informed approaches to educate practitioners, families, consumers.

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**The Clinical Monograph**

Work group reviewed current literature.

First draft reviewed, discussed with internal and external stakeholders.

Tip sheets allow easy reference to latest recommendations.

Bibliography up-to-date and extensive.

Can be used by Magellan care managers, medical directors in educating practitioners.

Can be used by advocates, parents, consumers to educate regarding appropriate use.

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**AACAP Practice Parameter: 2009**

**Principle 1:** Before initiating pharmacotherapy, a psychiatric evaluation is completed.

**Principle 2:** Before initiating pharmacotherapy, a medical history is obtained and a medical evaluation is considered, when appropriate.

**Principle 3:** The prescriber is advised to communicate with other professionals involved with the child to obtain collateral history and set the stage for monitoring outcomes and side effects during the medication trial.

**Principle 4:** The prescriber develops a psychosocial and psychopharmacological treatment plan based on the best available evidence.

**Principle 5:** The prescriber develops a plan to monitor the patient, short- and long-term.

**Principle 6:** Prescribers should be cautious when implementing a treatment plan that cannot be appropriately monitored.

**Principle 7:** The prescriber provides feedback about the diagnosis and educates the patient and family regarding the child’s disorder and the treatment and monitoring plan.

**Principle 8:** Complete and document the assent of the child and consent of the parents before initiating medication treatment and at important points during the treatment.

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Principle 9: The assent and consent discussion focuses on the risks and benefits of the proposed and alternative treatments.


Principle 11: The prescriber reassesses the patient if the child does not respond to the initial medication trial as expected.

Principle 12: The prescriber needs a clear rationale using medication combinations.

Principle 13: Discontinuing medication in children requires a specific plan.


Easy Reference Sheets

At-a-glance: Psychotropic Drug Information for Children & Adolescents

Psychotropic Drugs: Side Effects and Teratogenic Risks

Recommended Clinical Monitoring

The Strategy

Magellan care management centers (CMCs) inform corporate-wide decisions and best practices

Appropriate use of meds with children & youth

Better Outcomes

Application will inform more new CMC approaches

A Tool to Help Parents & Caregivers

Use of the monograph and other interventions

Arizona
Decrease in the use of antipsychotics in children. Since January 2011, claims for antipsychotics have decreased by 54% and the unique members receiving antipsychotics have decreased by 52%

In the first 12 months of our initiative there was a 50% reduction of utilization for children birth to age 4 taking 3 or more medications

Louisiana
Case Conferences offer collaborative problem-solving and consultation regarding best practices

Pennsylvania
Increase in metabolic screenings
Evidenced by improved scores in TRR

Evidence by attestations returned by prescribing agencies

Change in prescribing practice/trends in response to outreach materials

Positive Outcomes and Interventions

Virginia
Learning collaborative of all stakeholders discussed locally-based interventions

Prior authorization from Magellan Rx institutes required consultation from child psychiatrist

Nebraska
Learning collaborative of all stakeholders discussed locally-based interventions

Tennessee
Commercial health plan requires prior authorization, consultation with child psychiatrist
Does This Issue Call for Policy Solutions?

Is anyone in your area developing policies to solve this problem? Are you involved in the effort? What solutions are being developed?

What solutions do you recommend?

Are there other tools that would help parents and youth meet the challenges we have discussed today?

Is Legislation or Regulation a Help or Hindrance?

Should primary care physicians be required to obtain a second opinion from a child psychiatrist or psychologist before prescribing psychotropics to children or youth?

Should health plans be required to institute prior authorization for prescribing psychotropics to kids?

Should off-label prescribing be prohibited entirely?

Can health plans be required to monitor off-label prescribing of these medications?

Can pharma be required to produce easy-to-understand guides for parents regarding medications?

Could medical boards require courses in psychopharmacology and mental health first aid as a requirement for license renewal?

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