Medication can be an effective part of the treatment for several psychiatric disorders of childhood and adolescence. A doctor's recommendation to use medication often raises many concerns and questions in both the parents and the youngster. The physician who recommends medication should be experienced in treating psychiatric illnesses in children and adolescents. He or she should fully explain the reasons for medication use, what benefits the medication should provide, as well as possible risks and side effects and other treatment alternatives.

Psychiatric medication should not be used alone. The use of medication should be based on a comprehensive psychiatric evaluation and be one part of a comprehensive treatment plan.

Before recommending any medication, the child and adolescent psychiatrist interviews the youngster and makes a thorough diagnostic evaluation. In some cases, the evaluation may include a physical exam, psychological testing, laboratory tests, other medical tests such as an electrocardiogram (EKG) or electroencephalogram (EEG), and consultation with other medical specialists.

Medications which have beneficial effects may also have side effects, ranging from just annoying to very serious. As each youngster is different and may have individual reactions to medication, close contact with the treating physician is recommended. Do not stop or change a medication without speaking to the doctor. Psychiatric medication should be used as part of a comprehensive plan of treatment, with ongoing medical assessment and, in most cases, individual and/or family psychotherapy. When prescribed appropriately by a psychiatrist (preferably a child and adolescent psychiatrist), and taken as prescribed, medication may reduce or eliminate troubling symptoms and improve the daily functioning of children and adolescents with psychiatric disorders.

Medication may be prescribed for psychiatric symptoms and disorders, including, but not limited to:

1. **Bedwetting**-if it persists regularly after age 5 and causes serious problems in low self-esteem and social interaction.
2. **Anxiety** (school refusal, phobias, separation or social fears, generalized anxiety, or posttraumatic stress disorders)-if it keeps the youngster from normal daily activities.
3. **Attention deficit hyperactivity disorder (ADHD)**-marked by a short attention span, trouble concentrating and restlessness. The child is easily upset and frustrated, often has problems getting along with family and friends, and usually has trouble in school.
4. **Obsessive-compulsive disorder (OCD)**-recurring obsessions (troublesome and intrusive thoughts) and/or compulsions (repetitive behaviors or rituals such as handwashing, counting, checking to see if doors are locked) which are often seen as senseless but which interfere with a youngster's daily functioning.
5. **Depression**-lasting feelings of sadness, helplessness, hopelessness, unworthiness and guilt, inability to feel pleasure, a decline in school work and changes in sleeping and eating habits.
6. **Eating disorder**-either self-starvation (anorexia nervosa) or binge eating and vomiting (bulimia), or a combination of the two.
7. **Bipolar (manic-depressive) disorder**-periods of depression alternating with manic periods, which may include irritability, "high" or happy mood, excessive energy, behavior problems, staying up late at night, and grand plans.
8. **Psychosis**-symptoms include irrational beliefs, paranoia, hallucinations (seeing things or hearing sounds that don't exist) social withdrawal, clinging, strange behavior, extreme stubbornness, persistent rituals, and deterioration of personal habits. May be seen in developmental disorders, severe depression, schizoaffective disorder, schizophrenia, and some forms of substance abuse.
9. **Autism**-(or other pervasive developmental disorder such as Asperger's Syndrome)-characterized by severe deficits in social interactions, language, and/or thinking or ability to learn, and usually diagnosed in early childhood.
10. **Severe aggression**-which may include assaultiveness, excessive property damage, or prolonged self-abuse, such as head-banging or cutting.
11. **Sleep problems**-symptoms can include insomnia, night terrors, sleep walking, fear of separation, anxiety.
Psychiatric Medication For Children And Adolescents:
Part II- Types of Medications

Website, American Academy of Child and Adolescent Psychiatrists (AACAP)
‘Facts for Families’ No. 29; Updated July 2004

Psychiatric medications can be an effective part of the treatment for psychiatric disorders of childhood and adolescence. In recent years there have been an increasing number of new and different psychiatric medications used with children and adolescents. Research studies are underway to establish more clearly which medications are most helpful for specific disorders and presenting problems. Clinical practice and experience, as well as research studies, help physicians determine which medications are most effective for a particular child. Before recommending any medication, the psychiatrist (preferably a child and adolescent psychiatrist) should conduct a comprehensive diagnostic evaluation of the child or adolescent. Parents should be informed about known risks and/or FDA warnings before a child starts any psychiatric medication. When prescribed appropriately by an experienced psychiatrist (preferably a child and adolescent psychiatrist) and taken as directed, medication may reduce or eliminate troubling symptoms and improve daily functioning of children and adolescents with psychiatric disorders.

1. **ADHD Medications**: Stimulant and non-stimulant medications may be helpful as part of the treatment for attention deficit hyperactive disorder (ADHD). Examples of stimulants include: Dextroamphetamine (Dexedrine, Adderal) and Methylphenidate (Ritalin, Metadate, Concerta). Non-stimulant medications include Atomoxetine (Strattera).

2. **Antidepressant Medications**: Antidepressant medications may be helpful in the treatment of depression, school phobias, panic attacks, and other anxiety disorders, bedwetting, eating disorders, obsessive-compulsive disorder, personality disorders, posttraumatic stress disorder, and attention deficit hyperactive disorder. There are several types of antidepressant medications. Examples of serotonin reuptake inhibitors (SRI's) include: Fluoxetine (Prozac), Sertraline (Zoloft), Paroxetine (Paxil), Fluvoxamine (Luvox), Venlafaxine (Effexor), Citalopram (Celexa) and Escitalopram (Lexapro). Examples of atypical antidepressants include: Bupropion (Wellbutrin), Nefazodone (Serzone), Trazodone (Desyrel), and Mirtazapine (Remeron). Examples of tricyclic antidepressants (TCA's) include: Amitriptyline (Elavil), Clomipramine (Anafranil), Imipramine (Tofranil), and Nortriptyline (Pamelor). Examples of monoamine oxidase inhibitors (MAOI's) include: Phenelzine (Nardil), and Tranylcypromine (Parnate).

3. **Antipsychotic Medications**: These medications can be helpful in controlling psychotic symptoms (delusions, hallucinations) or disorganized thinking. These medications may also help muscle twitches ("tics") or verbal outbursts as seen in Tourette's Syndrome. They are occasionally used to treat severe anxiety and may help in reducing very aggressive behavior. Examples of first generation antipsychotic medications include: Chlorpromazine (Thorazine), Thoridazine (Mellaril), Fluphenazine (Prolixin), Trifluoperazine (Stelazine), Thiotoxine (Navane), and Haloperidol (Haldol). Second generation antipsychotic medications (also known as atypical or novel) include: Clozapine (Clozaril), Risperidone (Risperdal), Quetiapine (Seroquel), Olanzapine (Zyprexa), Ziprasidone (Geodon) and Aripiprazole (Abilify).

4. **Mood Stabilizers and Anticonvulsant Medications**: These medications may be helpful in treating bipolar disorder, severe mood swings and mood swings (manic and depressive), aggressive behavior and impulse control disorders. Examples include: Lithium (lithium carbonate, Eskalith), Valproic Acid (Depakote, Depakene), Carbamazepine (Tegretol), Gabapentin (Neurontin), Lamotrigine (Lamictil), Topiramate (Topamax), and Oxcarbazepine (Trileptal).

5. **Anti-anxiety Medications**: These medications may be helpful in the treatment of severe anxiety. There are several types of anti-anxiety medications: benzodiazepines; antihistamines; and atypicals. Examples of benzodiazepines include: Alprazolam (Xanax), lorazepam (Ativan), Diazepam (Valium), and Clonazepam (Klonopin). Examples of antihistamines include: Diphenhydramine (Benadryl), and Hydroxyzine (Vistaril). Examples of atypical anti-anxiety medications include: Buspirone (BuSpar), and Zolpidem (Ambien).
Psychiatric Medication For Children And Adolescents:
Part III – Questions to Ask

Website, American Academy of Child and Adolescent Psychiatrists (AACAP)
‘Facts for Families’ No. 51; Updated November 2004

Medication can be an important part of treatment for some psychiatric disorders in children and adolescents. Psychiatric medication should only be used as one part of a comprehensive treatment plan. Ongoing evaluation and monitoring by a physician is essential. Parents and guardians should be provided with complete information when psychiatric medication is recommended as part of their child’s treatment plan. Children and adolescents should be included in the discussion about medications, using words they understand. By asking the following questions, children, adolescents, and their parents will gain a better understanding of psychiatric medications:

1. What is the name of the medication? Is it known by other names?
2. What is known about its helpfulness with other children who have a similar condition to my child?
3. How will the medication help my child? How long before I see improvement? When will it work?
4. What are the side effects which commonly occur with this medication?
5. Is this medication addictive? Can it be abused?
6. What is the recommended dosage? How often will the medication be taken?
7. Are there any laboratory tests (e.g. heart tests, blood test, etc.) which need to be done before my child begins taking the medication? Will any tests need to be done while my child is taking the medication?
8. Will a child and adolescent psychiatrist be monitoring my child's response to medication and make dosage changes if necessary? How often will progress be checked and by whom?
9. Are there any other medications or foods which my child should avoid while taking the medication?
10. Are there interactions between this medication and other medications (prescription and/or over-the-counter) my child is taking?
11. Are there any activities that my child should avoid while taking the medication? Are any precautions recommended for other activities?
12. How long will my child need to take this medication? How will the decision be made to stop this medication?
13. What do I do if a problem develops (e.g. if my child becomes ill, doses are missed, or side effects develop)?
14. What is the cost of the medication (generic vs. brand name)?
15. Does my child’s school nurse need to be informed about this medication?

Treatment with psychiatric medications is a serious matter for parents, children and adolescents. Parents should ask these questions before their child or adolescent starts taking psychiatric medications. Parents and children/adolescents need to be fully informed about medications. If, after asking these questions, parents still have serious questions or doubts about medication treatment, they should feel free to ask for a second opinion by a child and adolescent psychiatrist.