

Prescribing Psychotropic Medication to Children Under 6 Years in State Guardianship Schematic Summary for Prescribers

This schematic was developed to help lead prescribers, caseworkers and therapeutic providers through the process to obtain psychotropic medication consent for a child under age six in state guardianship. The key principal that guides this process flow is that very young children require more time and information for a comprehensive clinical assessment and a trial of evidence-based psychotherapy before psychotropic medication can be considered. Because diagnosing is difficult in children ages 0-5 and the impact of psychotropic medications on brain development is largely unknown, careful consideration will be given to each consent request for this population.

If the child is 0-3 years, that child must have a comprehensive clinical assessment and a trial of evidence-based psychotherapy, before turning to psychotropic medication. If the child is 4 or 5 years old and the need is “Urgent” as defined by Box 22 at the bottom of the second page of the schematic, a time limited consent authorization can be obtained. Non-urgent cases for children ages 4 or 5 will be referred for a comprehensive clinical assessment and a trial of evidence-based psychotherapy, before psychotropic medication is considered. If significant symptoms persist despite a trial of evidence-based psychotherapy, prescribers should consider the following:

- Caution is strongly recommended in prescribing psychotropic medication given that the long term effects on brain development are poorly understood.
- Psychotropic medication should only be used with children under age 2 if there are rare extenuating circumstances.
- Has a standardized rating scale been completed in the last 90 days?
- Have the potential benefits and risks of psychopharmacology been weighed against the risks of untreated illness?
- Might the existing treatment be exacerbating the child’s behavior?

Once the prescriber has determined that psychotropic medication is still needed, (s)he should refer to the *Guidelines for Prescribing Psychotropic Medication to Children Under 6* for information related to 1st line medication treatments for each disorder in this population. Some general principals to consider when prescribing to children under age 6:

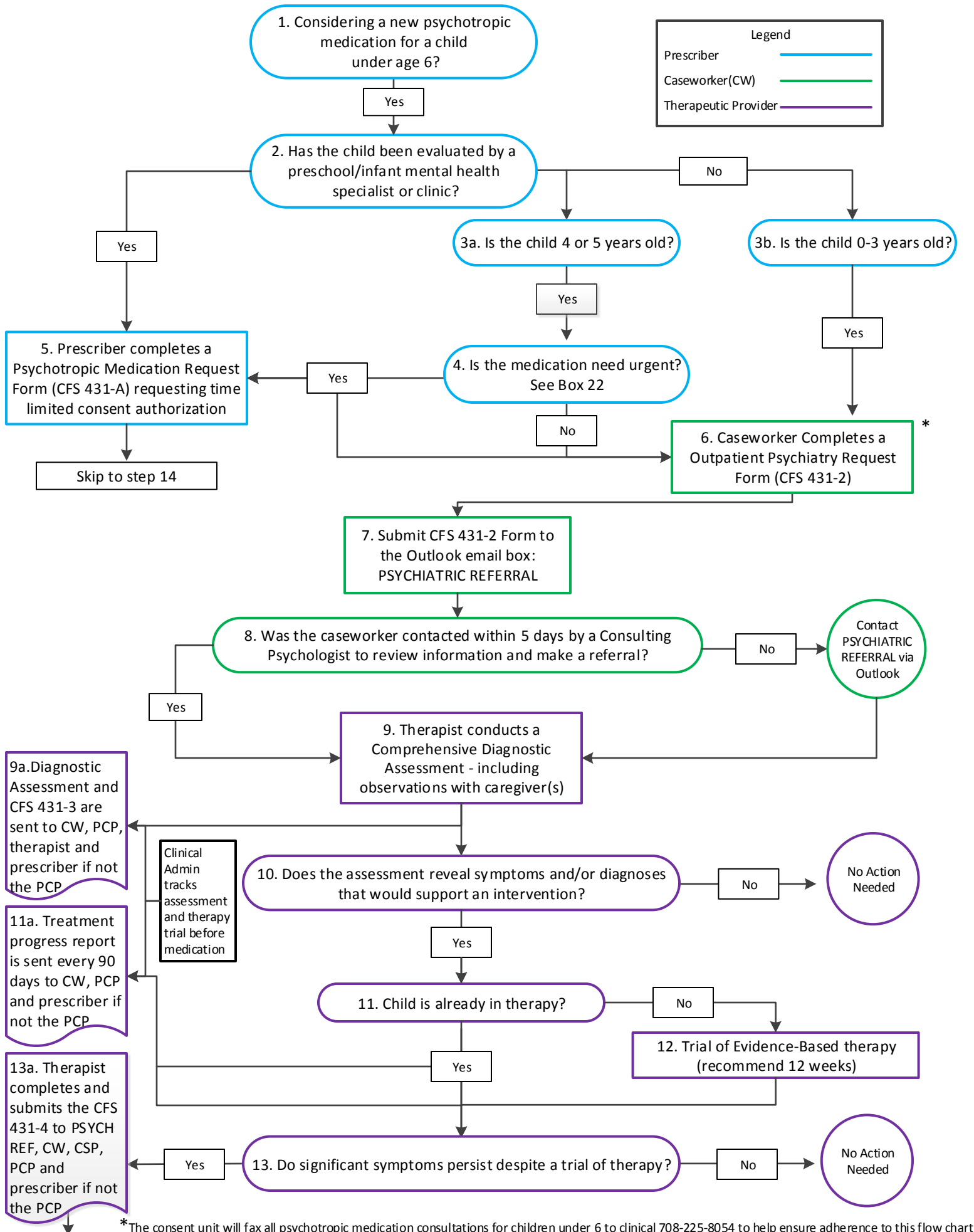
- Rule of Thumb - start low, go slow
- Monotherapy options should be exhausted before considering polypharmacy
- Continue psychotherapy interventions
- For preschool aged children, 4 medications have been FDA approved for only ages 5 and up – all others are “off-label”

If the psychotropic medication is yielding the desired results, prescribers should ask:

- Is the child receiving psychosocial interventions?
- Is the parent/patient engaged in the child’s treatment?
- Have the therapeutic gains solidified?
- Do the therapeutic benefits of continued pharmacotherapy outweigh the risks?

After a successful medication trial (6-9 months), prescribers should consider whether it is the appropriate time to taper the psychotropic medication. Tapering should follow a gradual process 1) after one month, if child is stable further reduce dosage, 2) after two months, assess if medication can be discontinued 3) continue tapering until medication can be safely discontinued. Once the medication is fully discontinued, ongoing symptom monitoring is needed because symptoms may wax, wane or reemerge.

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14. Before Prescribing to a Young Child

- Might the existing treatment be exacerbating the child's behavior?
- Has a standardized rating scale been completed in the last 90 days?
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15. Request Consent

- Complete the CFS 431-A
- Fax to the Consent Unit 312-814-7015 with CFS 431-3, CFS 431-4 and documentation of all previous interventions and results
- Consent will be faxed back to the prescriber and the caseworker

16. Prescribe

- Refer to the *Guidelines for Prescribing Psychotropic Medication to Children Under 6*
- Rule of Thumb - start low, go slow
- Use monotherapy except in rare cases
- Continue psychotherapy interventions
- For age 5 and up, only 4 medications have been FDA approved – all others are "off-label"

17. Is the psychotropic medication yielding the desired results?

Yes

No

Consultation with CSP RN available-312 996-1927

18. Reevaluate Treatment Efficacy and Tolerability

- Are target symptoms well controlled?
- Is the medication dose adequate?
- Has the child received psychosocial interventions?
- Is the parent/patient engaged?
- Have the therapeutic gains solidified?
- Do the therapeutic benefits outweigh the risks?

19. Is it an appropriate time to taper the psychotropic medication?

Yes

No

If Time, Renew Medication (See Box 15)

20. Tapering Process

- Begin taper after a successful medication trial (6-9 months) except for stimulants.
- After one month, if child is stable further reduce dosage.
- After two months, assess if medication can be discontinued.
- Continue tapering process until medication can be safely discontinued.

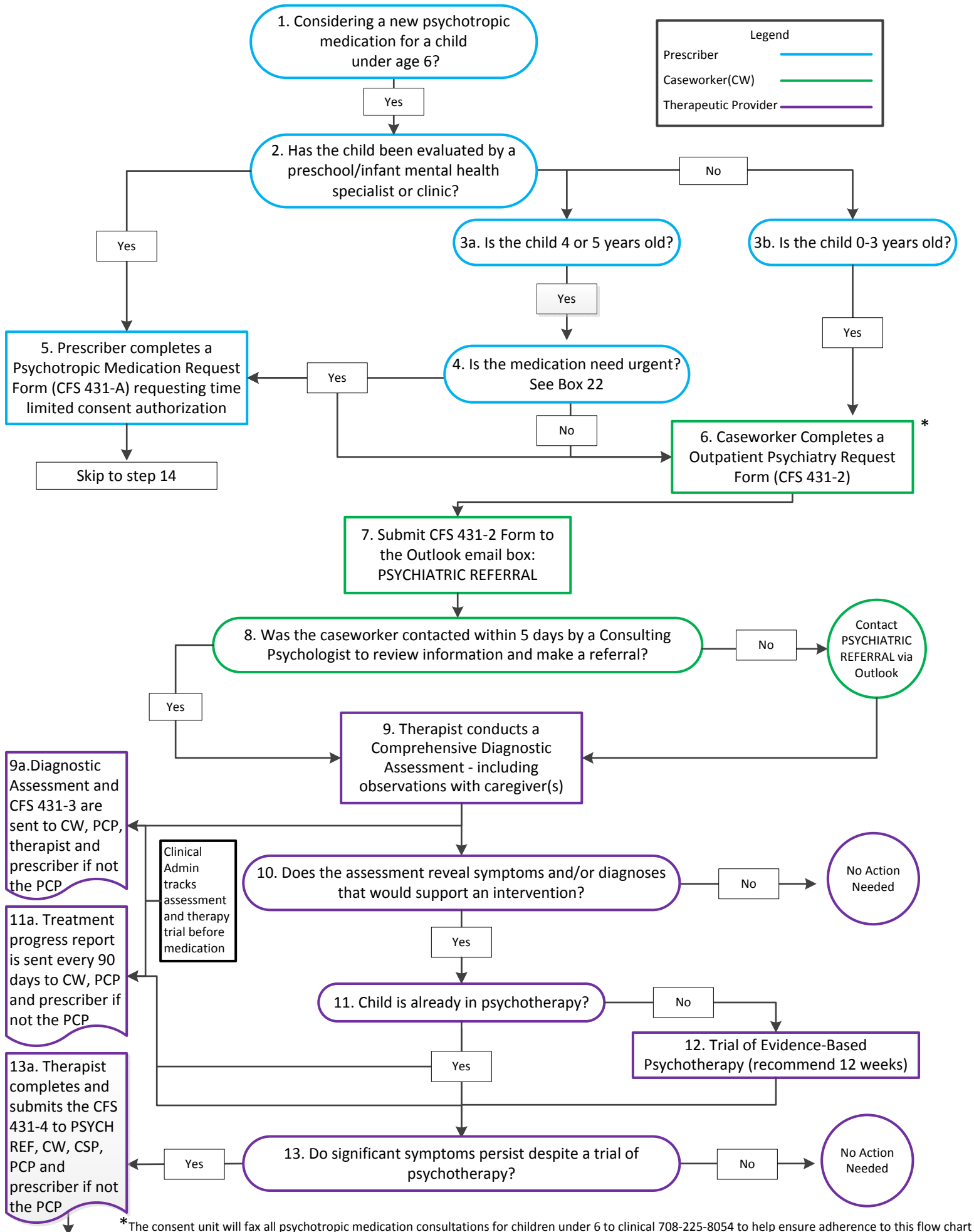
21. Ongoing Monitoring

- Needs ongoing follow-up and/or symptom monitoring by caregivers because disorders may wax, wane or reemerge.

22. Urgent Examples

- Child is chronically hyperactive, impulsive, inattentive, and/or aggressive
- Child displays an extreme change in behavior with irritable sadness, severe agitation and/or explosiveness
- Child has chronic sleep problems that are disrupting the sleep of his/her entire family or are interfering with the child's daily functioning
- Child's home and/or school placement might disrupt due to significant behavior problems

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