Expert Panel Discussion and Recommendations

Selected clinical issues – psychosis and antipsychotic medications

Atypical antipsychotic medications are among the most frequently prescribed medications for this population. Common uses are to treat psychosis, aggression, bipolar disorder and affective instability due to PTSD. The second generation antipsychotic medications have several advantages over the first generation antipsychotic medications (neuroleptics). They are less likely to cause neuroleptic malignant syndrome, extrapyramidal symptoms and tardive dyskinesia. Despite these advantages, second generation medications are associated with various adverse effects. Some are associated with hyperprolactinemia. Others cause severe weight gain, hyperlipidemia, insulin resistance, and hyperglycemia. In addition, many clinicians seem to be more likely to use co-pharmacy with two antipsychotic medications than one. This break-out group will address the following issues:

1) What monitoring is needed for children and adolescents on antipsychotic medications? How frequent? Should monitoring be mandated? Should these data be monitored by the DCFS consent unit?
2) Should DCFS recommend/mandate loss or weight maintenance programs for youth on second generation antipsychotic medications? Exercise programs? What would such a weight program entail?
3) What are the indications for co-pharmacy with antipsychotics? Should co-pharmacy with antipsychotic medications be tried before or after clozapine?

Panel Report

1) The panel felt that children and adolescents on atypical antipsychotic medications should be monitored regularly. The recommended the following protocol:
   a) Height, weight, and body mass index (BMI) at baseline prior to starting the medication, 1 time per month for 3 months then quarterly.
   b) Waist circumference (correlation with metabolic syndrome) at base line then annually.
   c) Blood pressure at baseline then once monthly for three months then quarterly.
   d) Triglycerides and fasting blood glucose at baseline then at 12 weeks.
   e) Insulin level and hemoglobin A1c as indicated.
   f) EKG at baseline.
   g) Prolactin
   h) Abnormal Involuntary Movement Scale (AIMS)
2) The panel felt that DCFS should recommend weight maintenance/weight loss programs for youth on atypical antipsychotics. Such a program would entail nutritional education, controlling portion size (especially in controlled settings such as residential treatment facilities and in psychiatric hospitals), encouraging exercise programs including walking on a treadmill or riding a stationary bike three times weekly (could be done while watching TV), helping wards identify sports they like and encouraging involvement in sports. They felt that preventive measures could include teaching children and adolescents the risks of “supersizing” their portions. The panel felt it would be more

effective to teach children what they could do to prevent weight gain when being started on the medication rather than being told that the medicine could cause weight gain. They condemned the practice of using food as a reward as this could increase the likelihood of weight gain and obesity.

3) The panel felt that in most instances youth with symptoms that are nonresponsive to antipsychotic monotherapy should be tried on clozapine before using co-pharmacy with two antipsychotics. Two situations were discussed in which the decision to utilize antipsychotic co-pharmacy may be appropriate; when a patient is being cross-titrated from one medication to another and his or her clinical conditioned worsened and when an agitated or psychotic patient already on an antipsychotic is treated for insomnia with a small dose of quetiapine. It was the consensus of the panel that these should occur only rarely.