

Study examines psychotropic medication use among US adolescents with mental disorders

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A survey finds that 14.2 percent of adolescents ages 13 to 18 years with any mental disorder reported being treated with a psychotropic medication in the last 12 months, which researchers suggest challenges concerns about widespread overmedication and misuse of psychotropic medications among young people in the U.S., according to a study published Online First by *Archives of Pediatrics & Adolescent Medicine*.

Concern has been raised about inappropriate prescribing of [psychotropic medications](#) to children and adolescents, but these criticisms have been based on anecdotal reports, studies of small unrepresentative clinical samples and secondary analyses of large databases on prescription drug use that lacked clinical information, the authors write in the study background.

The study by Kathleen R. Merikangas, Ph.D., of the National Institute of Mental Health, Bethesda, Md., and colleagues evaluated the prevalence, demographic and clinical correlates, and specificity of classes of psychotropic medications indicated for mental disorders.

The study involved 10,123 adolescents (ages 13 to 18 years) who participated in the National Comorbidity Survey Adolescent Supplement between February 2001 and January 2004. Researchers examined mental and neurodevelopmental disorders from the Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (DSM-IV).

"Among those with any DSM-IV mental disorder, 14.2 percent reported

that they had been treated with a psychotropic medication. Adolescents with ADHD [attention-deficit/hyperactivity disorder] had the highest prevalence of medication use (31 percent) followed by those with mood disorders (19.7 percent), eating disorders (19.3 percent), behavior disorders (19.3 percent), substance use disorders (14.4 percent), and anxiety disorders (11.6 percent)," the authors comment.

Antidepressants were most frequently used among those with primary mood disorders (14.1 percent); stimulant use was most common among those with ADHD (20.4 percent); and antipsychotic use was infrequent and mostly seen among those with serious developmental [disorders](#), according to the study results.

According to the authors, "the results challenge recent concerns over widespread overmedication and misuse of prescribed psychotropic medications in U.S. [adolescents](#). There was no compelling evidence for either misuse or overuse of psychotropic medications. Only 14.2 percent of youth with a mental disorder during the past year reported psychotropic use, and the majority who had been prescribed medications, particularly those who received treatment in specialty mental health settings, had a [mental disorder](#) with severe consequences and impairment, functional impairment, suicidality, or associated behavioral and developmental difficulties," the authors conclude.

In an accompanying editorial, David Rubin, M.D., M.S.C.E., of PolicyLab, Children's Hospital of Philadelphia and Perelman School of Medicine, University of Pennsylvania, writes, "Are children underusing or overusing psychotropic medications in this country? This is the questions raised by an article in this month's Archives. Contrary to a number of population-based analyses that have described high rates of use, Merikangas et al conclude that many American children with unrecognized psychiatric needs never obtain services and that fewer receive medications even when their concerns are recognized."

"The unfortunate epiphany is that the risk for overprescribing or underprescribing medication is not the same for all children in this country. For many, the challenge of accessing care acts as a natural barrier to prevent excessive medication use, even if those barriers prevent needed treatment for a child."

"To this point, I agree wholeheartedly with Merikangas et al. But for other children, principally those in publicly funded systems, advocacy to increase their access to services has opened a new can of worms; the system that we will expose them to if they swing through the access gate is ill-prepared to provide them with the appropriate services they need," Rubin concludes.

More information: Arch Pediatr Adolesc Med. Published online December 3, 2012. [doi:10.1001/jamapediatrics.2013.431](https://doi.org/10.1001/jamapediatrics.2013.431)
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