

## Study confirms rapid rise in antipsychotic treatment of medicaid-insured children

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(Medical Xpress)—A new study from the University of Maryland (UM) found that use of antipsychotic drugs from 1997 to 2006 increased 7- to 12-fold in a Medicaid population of about 500,000 children ages two to 17.

The study, the latest to confirm a rapid rise of antipsychotics prescribed among Medicaid-insured children, raises questions about America's health care system, says lead author Julie Zito, PhD, professor in the UM School of Pharmacy.

"Many were diagnosed with behavioral rather than psychotic conditions for which they have FDA-approved labeling," says Zito. "These are often children with serious socio-economic and family life problems. We need more information on the benefits and risks of using antipsychotics for behavioral conditions, such as [attention deficit hyperactivity disorder](#), ADHD, in community treated populations." Furthermore, use of [antipsychotics](#) in children with [Medicaid coverage](#) is five times that of children in the private sector—a disparity in need of greater study.

The increased use of antipsychotic medication was most prominent among youths qualifying by low family income in the state Children's [Health Insurance Program](#) (SCHIP) or through very low income in the Temporary Assistance for Needy Families (TANF) assistance program. By contrast, there was less change among the most impaired and vulnerable youths—those in foster care or those in the Supplemental

Security Income (SSI) program, i.e. youth eligible because of disability.

Zito says, "It raises questions such as 'are the standard treatments for behavior conditions sufficiently evidence-based in community populations.' Outcomes research can answer these questions." The National Institutes of Health website defines outcomes research as actively engaging in research using existing national survey datasets, and also supports, develops, and analyzes additional targeted surveys.

The study also found that many of the [children](#) received just one or two prescriptions in the study year and then left treatment. "For a behavior problem, it means they just didn't come back, so there may be a continuity problem. This suggests we need more emphasis on uninterrupted community care. But unfortunately, we have a very disjointed health care system."

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