

Fewer antibiotics for kids, but more ADHD drugs

May 15 2018, by Amy Norton, Healthday Reporter



(HealthDay)—American kids are taking fewer prescription medications

these days—but certain drugs are being prescribed more than ever, a new government study finds.

Researchers found that between 1999 and 2014, the percentage of children and teenagers who'd been given a prescription in the past 30 days dipped—from almost 25 percent, to just under 22 percent.

But the trends varied, based on the type of drug. Prescriptions for antibiotics, antihistamines and cold medicines fell, while a growing number of kids received prescriptions for asthma, heartburn and attention deficit hyperactivity disorder (ADHD).

Experts said it's hard to tell from the figures alone whether the patterns are positive or negative.

But in at least one case, the shift might reflect improved treatment, said Dr. Gary Freed, a professor of pediatrics at the University of Michigan.

He pointed to antibiotics prescriptions, which fell by close to one-half. During the study period, health experts increasingly warned of inappropriate antibiotic use—for viral infections like colds, for instance—and the growing problem of antibiotic resistance.

"So the trend in [antibiotic prescriptions](#) is probably a good thing," said Freed, who wrote an editorial accompanying the study. Both were published May 15 in the *Journal of the American Medical Association*.

Lead study researcher Dr. Craig Hales agreed.

"In the case of [antibiotics](#), there was a campaign to reduce inappropriate use," said Hales, a medical epidemiologist with the U.S. Centers for Disease Control and Prevention.

Most other changes, though, are hard to interpret, both Hales and Freed said.

For example, the drop in prescriptions for antihistamines and cold-and-cough remedies looks good on the surface. Past studies had shown that those drugs were being overused, and guidelines now say that kids younger than 18 should not take cold medications containing the ingredient codeine.

But, Hales' team said, since 1999 some of those medications have become available over-the-counter—and it's not clear how many kids are using those.

Freed made the same point. "All we know is, fewer prescriptions are being written. We don't know if over-the-counter use has increased."

Similarly, the increases in certain prescriptions are difficult to decipher.

By 2014, more kids aged 6 to 11 had prescriptions for ADHD medications, compared to 12 to 15 years earlier. Specifically, prescriptions for amphetamines, such as Adderall, nearly doubled: Just over 2 percent of 6- to 11-year-olds had a prescription for those drugs in recent years.

"On one hand, you could say, 'That's concerning,'" Freed said. "On the other, maybe we're getting better at diagnosing ADHD and treating appropriately.

"The bottom line," he said, "is that these findings are interesting, but not conclusive."

The study results are based on more than 38,000 children and teens whose families took part in an ongoing government health study.

Overall, the percentage of kids who'd taken a prescription [medication](#) in the past month dipped between the first survey—done between 1999 and 2002—and the most recent one (done between 2011 and 2014).

However, prescriptions for eight medication types rose.

They included contraceptives: Just under 9 percent of teenage girls had a prescription in recent years—up from less than 5 percent in 1999-2002. Similarly, the percentage of kids with asthma drug [prescriptions](#) rose from roughly 4 percent to just over 6 percent.

But it's not clear, Freed said, whether that means asthma diagnosis and treatment has improved.

Hales agreed. "We do know there was an increase in asthma prevalence during the study period," he said, and that could be a factor in the upward shift.

More research, Hales said, is needed to dig into the reasons for the changes seen in this study.

But regardless of national prescribing patterns, Hales said, treatment decisions for any child have to be individualized.

Freed agreed. "It has to be a one-on-one discussion between parents and their health care provider," he said.

More information: Craig Hales, M.D., medical epidemiologist, National Center for Health Statistics, U.S. Centers for Disease Control and Prevention, Hyattsville, Md.; Gary Freed, M.D., M.P.H., professor, pediatrics, University of Michigan Medical School, Ann Arbor; May 15, 2018, *Journal of the American Medical Association*

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Citation: Fewer antibiotics for kids, but more ADHD drugs (2018, May 15) retrieved 5 May 2024 from <https://medicalxpress.com/news/2018-05-antibiotics-kids-adhd-drugs.html>

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