

Little evidence to back widespread prescribing of mood-altering drugs to children for mental health issues

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There's limited evidence to back up the widespread and increasing rates of prescribing mood-altering drugs (psychotropics) as the mainstay of

mental health treatment for children and young people, warn experts in an editorial, published today in the August issue of *Drug and Therapeutics Bulletin*.

But first and foremost, current prescribing practice for these drugs--which include sedatives, anti-anxiolytics, antidepressants, antipsychotics, and melatonin--must be a lot safer, the researchers insist.

The numbers of these drugs being prescribed to children and young people has been rising steadily, along with a tendency to prescribe them for longer periods, note the editorialists. They cite previously published UK studies, showing that the prescribing rate of antipsychotics for children rose more than 3% every year between 2000 and 2019, while the prescribing rate of antidepressants more than doubled among 12-17 year olds between 2005 and 2017.

Another study shows that more than 56,000 under-17s were taking melatonin in 2022, which represents an increase of 168% on the equivalent figures for 2015.

The UK is not alone when it comes to the growing reliance on these drugs to treat children's mental health issues, the editorialists point out. They cite data from a large US household survey showing a sharp rise in the numbers of young people being prescribed a cocktail of these drugs, despite mounting concerns about the safety and effectiveness of such an approach.

The safety of psychotropic use in children is poorly researched, emphasize the editorialists. But [safety](#) concerns about antipsychotic prescribing to children in [foster care](#), in particular, have prompted the American Academy of Child and Adolescent Psychiatry to issue guidelines for clinicians, advocating a "start low, go slow" approach.

These medications must be regularly reviewed and discontinued at the earliest opportunity, say the editorialists. But the evidence suggests that clinicians in primary care don't feel confident enough to taper the dose and frequency, while hospital doctors feel that inpatient stays aren't long enough for this to be started.

"If psychotropic prescribing is to become a mainstay of the management of childhood [mental health problems](#), and there is a limited evidence base to support such use, it needs to be safer," write the editorialists.

"There is a need to better understand the level of risk that psychotropics pose, what doses are considered safe in different age groups, and at what point physical health monitoring should become mandatory."

They conclude, "Better joined-up oversight and shared decision-making, involving young people and their families in discussions about medication both in primary and secondary care, to ensure that treatments are not continued when no longer required, is vital."

More information: Challenging use of psychotropic medication in young people, *Drug and Therapeutics Bulletin* (2024). [DOI: 10.1136/dtb.2024.000022](#)

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