

PSYCHOSOCIAL DYSFUNCTION

Leading cause of disability among children and adolescents (Pagano, 2000).



PSYCHOTROPIC MEDICATION USE AMONG STUDENTS

- ADHD – more than 6 million students between the ages of 4 – 18 years.
- Mood stabilizers – increased more than 400% among youths < 18 years old.
- Anti-psychotics – increased more than 300% among youths < 18 years old.



(Zito, et al, 2002)

GENERAL CONSIDERATIONS

- Psychotropics should be prescribed in conjunction with psychosocial *and* educational interventions
- Psychotropics should be prescribed only for persistent conditions, not transient symptoms
- Psychotropics and off- label use of other medications often lack FDA guidelines for children and adolescents

MONITORING

Observation (negative and/or positive changes):

- Sleepiness
- Attentiveness/Focus
- Productivity
- Demeanor
- Behaviors
- Appetite
- Health Office Visits
- Attendance

PRE- TREATMENT:

- Psychiatric evaluation
- Information from parents/guardians
- Information from school
- Assessment of abilities - cognitive and learning
- Physical evaluation- including baseline labs
- DSM- IV Multi-axial diagnosis
- Will the child's disorder benefit from psychotropic medication(s)?

COMMUNICATION

Most clinicians rely on the family, school, student/client for information:

- Adverse effects?
- Evaluation of beneficial changes
- Objective changes
- Subjective changes



PARENT CONCERNS

- Immediate:
 - Appetite
 - Sleep
 - Side Effects
- Long Term:
 - Drug Addiction
 - Growth
 - Cognitive Risks

NEED FOR MEDICATION INTERVENTION?



➤ BEHAVIORAL DISORDERS

- ADHD
- Conduct Disorders
- Oppositional Defiance Disorder/ Intermittent Explosive Disorders
- Severe Aggression

ADHD

- Stimulant medications are fast-acting
- Get immediate response/change
- Rapid return of behaviors when stopped
- 3 Medication Categories: stimulants, non-stimulants, atypical antidepressants

➤ ANXIETY DISORDERS

- Anxiety often precedes depression
- Co-occurrence of anxiety and depression increases with age
- Anxiety disorders in childhood increases the risk of alcohol abuse in adolescence
- Antidepressants (SSRI's) most effective in children with anxieties

(Connolly & Nanayakkara, 2009)

➤ EMOTIONAL/ ANXIETY DISORDERS

- Major Depressive Disorder
- Manic Phase (Bipolar Disorder)
- Obsessive Compulsive Disorder
- Overanxious Disorder
- Separation Anxiety Disorder/ School Phobia

GENDER BASED RISK FACTORS

Girls + ADHD = High Risk for Psychiatric Complications in Young Adulthood

- Antisocial behaviors
- Addictive behaviors
- Mood disorders
- Anxiety disorders
- Eating disorders

(Biederman, 2010)

➤ EMOTIONAL/ ANXIETY DISORDERS

- Post Traumatic Stress Disorder
- Panic Disorder
- Schizophrenia
- Selective Mutism



SELF INJURY

Signs & Symptoms:

- Inappropriate clothing (seasonal)
- Constant wrist bands/coverings
- Unwillingness to participate in activities (PE, swimming, etc.)
- Heightened signs of depression or anxiety
- Unexplained burns, cuts, or other demarcations on skin

➤ PERVASIVE DEVELOPMENTAL DISORDERS

- Autism
- Rhett's syndrome
- Asperger's Syndrome



BEHAVIOR PATTERNS - PDD

1. Change in Routine
 - time, setting, people, route, clothing, food
2. Holiday & Summer Breaks
3. Family Issues
4. Illness or Pain
 - GERD, otitis media, sinus/migraine headache

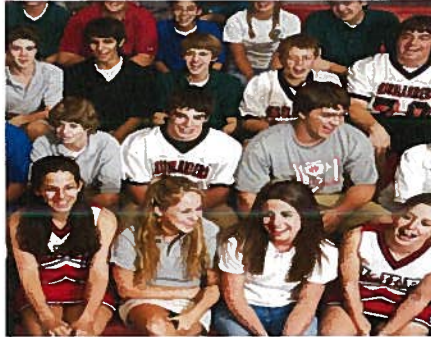
➤ **PHYSICAL DISORDERS**

- Tourette Disorder
- Sleep Disorder
- Enuresis
- Encoporesis

NON-PRESCRIPTION DRUG USE

- Alcohol
- Energy Drinks (caffeine & taurine)
- Marijuana
- OTC Cough & Cold Meds
- ADHD Stimulants
- Pain Relievers

KIDS LEARN BETTER.....



WHEN THEY FEEL GOOD!

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