Today’s piece was prepared by Kelly Dundon, MD based on a story in the NY Times, Still in a Crib, Yet Being Given Antipsychotics

<http://www.nytimes.com/2015/12/11/us/psychiatric-drugs-are-being-prescribed-to-infants.html?hp&action=click&pgtype=Homepage&clickSource=story-heading&module=photo-spot-region&region=top-news&WT.nav=top-news>

This article focuses on the startling report from IMS Health that in 2014, nearly 20,000 prescriptions for antipsychotics were written for children aged 2 and younger, noted as a dramatic increase from previous years.  Prescriptions for antidepressants from that age group reportedly rose in 2014 as well.

The article appropriately notes that the number of prescriptions does not directly reflect the number of patients receiving prescriptions, and the number of patients and the diagnoses for which the medication is being prescribed is not easily available.

It’s difficult for the reader to find independent data to support or refute these claims.  One child psychiatrist interviewed appropriately wondered if the prescriptions were being written for the child but actually intended for and taken by an uninsured parent with mental illness.  The article didn’t identify any mental health professional who advocated for the use of these drugs in this age group. While it’s unlikely any clinician would support antipsychotic use in 2-year-olds as a first-line approach, the reader is not directed to consider a fuller background picture of uncertainties and limitations to the family and provider that may have lead to the decision to manage this particular patient’s behavior in the manner selected.  What was the range of options considered and explored? Were there insurmountable barriers to availability of other resources to help address “alarmingly violent” behavior, as mentioned in the article? Was this child an ongoing danger to self or others? Are the caregivers considering giving up custody of the child, placing them in foster care, or switching from one foster home to another because of such behavior, where prescribing this medication (where others have failed) to the child may allow more stability to keep home life continuity? Perhaps controversial and perhaps not, but journalistic objectivity in the NY Times reporting is not certain.

**RESOURCES ON PSYCHOACTIVE MEDICATIONS IN YOUNG CHILDREN:**

Medicare/medicaid prescribing data (includes overall numbers and costs but does not disclose patient age groups): <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Provider-Charge-Data/Part-D-Prescriber.html>

The American Academy of Child and Adolescent Psychiatry position statement on psychoactive medication in children:

<http://www.aacap.org/AACAP/Policy_Statements/2001/Prescribing_Psychoactive_Medication_for_Children_and_Adolescents.aspx>

And that’s today’s Developmental & Behavioral Pediatrics: IN THE NEWS!