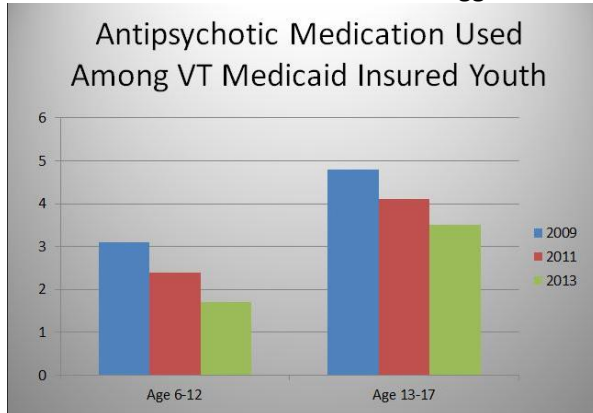


Mental Health Oversight Committee – Sept 23, 2014 Meeting

David Rettew, MD – Presentation Handout – Antipsychotic Medications In Vermont Youth

How often are Vermont Youth Being prescribed antipsychotic medications?

Overall rate in 2011 among Medicaid insured youth was 1.7% (Age 6-12) and 3.5% (Age 13-17). While we don't know the rate in commercially insured youth, research has estimated that the rate is generally about half the Medicaid rate. Data suggest that this rate in Vermont has been decreasing since 2007.



Reproduced from the Child Mental Health Blog <http://blog.uvm.edu/drettew/>. Source: Department of Vermont Health Access.

How does this rate compare to other states?

We don't know exactly due to different ways the statistic is measured but in general our rate is near the national average. What is likely different about Vermont is that our rate seems to be dropping while most other states are increasing or now holding about steady. (Source: Antipsychotic Medication use in Medicaid Children and Adolescents: Report and Resource Guide From a 16-State Study)

Does this rate mean that Vermont children are getting too many medications?

Rates by themselves can't tell us if this rate reflects overuse, underuse, or correct prescribing patterns.

Are there official guidelines for the use of antipsychotic medication in children?

Yes, the American Academy of Child and Adolescent Psychiatry (AACAP) recently published "Practice Parameters for the Use of Atypical Antipsychotic Medications in Children and Adolescents" at http://www.aacap.org/App_Themes/AACAP/docs/practice_parameters/Atypical_Antipsychotic_Medications_Web.pdf. While this is a 27 page document, some highlights include the following recommendations.

- Careful diagnostic assessment and thorough discussion of risks and benefits
- Prescribing that follows scientific evidence
- If a medication is not FDA approved for that particular problem/diagnosis, use other medication and non-medication treatments first
- Avoid use in young children
- Use only one antipsychotic at a time
- Monitor with weights and labs
- Attempt to discontinue the medication if possible

How well to Vermont prescribers follow these guidelines?

This was the major motivation for conducting a recent mandatory survey of all prescribers of antipsychotic medications of Medicaid insured youth. We estimated that the best practice guidelines were followed in the route to a child receiving a particular antipsychotic medication around 51% of the time, and followed an FDA indication 27% of the time. The main reason best practice guidelines were not followed was much more related to a lack of labwork monitoring rather than prescribing these medications for mild problems or before other pharmacological and nonpharmacological treatments had been tried first. Other key findings include the following.

- Physical aggression was the most common reason for the prescription
- About half of the prescribers were not psychiatrists (about one-third of prescriptions)
- Around 43% of the people now responsible for the medication were not the person who originally prescribed it
- A small number of clinicians prescribe a lot of the antipsychotic medications
- Clinicians often don't know what exactly has been tried in the past before prescribing an antipsychotic medication

What were some of the other major findings from the survey and what improvements could be followed from them?

Finding	Possible Action Plan
Children rarely (15%) received "evidence-based" psychotherapy prior to being prescribed an antipsychotic medication	Increase the number of therapists trained in evidence-based therapy and improve access to them (some efforts being done already)
Regular labwork often not being completed prior to and during treatment	Improve education and reminders to prescribers about need for regular labwork
The prescriber now responsible for the medication is often not the person who started the medication	Improve education about when and how to taper antipsychotic medications
Lack of knowledge of prior treatment history	Improve information flow across clinicians
A few clinicians are responsible for a lot of the antipsychotic prescriptions	Ensure that these prescribers are following best practice guidelines

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