

# Psychotropic Drug Use in Children

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Is the prescribing of psychotropic drugs by primary care physicians in children under the age of 18 consistent with that of psychiatrists?

## Findings:

Prescribing practices of primary care physicians (PCPs) and psychiatrists differ greatly. PCPs were found to strongly favour first generation antipsychotics over second generation in their prescribing practice, whilst psychiatrists favoured the second generation (Bachmann, C. J., Roessner, V., Glaeske, G., & Hoffmann, F., 2015).

One third of US children are thought to have received mental health services from PCPs only and these children are more likely to be prescribed psychotropic drugs than those seen by a psychiatrist (Anderson, L. E., Chen, M. L., Perrin, J. M., & Van Cleave, J., 2015).

## Implications:

Using psychotropic medication unnecessarily in children as a “quick fix” could be seen as an ethical dilemma. Particularly when considering that children and people with mental health disorders are vulnerable populations (Ferguson, C. J., & Olson, C. K., 2014). The lower rates of psychotropic prescriptions by psychiatrists compared to PCPs indicates that there are children being unnecessarily medicated (Anderson, L. E., Chen, M. L., Perrin, J. M., & Van Cleave, J., 2015).

## Recommendations:

PCPs need the education necessary to manage cases within their scope of practice and to know when to refer on to a specialist.. This could be in the form of compulsory education hours or a prescribing authority for psychotropic drugs. Clearer pathways for referral to specialists could be implemented. The Massachusetts Child Psychiatry Access Project Model set up a hotline for PCPs to consult with psychiatrists, which has provided specialty care to over 95% of paediatric patients in the state (Straus, J. H., & Sarvet, B., 2014).

## References:

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I chose to present my investigation in the form of a poster for a number of reasons. It is a user-friendly way of displaying information and it is more aesthetically appealing than a formal written document which may only be seen by the intended recipient. A poster can be viewed by multitudes of people as it is eye-catching and appropriate for display in many settings. A thought provoking title and study question is used to grab the audience's attention and the limited word count informs the public without being off-putting.

My intended audience for this particular poster is the general public. Although it is health professionals who play the role of the person with the authority in these situations, their practice is governed by national guidelines which is underpinned by law. It is also pertinent information for parents as it is their right to know that their children are receiving the appropriate medical care. Thus, the investigation that this poster presents is relevant to a significant portion of the population.

### PECOT Model:

In order to formulate my research question, I utilised the PECOT Model which considers the variables of population, exposure, comparison, outcome and time in an investigation (Whitehead, D., 2013). I chose to consider members of the paediatric population who have been prescribed psychopharmacological treatment, i.e. children under the age of 18. My reasoning for choosing this age group was due to the fact that a significant proportion of psychotropic drugs prescribed in paediatrics have not been thoroughly investigated to determine efficacy in those under the age of 18. In addition to this, the risks and adverse side effects in this population are largely unknown (Di Pietro, N., PhD, & Illes, J., PhD., 2014). This is an area that demands more research.

The exposure I chose to examine was psychotropic drug prescriptions by a primary care physician (PCP) compared with those prescribed by a psychiatrist. I thought it would be informative to compare the differences in prescribing practice, if present, between a primary care physician (PCP) who has a general knowledge of conditions and treatment with a specialist in psychiatric conditions and treatment; assuming that the practices of psychiatrists set the standard for care. The intended outcome of this investigation is to identify if inappropriate prescribing is taking place and therefore provide necessary information around how safer prescribing of psychotropic drugs may be obtained within the paediatric population. As psychotropic drugs are known to produce multitudes of unwanted side-effects, I want to know if it is commonplace for these drugs to be prescribed inappropriately and how to amend this practice. I have chosen not to include the variable of time in my question as length of the illness and treatment times are incredibly variable in the case of chronic mental disorders (Valevski, A., M.D., Olfson, M., M.D., Weizman, A., M.D., & Shiloh, R., M.D., 2007).

### References:

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