



Though the use of antipsychotic drugs on children is believed to carry significant risks even when used properly to treat bipolar disorder and schizophrenia, it's not uncommon in some states for juveniles in detention to be prescribed antipsychotics simply to counter mood disorders or aggressive behavior, according to an investigation by Youth Today, which covers the juvenile justice system and youth services.

Data on antipsychotic expenditures and individual diagnoses show that for juvenile detention facilities in Connecticut, Louisiana, New York, Texas and West Virginia, 70 percent of prescriptions were filled for conditions other than bipolar disorder and schizophrenia — the disorders for which these drugs generally are FDA-approved. (Doctors can still prescribe the drugs for off-label uses, or to treat conditions for which they have not been approved.)

Most states, when surveyed, either could not or would not demonstrate that they were even monitoring the use of these drugs on incarcerated juveniles, Youth Today reported. Of the 34 states that provided no answers when queried, 16 refused to answer.

A piece in The New York Times over the weekend provided additional context on the subject. Over the years, drug companies have aggressively marketed second-generation antipsychotics — known as “atypicals” — to be safer than the first-generation drugs. While some side effects appear to be less severe, the atypicals have a range of other side effects, and the safety claims regarding these second-generation drugs have been “greatly exaggerated,” Jeffrey Lieberman, chairman of Columbia University’s psychiatry department, told the Times.

The industry’s response? Again from the Times:

The drug companies say all the possible side effects are fully disclosed to the F.D.A., doctors and patients. Side effects like drowsiness, nausea, weight gain, involuntary body movements and links to diabetes are listed on the label. The companies say they have a generally safe record in treating a difficult disease and are fighting lawsuits in which some patients claim harm.

In recent years, four major drug companies — Bristol-Myers Squibb, Eli Lilly, Pfizer and AstraZeneca — have settled lawsuits brought by the government, which accused them of illegal practices related to the marketing and promotion of antipsychotic drugs. Some of these lawsuits were related to promotion of off-label use — which doctors may prescribe, but drug makers are not allowed to promote once a drug has been approved by the FDA for specific uses.

Youth Today’s report raised the question of whether these drugs are being used off-label as chemical restraints or sedatives for youth with behavioral problems that could be treated more effectively by other means. Not all psychologists have a problem with the use of antipsychotics to alter behavior, the piece pointed out:

Adolescent psychologist LeAdelle Phelps ... has been involved in the juvenile justice system for decades — first as a girls program director in Utah and more recently as a professor at the State University of New York-Buffalo — and she views the atypicals as an important means to an end: ushering juveniles to a mental place where they are amenable to psychotherapy.

Asked if she thinks the diagnosis used to establish a prescription mattered, Phelps replies bluntly, “Not really. ...

In the end, what you're trying to do is get him to be responsive to treatment. By reducing aggression by having calming, soothing effects, it makes [the youths] more malleable."

But others expressed concern about the risks, especially to youth:

"I'm concerned about using [atypical] medications with any adolescent," says Ron T. Brown, former dean of the Temple University College of Health Professionals, now provost and senior vice president at Wayne State University.

... The way to think about using atypicals for youths is in terms of risks and benefits, explains Olfson. If an anti-psychotic does not address the patient's problem, he says, the "benefit derived is vanishingly small or nil. But the risks are going to be the same, roughly, whether you have a psychiatric illness or not."

Studies have shown it is cheaper to medicate children than to pay for counseling, which is why children from low-income families are four times as likely to receive antipsychotic drugs compared to the privately insured, according to the Times.

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