Principles of Practice Regarding the Use of Psychotherapeutic Medications in Children under Age 6

Level 0

Conduct comprehensive multi-informant, multi-modal, multi-disciplinary assessment for those with a positive screen. Rule out medical, social, and cognitive causes of behavioral symptoms.

Use validated measures to assess and track psychiatric symptoms and impairment in young children.

Recommended measures of early childhood symptoms include:

- Ages 16-30 months: Modified Checklist for Autism in Toddlers (M-CHAT-R/F)
- Ages 2-4 years and 4-11 years: Strengths and Difficulties Questionnaire (SDQ)
- Ages 3-21 years: The Child/Adolescent Psychiatry Screen (CAPS)
- Ages 4-11 years: Home Situations Questionnaire (HSQ)

Links to measures listed above are available at: ***https://floridabhcenter.org/***.

A comprehensive mental health assessment includes:

- A comprehensive assessment of the full range of psychiatric symptoms and disorders, as well as impairment from these symptoms and disorders.
- Assessment of suicidal thinking and behavior (suicidality).
- A full developmental assessment.
- A full medical history, including a sleep history.
- A relevant medical work-up, physical examination, and nutritional status evaluation.
- If relevant, an assessment of school functioning including academic, behavioral, and social aspects.
- An assessment of family psychiatric history which includes past and current history of parental psychiatric illnesses, substance abuse and treatment history of parents, parent figures (e.g., step-parent), siblings, and other relatives.
- An assessment of family structure and functioning, parent-child relationship and interaction.
- An assessment of environmental risk factors and stressors including any history of abuse (physical, sexual) or neglect, traumatic life events, domestic violence, economic instability, etc.

Notes:

- *Effort should be made to communicate between primary care providers, psychiatrists, caseworkers, and other team members to ensure integrated care.*
- *Prior to initiating any intervention (e.g., psychosocial, medication), assess and document the risks/benefits of treatment. Education of children should be age-appropriate and targeted to the condition.*
- *Children and parents/legal guardians should be educated about the risks and benefits of treatment, including review of boxed warnings.*
- *Written informed consent should be obtained from the parents/legal guardian (i.e., the individual legally able to consent to medical interventions) and documented in the chart.*

Level 1

Start with evidence-based psychosocial treatment (e.g., parent training). Parental involvement is essential with involvement by other caregivers or school-based interventions as needed. Provide a comprehensive treatment plan to treat target symptoms and monitor treatment progress.

- Monitor response to treatment using reliable and valid measures of changes in the target symptoms.
- In mild cases, attempt a course of at least 12 weeks of psychosocial interventions before considering medication. Consider a trauma-informed treatment approach as appropriate.
- In moderate to severe cases, a higher level of intervention may be appropriate.
- Treatment should be individualized.

Level 2

If medications are being considered, first reassess the diagnosis and diagnostic formulation.

Weigh the risks and benefits of initiating treatment with psychotherapeutic medications. The long-term effects of antipsychotic medication use in children is not well studied.

If a decision is made to initiate medication:

- Initiate with monotherapy. Start low, go slow. Take into consideration the pharmacokinetics of the medication (i.e., absorption, distribution, metabolism, excretion).
- Except in rare cases, use monotherapy.
- Continue psychosocial treatment during treatment with medication.
- If possible, monitor effectiveness of interventions with pertinent rating scales.
- Use the lowest effective medication dose.
- Assessment of suicidal thinking and behavior (suicidality).
- Monitor for adverse effects of medications.
- After 6 to 9 months of stabilization, plan down titration trial (i.e., taper or discontinuation trial) to determine whether or not the medication is still needed and effective.
- Continue psychosocial treatment during treatment with medication.
- Use of psychotherapeutic medication in children under the age of 24 months is not recommended unless there are rare and extenuating circumstances.

Additional Considerations:

- Once medications are initiated, continue routine monitoring for medication benefits and side-effects.
- If medication is no longer beneficial, consider deprescribing (refer to page 11 for deprescribing recommendations). Monitor for symptom exacerbation.

Dosing Recommendations Regarding the Use of Antipsychotic Medication in Children under Age 6

The use of antipsychotic medications in preschoolers (children under 6 years of age) is generally "off-label," not recommended and should only be considered under the most extraordinary circumstances. Disruptive aggression in autism is one such circumstance.

Adequately powered studies have not been conducted in children under age 6.

Before considering pharmacological treatment for children under age 6, the following guidelines are strongly recommended:

1. Patient has developmentally appropriate, comprehensive psychiatric assessment with diagnoses, impairments, treatment target and treatment plans clearly identified and documented.
2. Patient assessment must include evaluation of parental psychopathology and treatment needs, as well as family functioning.
3. Patient's psychosocial treatments should precede the use of psychotherapeutic medications and should continue if medications are prescribed.

Antipsychotic Dosing Information for Children under Age 6 (Should only be used under rare circumstances).

The dosing information is based on expert opinion and therefore is Level C evidence.

Table 1.

Antipsychotic Dosing in Children Under Age 6		
Drug Name	**Dose**	
Risperidone	Starting dose: Maximum dose:	0.125 mg/day 1.5 mg/day
Aripiprazole	Starting dose: Maximum dose:	1 mg/day 7.5 mg/day