DEPRESCRIBING ANTIPSYCHOTIC MEDICATIONS (APM) IN YOUTH

WHAT IS DEPRESCRIBING?

A structured approach to evaluating medications for indications, risks, and benefits with a goal of a minimum effective dose and number of medications.

STEP 1: PATIENT CONSIDERATIONS

Consider each of the following:

- The indications for treatment. What is the diagnosis?
- Has the child responded to acute therapy?
- Have they been stable for 6 mos – 1 year? (resource)
- Patient factors: age, number of medications, severity and duration of illness
- Any history of trauma which could explain behaviors?
- If the child is involved in therapy on a regular basis
- Current stress level facing the child and family
- Family/youth voice

STEP 2: REVIEW MEDICATION HISTORY

Resources:

- Medication History tool
- Psychotropic Medication List (see pages 3-5)

STEP 3: ASSESS EACH MEDICATION

Consider:

- Level of evidence: some APMs have FDA-approved indications for bipolar disorder, schizophrenia and irritability associated with autism.
  - There is also evidence for short-term use in disruptive behaviors. (resource)
- Efficacy: How well has it helped stabilize the problems?
- Short-term side effects: movement abnormalities and/or sedation.
- Long-term side effects: weight gain, diabetes, lipid abnormalities, and/or tardive dyskinesia. (resource - see page 10)

STEP 4: DEPRESCRIBING

Steps to follow:

- Evaluate the child for relapse symptoms or emerging side effects before each dose adjustment. If needed, return to the most effective dose.
- Lower the dose gradually (ex: by 25% every month for 1 - 3 mos.) to prevent relapse, minimize side effects, and withdrawal symptoms.
- Educate youth and family on early signs of illness.

STEP 5: ADDITIONAL CONSIDERATIONS

- Children with confirmed diagnoses of **schizophrenia**, **psychosis**, or **bipolar disorder** may need extended treatment with APMs. For example, for patients with first-episode psychosis that achieve complete remission, guidelines suggest 1-2 years of maintenance therapy. Stopping these medications can increase risk of relapse and may require a slower taper. More info
  - Lower the dose by 25% *every 3 months*
- Children treated with APM for **impulsive and aggressive behavior** may respond to a variety of psychosocial interventions such as parent training and medication approaches that target the primary diagnoses of ADHD and other disruptive behaviors
  - Lower the dose 25% *every month*
- For assistance, Norton providers can consult psych via Epic Secure Chat to NCMG Child Psychiatry and Psychology

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FOLLOW-UP

- Have the youth/family call or visit in 1 month to report progress
- Use standardized rating scales to monitor symptoms of psychosis or aggression
- Monitor for movement abnormalities related to withdrawal: AIMS scale
- Encourage the youth/family to continue or increase therapy

REFERENCES and SUPPORT:

1. 2018-2019 Florida Best Practice Psychotherapeutic Medication Guidelines
2. MCAP Guidelines and Clinical Pearls (Anxiety, Depression, and ADHD)
3. Psychosis in Children and Adolescents
4. Ohio Minds Matter

For Questions or more Information,
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