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When Should A Psychiatric Medication Be Prescribed?

By Sarah Klagsbrun, MD

ARE PSYCHIATRIC MEDICATIONS harmful or helpful? Popular news stories tend to focus on the potential and sometimes dangerous side effects of psychiatric medications. Those stories succeed in getting people's attention and scaring many, but such articles are frequently one-sided and written by non-professionals, based not on scientific data but on a few anecdotes. They don't distinguish among the various psychiatric medications or highlight the potential benefits. The purpose of this article is to help readers understand both the pros and cons when it comes to psychiatric medications.

Dangers of NOT medicating a child: We read about potential medication side effects, but there are also dangers in not medicating a child. Children with severe clinical depressions may already be suicidal or feel increasingly hopeless from their unremitting symptoms and then become suicidal. Children with ADHD can develop low self-esteem because they are unable to control their hyperactivity. Low self-esteem can develop into feelings of depression and even thoughts of suicide. Children with anxiety often have academic problems because they are so anxious they cannot focus or, even worse, they refuse to attend school. A child with social phobia can have social difficulties so significant they interfere with academics as well as with developing friendships. And children engaged in therapy may not be able to fully utilize what their therapist is trying to teach them or talk about with them because their psychiatric symptoms are so severe. Children with severe psychiatric symptoms that are not treated quickly enough with the help of medication can end up with a psychiatric hospitalization.

When to consider a medication trial: Medication deserves consideration for any child suffering from severe psychiatric symptoms, or one who has been receiving therapy and whose symptoms are not improving or are even worsening. Other candidates for medication include a child whose safety is at risk, for example, one who talks about death or wanting to be dead because he or she is suffering so severely; a child whose anxiety is interfering with their ability to go to school or learn during school; or a child who is self-medicating with illicit drugs.

What about therapy? Therapy can be incredibly helpful to children, but if therapy is not helping a child after several weeks, a medication trial needs to be considered. Cognitive Behavioral Therapy, CBT, can teach children key coping skills and help them link their anxious or depressed thoughts to their

maladaptive thoughts or behaviors. But, if the thoughts are over-powering and the self-destructive behaviors severe, a child may be unable to effectively learn the coping skills being taught during the therapy sessions without medication.

The Treatment of Adolescent Depression Study (TADS) showed the following: In the first three months, those teenagers taking medication alone had a 62% response rate, those teens doing CBT alone had a 48% rate, and those teens receiving medication plus therapy had a 73% response rate. Over three years, the teens in the medication plus therapy group had an 86% response rate compared with the medication only group, which had an 81% response rate. This study shows us that if a clinician wants the quickest response and amelioration of psychiatric symptoms, then medication is the most effective tool to use.

How to start a child on medication: Young children can react differently to medications than teenagers and adults, so the key to starting a child on psychiatric medication is to start low and go slow. This minimizes the chance of side effects. It may take a bit longer to see a reduction in symptoms, but when a child doesn't experience side effects or has very few, there is a better chance that the child and the parents will want to continue the medication. Often, it takes a medication at least two weeks to show real benefits. If the symptoms are too severe to be able to wait two weeks to see results, a child may need a psychiatric hospitalization to be safe during this time.

What about medication side effects? Medications can come with short-term and long-term side effects. That's why I recommend to parents, to do a medication trial to see how your child responds to medication. If your child experiences side effects, then a decision needs to be made whether to continue the medication and see if those side effects dissipate over time. Sometimes side effects mean a child is responding to a medication biologically, and this means clinical symptoms should start to improve. Other times, side effects can mean a bad fit between a medication and a child. Typically, side effects that occur quickly do not have long-lasting dangerous, negative effects. If a medication appears to be causing harm, a child's body can return to regular functioning as soon as the medication is stopped. Always remember to work with your treating prescriber when it comes to monitoring medications.

Risk versus benefit: This is the key question in deciding whether to start a child on medication. There are risks with any medication or treatment plan, but there are also risks in not using medication as a treatment.

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Four Winds Westchester
800 Cross River Road
Katonah, New York 10536 • 914-763-8151

Four Winds Saratoga
30 Crescent Avenue
Saratoga Springs, New York 12866 • 518-584-3600