Antipsychotic use among US young people has risen sixfold

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Between 1993 and 2003 the number of prescriptions of antipsychotic drugs to children and teenagers in the United States increased sixfold, reports a study of prescriptions written during visits to doctors' and psychiatrists' practices. Psychotherapy was little used, it found.

The increase in prescriptions of these drugs to young people is thought to be due to the availability of new antipsychotic drugs that have fewer short term adverse effects in adults than older drugs and "declining access to and duration of inpatient psychiatric treatment," say the authors of the report in the *Archives of General Psychiatry* (2006;63:679-85).

They say that doctors have had to treat more severely ill children and adolescents as outpatients, leading to increased use of antipsychotic drugs.

The authors, from the Mailman School of Public Health at Columbia University in New York and the National Institute of Mental Health in Bethesda, Maryland, say, "There has been

a sharp national increase in antipsychotic treatment among children in office based medical practice," but "little is known about the characteristics of those who receive them."

Among the more commonly used "second generation" antipsychotic drugs are risperidone (Risperdal), used to treat schizophrenia, and olanzapine (Zyprexa), used to treat schizophrenia and acute bipolar disorder.

These drugs have not been approved by the US Food and Drug Administration for use in children. The authors call for evaluation of the effects of these drugs in children and adolescents.

In 1993 only about 201 000 visits by young people to doctors' practices involved a prescription for antipsychotic drugs. By 2002 the number of such visits had grown to 1 224 000.

From 2000 to 2002 a diagnosis of a mental disorder was made in about 90% of visits by children and adolescents in which an antipsychotic drug was prescribed, but only 36% of

these visits included psychotherapy. Second generation drugs were prescribed in 92% of visits that included antipsychotic treatment.

The patients who received these prescriptions were predominantly white boys or young men with public health insurance (rather than private health insurance) who were being treated by a psychiatrist. The most common diagnoses were psychotic disorder, pervasive devel-

opment disorder, mental retardation, and tic disorder. "Each significantly increased the likelihood of receiving antipsychotic treatment," the authors write.

The reasons the young people were seen and given a prescription for an antipsychotic were disruptive behaviour disorders (38% of visits), mood disorders (32%), pervasive developmental disorders or mental retardation (17%), and psychotic disorders (14%).

European agency approves use of fluoxetine for children and teens

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The European Medicines Agency has approved the use of fluoxetine (Prozac) for children aged 8 years or more and teenagers who have moderate to severe depression—but only where psychological therapies alone have failed.

The decision is in line with existing guidelines for England and Wales. Initially France had rejected the use of the drug in children and adolescents on the basis of unresolved concerns

about safety and effectiveness. But the latest ruling means that the drug is approved for such use in all member states of the European Union.

The European guidelines state that fluoxetine should be used only after the patient has failed to respond after four to six sessions of psychological therapy without the drug. The starting dose should be 10 mg—half the starting dose for adults—rising to 20 mg a day. If there is

no clinical benefit after nine weeks, the guidelines say, treatment should be reconsidered.

The agency says that reports that laboratory tests of the drug on rats had shown irreversible testicular degeneration, immaturity of the female reproductive tract, and decreased fertility will be investigated further. The agency will also be monitoring the safety data on treated children, in particular their sexual development. It also confirmed that doctors and parents should monitor children and adolescents for suicidal behaviour, particularly at the beginning of treatment.

Concern about the use of selective serotonin reuptake

inhibitors in adolescents—in particular paroxetine (Seroxat), which was the subject of a BBC *Panorama* documentary—stem from reports of suicide or suicidal ideation among people aged under 18. However, the National Institute for Health and Clinical Excellence (NICE), which recommends appropriate drug treatments in England and Wales, ruled in 2005 that the relative risk of serious adverse events and suicidal behaviour was "difficult to interpret because of wide confidence intervals." Compared with placebo, fluoxetine in particular "produced clinically important improvement in depressive symptoms," it said.