Atypical Antipsychotics in Youth: Use Caution

Dosing Recommendations for Atypicals

Dosage determination is critical when prescribing atypical antipsychotics to children. Current dosage recommendations have been extrapolated from adult studies, typically relying on body weight and proportionately reducing an adult dosage. This approach is problematic, though, because the different pharmacokinetics in children and adolescents could make the resulting plasma concentration either subtherapeutic or toxic, Dr. Kutcher said.

To minimize the risk of adverse events, clinicians must define therapeutic indications for the intervention, he said. Children and adolescents should always be started on the lowest possible dose with any of the antipsychotic agents. Gradual increases should be guided by clinical response. Because there are also insufficient data to support hard and fast recommendations for medication duration, these decisions must be guided by clinical instinct as well.

Toward that end, Dr. Kutcher made the following recommendations:

► When a minimal therapeutic dose is established, maintain the pediatric patient on this dose for 1 year, carefully monitoring the patient for changes and potential adverse events.

► After 1 year of stable treatment, partner with the patient and parents to discuss medication withdrawal.

► Choose the correct time to make a change. Any changes should not be implemented during a critical or stressful period in the child’s life.

► Devise a slow discontinuation schedule, monitoring the child carefully for symptoms.

► If symptoms recur, return to the therapeutic dose of the medication.

School-Based Intervention Helps Aggressive Kids Cope

The results suggest that providing teachers with the appropriate cognitive-behavioral techniques can affect student aggression and antisocial behaviors.

School-Based Intervention Helps Aggressive Kids Cope

BY DIANA MAHONEY New England Bureau

BERLIN — School-based preventive interventions can positively affect children’s antisocial behavior at the time of transition to middle school, and the gains can be maintained for at least a year after the intervention ends.

Elementary school children identified by their peers and teachers as aggressive have been shown to be at risk for later delinquency and substance use, according to John Lochman, Ph.D., professor and Saxon Chair of Clinical Psychology at the University of Alabama, Tuscaloosa.

Exposing these moderate- to high-risk preadolescents to specific social-cognitive coping techniques in the classroom—which also engage parents in the preventive intervention—can mitigate the potential for their developing conduct disorders during adolescence, Dr. Lochman reported at the 16th World Congress of the International Association for Child and Adolescent Psychiatry and Allied Professions.

The intervention was also associated with teacher-rated behavioral improvements in school during the follow-up year—effects that appeared to be primarily influenced by the child component of the program, Dr. Lochman said. The follow-up measures also indicated that the universal intervention directly affected child substance use ratings and enhanced the Coping Power effects on delinquency. This finding suggests that providing teachers with the appropriate cognitive-behavioral techniques can affect student aggression and antisocial behaviors.

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The current study is the first to show that the effects of the intervention are maintained 1 year after the end of the program, and that an intervention that includes a combined parent and child component produces a greater improvement than does the Coping Power child component alone, Dr. Lochman noted.

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