Psychotropic Medications Overprescribed to Children, Study Suggests

ScienceDaily (Apr. 20, 2010) — A new study from the Journal of Marital & Family Therapy warns of the dramatic rise in the use of psychotropic medications for children. One in every fifty Americans is now considered permanently disabled by mental illness, and up to eight million children take one or more psychotropic drugs.

The authors, James P. Morris, Ph.D. and George Stone, LCSW, state that there is little evidence available to warrant the widespread use of psychotropic drugs for children, and little long term data regarding its long term impact on development. According to the authors the mental health field is currently designed to treat adults with psychotropic medications, but they are often misused in the case of children and adolescents. “This presents an ethical challenge to marriage and family therapists, who should be very cautious about these medications as an option for children. The long-term research on their safety for children is uncertain.”

As an example, the diagnosis of early onset bipolar disorder and attention deficit hyperactivity disorder has climbed drastically in the past decade. Drugs designed to treat the above two disorders show a fair short term risk-benefit ratio, but a poor long-term benefit. Morris and Stone indicate, “If the psychiatric community has been misled by pharmaceutical companies in thinking that these drugs are safe for their children, the parents of these children have been in turn deluded into putting their children in harm’s way.”

The authors continue that the pharmaceutical industry is largely influenced by the desire for economic profit, and the marketing muscle behind the industry, and leniency of institutions such as the FDA, tout benefits that are not yet properly evaluated for pediatric use. Between 1994 and 2001, psychotropic prescriptions for adolescents rose more than sixty percent; the rise post-1999 was connected to the advertising of several new psychotropic drugs and the rebranding of several older ones.

Morris and Stone claim that family health professionals are put in the line of fire when children begin to experience the negative consequences of long-term use of these medications. They are left with the challenge of evaluating the quality of evidence-based care offered to their pediatric clients by the psychiatric community, and the negative effects of the medications without sufficient empirical evidence or information.

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