



11th Annual Pacer Symposium on Children's Mental Health

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PLACE: MINNEAPOLIS CONVENTION CENTER

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MY CHILD'S FIRST VISIT WITH A CHILD AND ADOLESCENT SPECIALIST:

ARE MEDICATIONS THE ONLY EXPECTATION I
SHOULD HAVE FROM MY CHILD'S PSYCHIATRIST?

LEARNING OBJECTIVES OF THIS BREAKOUT SESSION:

- Inform parents and educators how to optimize the family's contact and communications with their child's psychiatrist.

LEARNING OBJECTIVES CONTINUED:

- What to expect from the specialist and how the information and treatment recommendations may be applied at school, in the family and in the community.
 - i. Who else would benefit from knowing some or all of the results of the evaluation?

LEARNING OBJECTIVES CONTINUED:

- To develop a checklist to follow with the doctor to enhance and to optimize the interaction.
 - i. Do I bring earlier testing and reports?
 - ii. Do I bring my child's "504" or "IEP"?
 - iii. Would teacher comments or reports help the evaluation?
 - iv. Did my child's doctor try medicine earlier? Which one? Dose? For how long? Was it positive or negative?
 - v. Are my child's problems entirely with the family?

WHEN AND WHO SHOULD SEE THE CHILD AND ADOLESCENT PSYCHIATRIST?

- Is there a threshold that must be reached before visiting a psychiatrist?
- Can't the pediatrician or family do the same?
- Does my child need a diagnosis?
- Is it often too late?

CAN ANYONE ELSE MAKE THE DIAGNOSIS (I.E. MSW, NURSE, NURSE PRACTITIONER, PSYCHOLOGIST)?

- Can't the pediatrician or family doctor do the same?
- Does my child need a diagnosis?

CAN ANYONE ELSE MAKE THE DIAGNOSIS (I.E. MSW, NURSE, NURSE PRACTITIONER, PSYCHOLOGIST)?

- Is 90 minutes enough?
- Can it take as long as 3 or 4 hours (i.e. multiple visits)?
- Can tests assist in making the diagnosis?
- Is there a test for ADHD?
- Are there blood tests or markers for psychiatric disorders?

WHAT SHOULD I BRING TO THE FIRST MEETING WITH A PSYCHIATRIST?

- Health and injury reports
- Earlier evaluations, psychological testing, and educational plans
- Previous medication trials and results (dose; duration; efficacy; and adverse effects)

IF PREVIOUS MEDICATIONS WERE USED, HOW DID THE CHILD PSYCHIATRIST FOLLOW UP?

- What is a “med-check” and how long should it last?
- Is my child already receiving a “504” or “IEP”?



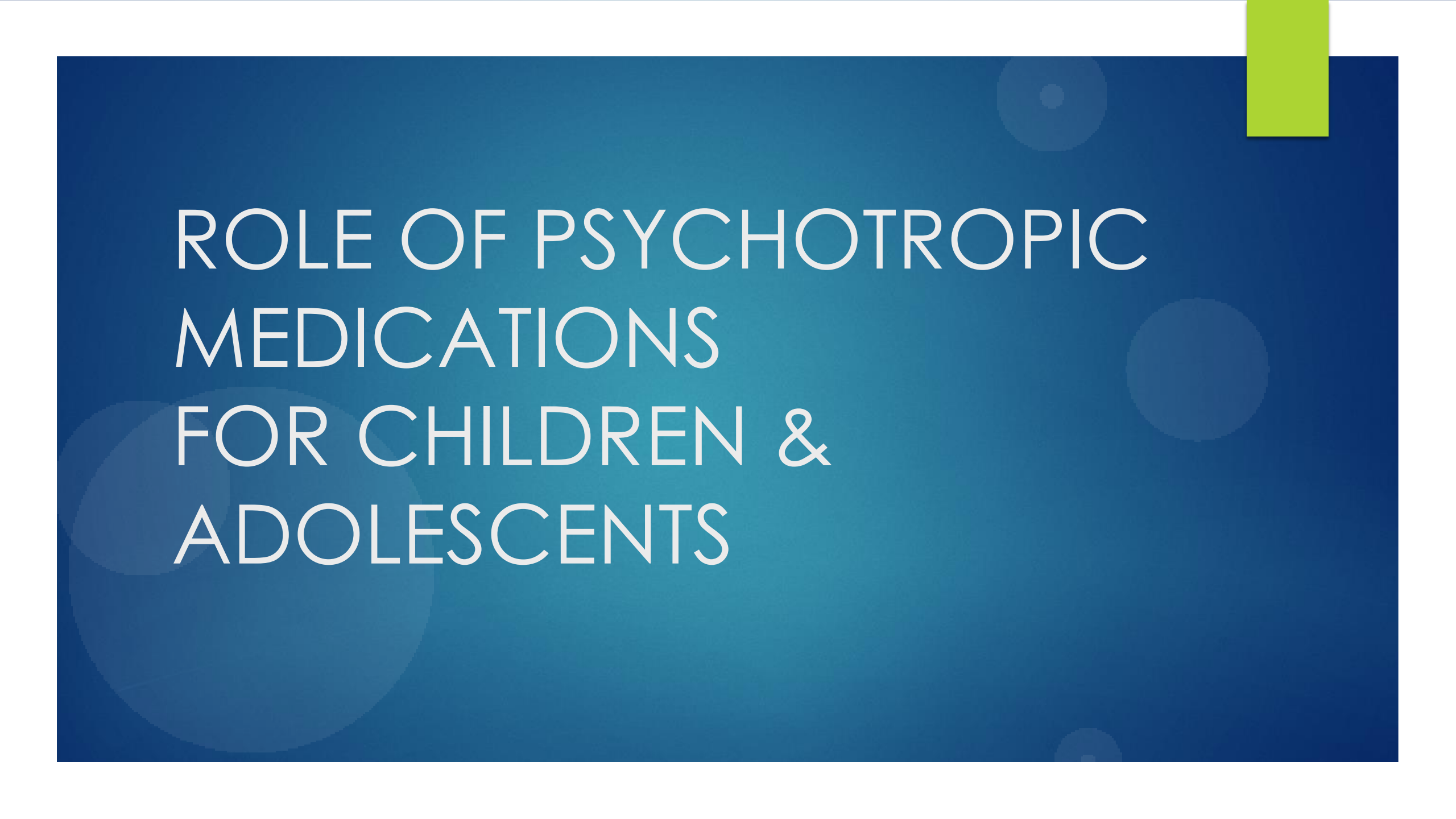
AFTER THE FIRST VISIT, SHOULD I EXPECT A
DIAGNOSTIC LABEL AND A PRESCRIPTION
WHEN I LEAVE THE OFFICE?

WHAT IF I DON'T WANT MY CHILD TO USE MEDICATION? SHOULD WE STILL ATTEND THE EVALUATION?

- The true value of the assessment is the clinical evaluation and the treatment plan.
- The medication recommendation may be very important.
- How well do non-medicine treatments work?
 - i. Exercise
 - ii. Sports
 - iii. Diet
 - iv. Nutrients; Vitamins and Herbs

WHAT ROLE MAY MEDICATIONS PLAY IN TREATING:

- ADHD
- Anxiety
- Depression
- Tics
- Learning disabilities
- Obsessions and compulsions
- Aggressive and disruptive behaviors
- Autism Spectrum Disorders



ROLE OF PSYCHOTROPIC MEDICATIONS FOR CHILDREN & ADOLESCENTS

DISCLOSURES

- I have no disclosures or conflicts of interest to report.

GOALS OF SESSION

- Medication principles
- Medications for various psychiatric disorders/behaviors
- Thoughts on psychiatric hospitalization

MEDICATION PRINCIPLES

- Cardinal Rule: Medication is frequently not the first or even the best option. Use medicine for severe pathology.

MEDICATION & THERAPY IS GREATER THAN MEDICATION ALONE

- Start low and go slow.
- There is NO medication with NO potential side effects, even supplements.
- Start even lower and go even slower in children/adolescents with 'fragile' brains.
- Polypharmacy – 'More' is not 'Better'.
- Clear rationale for medication combinations: Coexisting conditions; Augmentation; Cross-Taper.
- Maximize one first for each condition.

DIAGNOSIS DRIVEN

By formal assessment – No blood tests or imaging

- Poor focus example
- Non-FDA approval or off-label
- Duration – For life?
- Role of supplements
 - i. Vitamin D
 - ii. Fish Oil
- Genetic/Genomic Testing
 - i. What, when, why, how much?

ADHD

- Indication
- Types
- Stimulants
 - i. MPH vs AMP and Short vs Long Acting
 - ii. Most effective and quickest on/off
 - iii. Side effects
 - iv. Abuse?
 - v. Drug holidays: Summers, weekends, & summer breaks

- Nonstimulants
 - i. When Stimulants are not tolerated/ineffective, or as augmentation to a stimulant
 - ii. Atomoxetine (Strattera)
 - iii. Alpha-2-Agonists

ANXIETY

- Indication
- Types
 - i. Antidepressants: SSRIs vs. Non-SSRIs
- 4-8 weeks for full effect
 - i. Side effects

ANXIETY CONTINUED...

- As needed (PRNs): Benzos, Hydroxyzine, Gabapentin
 - i. Short term relief as a bridge
 - ii. Benzos: Caution

DEPRESSION

- Indication
- Types
- Antidepressants and the Black Box Warning
- SSRIs vs Non-SSRIs
 - i. Bupropion vs. Mirtazapine example
- No evidence one > other: Importance of family history response to one
- Algorithm?
- Refractory Depression

PSYCHIATRIC HOSPITALIZATION

- When/Why?
- What?
- How/Where?
- Potential Risks?

QUESTIONS & DISCUSSION