



Featured Web Resources

Women's Health Matters: Mental Health

Mental health impacts everyone; so why focus on women? There are many reasons. Along with information on anxiety, depression and addiction you can find information tailored toward issues that are more prevalent in women's mental health- perinatal mental health, post-partum depression and eating disorders. Women face unique challenges with mental health and this website can help you navigate them.

Link: <http://www.womenshealthmatters.ca/health-resources/mental-health>

In The Know...Antipsychotic use in children and adolescents

Several international and Canadian studies over the past years have confirmed suspicions that the use of antipsychotic medications in children is increasing. In Nova Scotia, a 2013 cohort study (<http://www.biomedcentral.com/1471-244X/13/198#>) showed that between 2000 and 2007 antipsychotic use among youth receiving social assistance, increased dramatically. In 2000, the prevalence of antipsychotic use in these youth aged 11-20 was between 20-30 per 1000 beneficiaries. Among antipsychotics studied, risperidone was the most frequently prescribed, often to help treat symptoms related to ADHD. By 2007, the prevalence had increased to over 70 per 1000 beneficiaries. In this study, and similar to the findings of other researchers in this area, antipsychotics were commonly prescribed by general practitioners.

There is some controversy regarding the use of antipsychotic medications in children and adolescents due to safety concerns and questions regarding effectiveness for some indications. The following table summarizes second generation antipsychotic indication data for youth for the US Food and Drug Administration (US FDA) and Canada (Health Canada). See table below.

"Off-label" prescribing can occur with many medications across the lifespan and clinicians will often rely on best available evidence from studies to guide prescribing. Important questions about the long-term safety of using antipsychotics in children and adolescents has not yet been systematically evaluated. The median duration of studies reporting adverse effects of antipsychotics in children can be as short as 8 weeks and only 2 studies have examined their use beyond 1 year. Side effects of antipsychotic medication can be more frequent and/or more severe in pediatric patients. Safety concerns related to sedation, weight gain, cholesterol, diabetes, sexual maturation, regulation and dysfunction, and movement disorders must therefore be considered and diligently monitored.

If antipsychotics are chosen for children in your care, it is essential to have high quality tools and guides readily available to ensure appropriate and safe use. The Canadian Alliance for Monitoring Effectiveness and Safety of Antipsychotics in Children (CAMESA) (<http://comesaguideline.org>) guidelines provide excellent monitoring tools (such as drug specific monitoring forms) to help health professionals improve the quality of life of children with mental health disorders. Similarly, another article published from a group in BC gives some references to tools (<http://www.bcmj.org/articles/prescribing-second-generation-antipsychotic-medications-practice-guidelines-general-practit>)

Another very useful reference is “Antipsychotics and their Side Effects”, a book by Dr. David Gardner, that provides a comprehensive review of the adverse effects associated with antipsychotics (<http://www.amazon.ca/Antipsychotics-their-Effects-David-Gardner/dp/0521132088>).

In January 2012, the Canadian Adverse Reaction Newsletter also published information on adverse reactions reported to the Canada Vigilance Program and this information can be found here: http://www.hc-sc.gc.ca/dhp-mps/alt_formats/pdf/medeff/bulletin/carn-bcei_v22n1-eng.pdf
 It is important for pharmacists (and the public!) to report adverse reactions to help identify potential issues with medications that were not addressed in early clinical trials. Here is a link on reporting information: <http://www.hc-sc.gc.ca/dhp-mps/medeff/report-declaration/index-eng.php>.

For more information about the evidence available for using antipsychotics in children, see these links:
 • <http://pediatrics.aappublications.org/content/129/3/e771> |long (freely accessible review article)
 And the AHRQ report of the above publication:

Seida JC, Schouten JR, Seida JC, Schouten JR, Mousavi SS, et al. First- and Second-Generation Antipsychotics for Children and Young Adults [Internet]. Rockville (MD): Agency for Healthcare Research and Quality (US); 2012 Feb. (Comparative Effectiveness Reviews, No. 39.) Results available from:<http://www.ncbi.nlm.nih.gov/books/NBK84647/>
 • <http://www.ti.ubc.ca/newsletter/increasing-use-newer-antipsychotics-children-cause-concern>

For information about research related to side effects and their management in children, see:
 • Metabolic and neurological adverse effects: <http://www.ncbi.nlm.nih.gov/pubmed/21751826>
 • Metabolic and endocrine adverse effects: <http://www.ncbi.nlm.nih.gov/pubmed/21295450>
 • Management of metabolic adverse effects: <http://www.ncbi.nlm.nih.gov/pubmed/23115501>
 • Treatment of extrapyramidal side effects: <http://www.ncbi.nlm.nih.gov/pubmed/23115503>

Table: Summary of second generation antipsychotic indication data for youth for the US Food and Drug Administration (US FDA) and Canada (Health Canada).

| Antipsychotic | US FDA | Health Canada |
|---------------|--|--|
| Aripiprazole | Bipolar disorder (manic/mixed) or adjunctive therapy to lithium or valproate: 10 – 17 years; Schizophrenia: 13 – 17 years; Irritability associated with autistic disorder: 6 – 17 years. | Schizophrenia: 15 – 17 years. Bipolar disorder (manic/mixed): 13 - 17 years.* |
| Olanzapine | Bipolar disorder (manic/mixed): 13 – 17 years; Schizophrenia: 13 – 17 years | ----- |
| Quetiapine | Bipolar disorder (acute manic): 10-17 years; Schizophrenia: 13 – 17 years | ----- |
| Risperidone | Bipolar disorder (manic/mixed): 10-17 years; Schizophrenia: 13 – 17 years; Irritability associated with autism: 5 – 16 years. | ----- |

* the product monograph (dated May 27, 2013) available at the time of writing from Health Canada's Drug Product Database <http://webprod5.hc-sc.gc.ca/dpd-bdpp/info.do?code=80782&lang=eng> indicates the length of the trial for schizophrenia was 6 weeks and the trial for bipolar 1 disorder was 4 weeks in duration and therefore long-term safety and efficacy for these indications has not been systematically evaluated.

In The News: Mental health commission head explores more collaboration, training with police

Dealing with people who have mental health issues is one of the biggest policing problems that has emerged in the last 10 to 15 years, and the Canadian Mental Health Commission contends that good education and training will help officers interact better with people who have mental health issues.

Link: <http://winnipeg.ctvnews.ca/mental-health-commission-head-explores-more-collaboration-training-with-police-1.1412517>

Note: The views expressed in this newsletter are for information only. The information is not meant to replace or substitute for information from your health care provider (s). (C) More Than Meds

