

# MEDICATIONS USED FOR BEHAVIORAL & EMOTIONAL DISORDERS



A GUIDE FOR PARENTS, FOSTER PARENTS,  
FAMILIES, YOUTH, CAREGIVERS, GUARDIANS,  
AND SOCIAL WORKERS

## Overview

This booklet is a guide for parents and other caregivers to help you understand the medications that are sometimes used to help children with behavioral or emotional problems. Being able to talk openly with your child's doctor or other health care provider is very important. This guide may make it easier for you to talk with your child's doctors about medications. You will find information about the medications that may be used to help treat these conditions in children. How these medications work and possible side effects are also included.

As a parent or caregiver of a child with a behavioral or emotional disorder, you may be feeling overwhelmed as you try to help your child cope with his or her problems. Many parents and caregivers feel that nobody understands the frustration of caring for a child with a behavioral or emotional disorder. But many other families are in the same situation. According to one study, *over 4 million* children ages 9 to 17 have some kind of emotional or behavioral problem that affects their daily lives.



Children with behavioral or emotional disorders are a special group and need special care. Many times children have symptoms that are different from adults with the same disorder. Symptoms may also vary from child to child, and it can be difficult to understand a child's signs and symptoms. Children may have trouble understanding their illness and may not be able to describe how they feel. Sometimes the warning signs a child shows are overlooked. If you are concerned about your child's behavior or emotional health, talk with your child's health care provider about getting help.

There are many different types of help for children with behavioral or emotional disorders. Some examples are:

- Cognitive therapy
- Behavioral therapy
- Occupational and Physical therapy
- School Programs
- Parental and/or Family therapy
- Group therapy
- Medications - sometimes called Medication Therapy

## Medications

Before making a decision to treat your child with medication, a qualified health care provider should make a thorough assessment of your child and understand his or her needs. You may meet with a medical doctor (Pediatrician, Psychiatrist, Family Practice, etc.) or with a nurse practitioner or a physician assistant. These health care providers may evaluate behavioral or emotional disorders in children, make a diagnosis and prescribe medication. Part of the health care provider's evaluation of your child may include a physical exam and blood tests. Other tests may also be needed to help the health care provider understand your child's problems.

Medications should fit a child's needs and be part of a plan that includes other therapies. It is also important to remember that medications will manage but may not "cure" behavioral or emotional disorders like an antibiotic can cure strep throat.

Additionally certain medical conditions and pregnancy require special consideration. Inform the person prescribing your child's medication(s) of all known or suspected medical conditions including pregnancy.

Deciding on the right medications to use for children can be difficult. Children's brains continue to develop until they are adults. Some medications that are proven to be safe for adults may have unexpected side effects for children. Also, many medications used to treat adults do not have the same affect on children's brains and body chemistry.



## Informed Consent

Medication will not be prescribed to a child unless the health care provider has permission or "informed consent" from the guardian first. The health care provider must explain why a medication would be helpful and talk about possible side effects. The provider should also explain any special follow up such as office visits or blood tests that will be needed. Children who are older and adolescents should be included in this discussion. The health care provider should answer any questions and be sure that you understand the plan before actually writing the medication prescription.

## Questions to Ask about Medication

You may wish to ask your health care provider these questions about your child's medication before starting treatment:

- Why is this medication being used?
- What is the name of the medication?
- What is it supposed to do for my child?
- How long should it take to work?
- When and how should my child take this medication?
- Will this medication interact with anything (foods, drinks, other medications)?
- What are the side effects of the medication? What should I do if the side effects occur?
- How will I know that my child is getting better on this medication? What are the signs that my child is getting worse?
- Is there any information for me to read about this medication?
- Are there any blood tests or any other testing that needs to be done before my child begins taking the medication?
- Will any tests need to be done while my child is taking the medication?
- What does my child's school nurse need to know about this medication?
- How long will my child need to take this medication? How will we decide to stop this medication?

Your pharmacist or nurse can also be very helpful in answering your questions about medication.

## What to Expect

Medications cannot cure behavioral or emotional disorders. They can help improve the symptoms of a specific problem. It is also important to understand that every child

reacts to medication in his or her own way. The prescriber will not always know exactly which medication will work best for your child. Some medications that work well for other children may not work well for your child. Several medications may need to be tried before the prescriber finds the right one for your child. It is also important to remember that some medications will work immediately but others may take a few weeks before you can expect to see any improvements.

The actual dose of medication will be based on your child's age, gender, size and weight. Your child's specific symptoms, other health problems and his or her personal habits will be considered. All these factors can affect how well the medication works and what side effects your child might have. Some children may experience side effects while other children will not. This guide includes information about possible side effects.

The length of time a child needs to take medication varies. **Even if your child is feeling better or seems completely well, do not suddenly stop giving medication without first talking to your child's prescriber.** Many medications must be "tapered" - a slow lowering of the dose over time - so that your child can gradually adjust to the medication change without side effects.

## Giving medication to your child

As a parent or caregiver, you are responsible to be sure that your child (no matter your child's age) is taking her medication as the health care provider prescribed. However, if your child is older or is an adolescent, she should play a part in remembering to take her medication. Having a routine about medication can help you and your child remember to take the medication at the right time. Your health care provider, a nurse or pharmacist can help you plan how to fit giving medication into your child's day.

## Side Effects

Once your child starts the medication, you need to watch closely for side effects. Children may have different reactions to medications than adults. Also, children may be less able or willing to tell their parents or other caregivers that they are having a problem with the medication. Remind your young child to tell you or other caregivers if he is feeling "different" after starting on a medication. Older children and adolescents should be told how to know if the medication is helping or if side effects are developing.

The chance for side effects is different for each medication and for every child. A medication may cause severe side effects in one child but only mild side effects in another child. The dose of the medication and a child's individual body chemistry are the two main reasons why a child may be more likely to have side effects.

Most of the side effects from the medications are mild and will lessen or go away after the first few weeks of treatment.

If any side effect occurs, talk to your health care provider right away.

When side effects occur, your child's health care provider may change the dose of the medication or try a different medication. Sometimes, though, if a child is doing much better with a certain medication and its side effects are mild, the prescriber may choose to keep the child on that medication.



## **Medication Interactions**

All of the medications used to treat behavioral or emotional disorders in children can interact with other medications. These interactions may cause more severe side effects or a worsening illness. It is very important that you tell your child's prescriber about all medications that your child is taking. **This includes other prescription medications, over-the-counter medications, herbal remedies and vitamins.** Be sure to tell your child's health care provider about any changes in other medications your child may be taking. Let the provider know if any medication is stopped, a new medication is started or if a dose is changed.

Your child's health care provider must know if your child is using illegal drugs, alcohol, or tobacco products. Alcohol, illegal drugs and tobacco can cause serious problems with the medications used to treat behavioral or emotional disorders. Encourage your child to be honest with his health care provider. Help your child understand that tobacco and alcohol have negative effects on his physical or mental health.



## Important!

If you think that your child has taken the wrong medication, has taken too much medication (an overdose), or has taken any other poisonous or toxic substance call your health care provider immediately!

**If you cannot immediately speak to your health care provider call**

## **Poison Control Center at 1-800-222-1222.**

**Have the name of the medication and/or toxic substance ready for Poison Control.**



**You can reach a Poison Control Center at  
1- 800-222-1222  
from anywhere in the United States.**

## What is Medication "Off Label" Use?

Your child's health care provider uses his or her experience and knowledge about medications to make decisions about which medication may be most helpful. It is not unusual for a health care provider to choose a medication that has not been officially approved by the U.S. Food and Drug Administration (FDA) for use in children. This is called "off-label" use. Many medications have been safely used "off-label" to help children with behavioral or emotional disorders. Always talk with your child's provider so that you understand why a certain medication is being prescribed, how it may help and what side effects to watch for.

## Medication Types in this Booklet

Several different types of medications used to treat behavioral or emotional disorders in children are described in this booklet including:

- Antipsychotics
- Antidepressants
- Mood stabilizers
- Medications for Attention Deficit Hyperactivity Disorder
- Anti-anxiety medications (Anxiolytics)
- Medication used for sleep (insomnia)
- Other medications that may be used to treat your child (miscellaneous)

The overview of each type of medication will have the names of some of the medications, what disorders it is used to treat, possible side effects and the follow - up that will be needed. The medications will be listed using their generic names and their *brand names in italics*.

Remember: Talk to your child's health care provider, nurse or pharmacist if you have any questions about the medications prescribed for your child.

# Antipsychotics

## Can be Used to Treat:

- Schizophrenia
- Bipolar Disorder
- Schizoaffective Disorder
- Obsessive-Compulsive disorder (OCD)
- Depression
- Aggression
- Mood Instability

Antipsychotics work by changing important chemicals in the brain. There are two major groups of antipsychotic medications: traditional antipsychotics and atypical antipsychotics.

Below are lists of some of the traditional and the atypical antipsychotics that are used today:

| <b>Traditional Antipsychotics</b>    | <b>Atypical Antipsychotics</b>   |
|--------------------------------------|----------------------------------|
| haloperidol ( <i>Haldol</i> )        | aripiprazole ( <i>Abilify</i> )  |
| chlorpromazine ( <i>Thorazine</i> )  | clozapine ( <i>Clozaril</i> )    |
| thiotixene ( <i>Navane</i> )         | olanzapine ( <i>Zyprexa</i> )    |
| perphenazine ( <i>Trilafon</i> )     | quetiapine ( <i>Seroquel</i> )   |
| trifluoperazine ( <i>Stelazine</i> ) | risperidone ( <i>Risperdal</i> ) |
|                                      | ziprasidone ( <i>Geodon</i> )    |

## Possible Side Effects:

### **Traditional Antipsychotics:**

- Tremors
- Muscle spasms
- Abnormal movements
- Stiffness
- Blurred vision
- Constipation

### **Atypical Antipsychotics:**

- Low white blood cell count (called Agranulocytosis - seen with clozapine)
- Diabetes
- Lipid abnormalities
- Weight gain
- Other medication-specific side effects

### **Follow up requirements will depend on the medication but may include:**

- |                                    |                         |
|------------------------------------|-------------------------|
| ▪ Frequent blood tests (clozapine) | Blood pressure checks   |
| ▪ Cholesterol testing              | Heart Rate checks       |
| ▪ Blood Sugar testing              | Electrocardiogram (ECG) |
| ▪ Height, Weight                   | Blood Chemistry Tests   |

Remember: Talk to your child's health care provider, nurse or pharmacist if you have any questions about the medications prescribed for your child.

# Antidepressants



## Can be Used to Treat:

- Depression
- Anxiety
- Seasonal Affective Disorder
- Obsessive Compulsive Disorder
- Posttraumatic Stress Disorder
- Social Anxiety
- Antidepressants can also be used to treat bed-wetting and pre-menstrual syndrome.

Antidepressants may take up to 8 weeks to have a good effect. Do not stop these medications without talking to your child's health care provider first. Problems can occur if the medication is stopped suddenly without slowly reducing (tapering) the dose.

## Types of Antidepressant Medication

| Tricyclic Antidepressants  | Selective Serotonin Reuptake Inhibitors (SSRI's)  | Other   |
|--|---|---|
| amitriptyline ( <i>Elavil</i> )<br>desipramine ( <i>Norpramin</i> )<br>doxepin ( <i>Sinequan</i> )<br>imipramine ( <i>Tofranil</i> )<br>nortriptyline ( <i>Pamelor</i> ) | citalopram ( <i>Celexa</i> )<br>escitalopram ( <i>Lexapro</i> )<br>fluoxetine ( <i>Prozac</i> )<br>fluvoxamine ( <i>Luvox</i> )<br>sertraline ( <i>Zoloft</i> ) | bupropion ( <i>Wellbutrin</i> )<br>mirtazepine ( <i>Remeron</i> )<br>trazodone ( <i>Desyrel</i> ) |

The Selective Serotonin Reuptake Inhibitor (SSRI) and Serotonin-Norepinephrine Reuptake Inhibitor (SNRI) antidepressant medications are used most often today because they work well and usually have fewer side effects.

**Possible Side Effects:**

**Tricyclic Antidepressants:**

- Dry mouth
- Constipation
- Blurry vision
- Urinary retention
- Dizziness
- Drowsiness

**SSRIs and SNRIs:**

- Headache
- Nervousness
- Nausea
- Insomnia
- Weight Loss

**Follow up:**

- Watch for worsening of depression and thoughts about suicide.
- Watch for unusual bruises, bleeding from the gums when brushing teeth, especially if your child is taking other medications.
- Blood tests may be needed.
- Blood pressure checks may be needed.

Remember: Talk to your child's health care provider, nurse or pharmacist if you have any questions about the medications prescribed for your child.



# Mood Stabilizers



**Can Be Used to treat:**

- Bipolar disorder
- Mood dysregulation
- Aggression

These medications include certain antipsychotics, antidepressants, anticonvulsants and lithium.

Your child's health care provider will choose a specific medication based on your child's specific symptoms and to meet your child's needs.

Medications that are approved by the FDA for treatment of Bipolar disorder are in the table below:

| Anticonvulsants  | Other  |
|--|--|
| divalproex ( <i>Depakote</i> )<br>carbamazepine ( <i>Tegretol</i> )<br>lamotrigine ( <i>Lamictal</i> ) | lithium ( <i>Eskalith</i> )<br>Atypical Antipsychotics |

**Possible Side Effects:**

| Anticonvulsants   | Lithium   | Lamotrigine                   |
|---|---|-------------------------------|
| Weight gain<br>Nausea<br>Sedation<br>Tremor<br>Liver problems<br>Slower blood clotting -<br>any bleeding may<br>take longer to stop | Weight gain<br>Tremor<br>Nausea<br>Thyroid problems | Rash<br>Dizziness<br>Headache |

**Follow up:**

Anticonvulsants: Blood Tests will be needed including:

Platelet count. Platelets are cells that work to stop bleeding.

Liver function tests

Weight checks

Lithium: blood tests to check thyroid, kidney function and weight checks

Lamotrigine: watch for rash - report any rash immediately to your child's health care provider.

For some of these medications, blood tests are needed to check the amount (level) of medication in blood. Your child's health care provider may need to adjust the dose your child is prescribed if the blood levels are too low or too high.

Remember: Talk to your child's health care provider, nurse or pharmacist if you have any questions about the medications prescribed for your child.

## Stimulants and other Medications for ADHD/ADD

**Can Be Used to Treat:** Attention Deficit Hyperactivity Disorder (ADHD)  
Attention Deficit Disorder (ADD)  
Depression



ADHD is the most common behavioral or emotional disorder in children. Stimulants are frequently prescribed to help children with ADHD to focus and ignore distractions. Stimulant medications can also be used to treat depression. Other medications that are used to treat ADHD are atomoxetine (Strattera), and bupropion (Wellbutrin), guanfacine (Tenex), clonidine (Catapres).

Some of these medications will last most of the day. Others have an effect for a few hours. Your prescriber will work to find the one that is right for your child.

### **Medications Used for ADHD/ADD:**

| <b>Generic Name</b>         | <b>Brand Names</b>  |
|-----------------------------|---|
| guanfacine                  | <i>Tenex, Intuniv</i>   |
| clonidine                   | <i>Catapres</i>   |
| methylphenidate             | <i>Concerta, Metadate CD, Metadate ER, Daytrana, Methylin, Methylin ER, Ritalin, Ritalin LA, Ritalin SR</i> |
| dextroamphetamine sulfate   | <i>Dexedrine, Dexedrine Spansules, Dextrostat</i>   |
| Mixed amphetamine salts     | <i>Adderall, Adderall XR</i>  |
| dexmethylphenidate          | <i>Focalin, Focalin XR</i>  |
| lisdexamfetamine dimesylate | <i>Vyvanse</i>  |
| bupropion                   | <i>Wellbutrin (IR, SR and XR)</i>   |
| atomoxetine                 | <i>Strattera</i>  |
|                             |   |

**Side Effects:**

- Decreased appetite/ weight loss
- Sleep problems
- Jitteriness
- Headaches
- Dry mouth
- Dysphoria - feeling sad, restless, anxious without a known reason
- Increased heart rate
- Dizziness

**Follow up:**

- Before starting this medication, your child's doctor should evaluate your child with a physical exam to rule out heart diseases.
- Your child's blood pressure and heart rate will be checked before treatment and periodically during treatment.
- Your child's height and weight will also be monitored.

Remember: Talk to your child's health care provider, nurse or pharmacist if you have any questions about the medications prescribed for your child.

# Anti-Anxiety Medications



## Can Be Used to Treat:

- Anxiety
- Panic Disorder
- Alcohol Withdrawal
- Post Traumatic Stress Disorder (PTSD)
- Obsessive Compulsive Disorder (OCD)

Anxiety in children is a common problem and can often cause them to have feelings of fear, nervousness, and shyness. These feelings often do not go away and cause children to avoid certain places, activities, and social interactions. Anti-anxiety medications are used to relieve these feelings and help children enjoy normal childhood activities.

Today, the most commonly used anti-anxiety medication are antidepressants called Selective Serotonin Reuptake Inhibitors (SSRI's). Other anti-anxiety medications include Benzodiazepines, Antihistamines, as well as a drug called Buspirone.

These medications effect chemicals in the body or act directly on certain parts of the brain to help relieve feelings of anxiety.

## Types of Anti-Anxiety Medications:

| Selective Serotonin Reuptake Inhibitors (SSRI's)   | Benzodiazepines   | Antianxiety                | Antihistamines   |
|--|---|----------------------------|--|
| citalopram ( <i>Celexa</i> )<br>escitalopram( <i>Lexapro</i> )<br>fluoxetine ( <i>Prozac</i> )<br>fluvoxamine ( <i>Luvox</i> )<br>sertraline ( <i>Zoloft</i> ) | lorazepam ( <i>Ativan</i> )<br>clonazepam ( <i>Klonopin</i> )<br>diazepam ( <i>Valium</i> )<br>alprazolam ( <i>Xanax</i> )<br>oxazepam ( <i>Serax</i> )<br>chlordiazepoxide( <i>Librium</i> ) | buspirone( <i>Buspar</i> ) | hydroxyzine hcl ( <i>Atarax</i> )<br>hydroxyzine pamoate ( <i>Vistaril</i> ) |

- SSRI's may take up to 8 weeks to have a good effect. Do not stop these medications without talking to your child's healthcare provider first.

- Buspirone may take up to 2 weeks to have a good effect. Do not stop this medication without talking to your child’s healthcare provider first.

**Possible Side Effects:**

| Selective Serotonin Reuptake Inhibitors (SSRI’s) | Benzodiazepines  | Buspirone   | Antihistamines  |
|--|--|---|---|
| Headache<br>Nervousness<br>Nausea<br>Insomnia    | Drowsiness<br>Dizziness<br>Sleepiness<br>Confusion<br>Memory loss<br>Blurry vision<br>Balance problems<br>Worsening-behavior | Dizziness<br>Nausea<br>Headache<br>Lightheadedness<br>Nervousness | Sleepiness<br>Drowsiness<br>Dizziness<br>Dry mouth<br>Confusion<br>Blurred Vision,<br>Balance problems<br>Heartburn |

**Follow up:**

- Watch for improvement in anxiety symptoms and any worsening side effects while taking these medications.
- If your child takes a SSRI, watch for depression or thoughts of suicide and contact your healthcare provider immediately if these symptoms occur.
- Do not stop these medications suddenly without slowly reducing (tapering) the dose as directed by your healthcare provider.
- While taking buspirone, avoid grapefruit juice.
- Avoid alcohol
- Blood tests may be needed prior to the start of treatment and during treatment.

Remember: Talk to your child’s health care provider, nurse, or pharmacist if you have any questions about the medications prescribed for your child.



# Sleep Medications



## **Can Be Used to Treat:**

- Insomnia (short-term)

Insomnia is a condition where a person has trouble falling asleep or staying asleep. As a result, energy level, mood, work performance, quality of life, and overall health are all affected.

How much sleep someone needs varies from person to person. Generally speaking, children need on average 9-12 hours of sleep per night. Sleep medications are used for the short-term treatment of insomnia and should not be used for long-term treatment unless your child's healthcare provider thinks otherwise.

## **Types of Sleep Medications:**

- Zolpidem (*Ambien*)
- Zaleplon (*Sonata*)
- Diphenhydramine (*Benadryl*)
- Trazodone (*Desyrel*)

## **Possible Side Effects:**

Headache  
Dizziness  
Weakness  
Nausea  
Memory loss  
Daytime sleepiness  
Hallucinations  
Dry mouth  
Confusion  
Blurred Vision  
Balance problems  
Heartburn

- Children can be more sensitive to the side effects of antihistamines. Often, children can become excited rather than sleepy if they take this type of medication.

**Follow up:**

- After taking sleep medications, watch for the time it takes to fall asleep, the number of nighttime awakenings, and the effect on daytime activities.
- Watch for side effects and how they can affect daytime activities.
- Blood tests may be needed before the start of treatment.
- Avoid alcohol.

Remember: Talk to your child's healthcare provider, nurse, or pharmacist if you have any questions about the medications prescribed for your child.

# Miscellaneous Medications

## Anti-Cholinergics and Amantadine

**Can Be Used to Treat:** Movement Disorders Caused by Medications

If your child shows signs of shaking (hands, arms, legs, face), muscle stiffness, slow movements, or lack of balance, he may be beginning to have a movement disorder caused by his medications. Certain drugs like antipsychotics can cause these unwanted side effects to occur.

To help relieve such symptoms, your healthcare provider may prescribe an anti-cholinergic medication or an anti-movement medication.

### **Types of Anti-Movement Medications:**

| <b>Anti-Cholinergic</b>  | <b>Anti-Movement</b>            |
|--|---------------------------------|
| benztropine ( <i>Cogentin</i> )<br>trihexyphenidyl ( <i>Artane</i> ) | amantadine ( <i>Symmetrel</i> ) |

- Benztropine and trihexyphenidyl should only be used when your child has movement symptoms. Once these movement symptoms go away, your healthcare provider may want to slowly stop these medications.

### **Possible Side Effects:**

| <b>Anti-Cholinergic</b>   | <b>Amantadine</b>  |
|---|--|
| Dry mouth<br>Blurred vision<br>Sleepiness<br>Confusion<br>Nervousness<br>Delusions<br>Constipation<br>Urinary retention | Nausea<br>Constipation<br>Diarrhea<br>Dizziness<br>Dry Mouth<br>Confusion<br>Insomnia<br>Water retention |

### **Follow Up:**

- While your child takes these medications, watch for the improvement of movement disorders.
- Watch for side effects that may occur with each drug.
- Problems can occur if the medication is stopped suddenly without slowly reducing (tapering) the dose.
- Do not stop taking these medications without talking to your child's healthcare provider first.

## Opioid Blockers

### Can Be Used to Treat:

- Narcotic (opioid) dependence
- Alcohol dependence
- Self injurious behavior

Narcotic (opioid) and alcohol dependence are conditions where a person struggles to stop taking narcotic drugs (heroin, morphine, etc.) or alcohol. Long-term use of narcotics and alcohol causes the body to become dependent or addicted to these drugs. As a result, the person feels he or she needs narcotics or alcohol all of the time.

Naltrexone is a medication used to block the “high” feeling a person gets from narcotic drugs. Therefore, it helps former drug users to stay off narcotics and also keeps patients from wanting alcohol.

It is important to remember that one should not use large amounts of narcotics to overcome what naltrexone is suppose to do because it could lead to coma or death.

### Type of Opioid Blocker and Side Effects:

| Opioid Blocker              | Side Effects  |
|-----------------------------|---|
| Naltrexone ( <i>Revia</i> ) | Nausea, Vomiting, Diarrhea, Headache, Stomach pain, Loss of appetite, Anxiety |

- This medication should not be used if your child has taken narcotic drugs within the past 7-10 days.
- Liver tests are needed before using naltrexone because this medication can cause liver injury.

**Follow Up:**

- If your child stops taking narcotic drugs or alcohol, watch for withdrawal symptoms that include these symptoms:
  - Nausea, vomiting, and diarrhea
  - Hallucinations and delusions
  - Sweating and chills
  - Panic and anxiety
  - Seizure
- Call your doctor right away if your child experiences:
  - Severe stomach pain
  - Yellowing of skin or eyes
  - Dark colored urine
  
- Blood tests may be needed before starting the medication and during treatment.

Remember: Talk to your child's health care provider, nurse, or pharmacist if you have any questions about the medications prescribed for your child

## Medication Safety

Keep an updated list of all the medications your child takes. Include prescription drugs, over-the-counter medicines, and herbal remedies and vitamins. Share this list with your prescriber and pharmacist.

Be sure that all medications are kept out of reach of children and anyone who might misuse them. You may want to keep medications in a locked container. Be especially careful with medications that look like water or soft drinks.

Never tell your child that his or her medicine is "candy".

Some medications need to be kept in the refrigerator. But, be sure medications do not freeze. Keep medications separate from food. You might want to store them in a separate box or container in the refrigerator.

Always read the medication labels carefully before you give your child medication. Be sure that it is your child's medication and that you are giving the right dose, at the right time, and that you give the correct way.

Give medication to your child where there is good light so you can read the medication label easily.

Keep medicine in its original bottle or container from your pharmacy. Do not mix different medications together in the same container because then you will not be able easily tell which medication is which.

Store all medicines together in one place that is dry and cool. The kitchen and bathroom may not be the best place to store medicine because of the heat and moisture in these rooms.

Never give your child's medications to someone else.

Throw away any medication that has expired or that your child's prescriber has stopped. Also, throw away any medication that does not have a label on the container. Throw out medication so that children and animals will not find them. A good way to do this is to wrap the medication in duct tape or throw it away mixed with kitty litter.



## Resources:

### General resources on the web:

[www.aacap.org](http://www.aacap.org) American Academy of Child and Adolescent Psychiatry (AACAP)- has multiple resources, including Facts for Families and a section of great related web sites that's constantly updated.

[www.aboutourkids.org](http://www.aboutourkids.org) This is NYU's Child Study Center website with lots of resources.

[www.aap.org](http://www.aap.org) American Academy of Pediatric's website.

[www.cfw.tufts.edu](http://www.cfw.tufts.edu): Tuft University's Child and Family webguide.

[www.parentsmedguide.org](http://www.parentsmedguide.org); Developed jointly by the American Psychiatric Association the American Academy of Child and Adolescent Psychiatric.

<http://www.webmd.com>

Add-Adhd/guide/Adhd-treatment-overview

<http://www.psychguides.com/>

Bipolar%20Handout.pdf

<http://www.nimh.nih.gov>

Health/publications/medications/antidepressant-medications.shtml

<http://www.nimh.nih.gov>

health/publications/medications/antipsychotic-medications.shtml

<http://www.psycheducation.org/>

Depression/meds/moodstabilizers.htm

### Specialty Websites for Parents:

ADHD: [www.addresources.org](http://www.addresources.org); [www.chadd.org](http://www.chadd.org) (Children and Adults with Attention Deficit Disorder)

Anxiety: [www.adaa.org](http://www.adaa.org) (Anxiety Disorders Association of America)

Autism: [www.autism-society.org](http://www.autism-society.org); [www.autismspeaks.org](http://www.autismspeaks.org)

Bipolar: [www.bpkids.org](http://www.bpkids.org) (Child and Adolescent Bipolar Foundation); [www.dbsalliance.org](http://www.dbsalliance.org) (Depression and bipolar support Alliance)

Obsessive Compulsive Disorder: [www.ocfoundation.org](http://www.ocfoundation.org)

PTSD: [www.ptsdinfo.org](http://www.ptsdinfo.org)

Tourettes syndrome: [www.tsa-usa.org](http://www.tsa-usa.org)

### Textbooks:

Pediatric Psychopharmacology: Fast Facts, by Daniel Connor, MD and Bruce Meltzer, MD, Norton Publishing, 2006

Child and Adolescent Clinical Psychopharmacology, Fourth Edition, by Wayne Green, Wolters Kluwer/Lippincott Williams and Wilkins, 2007

Clinical Manual of Child and Adolescent Psychopharmacology, edited by Robert Findling, MD, APA Publishing, 2008

### Glossary

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| Aggression  | Violent, angry behavior toward others  |
| Anticholinergics<br><i>Pronunciation: Antee - kolin-ergicks</i> | Medications used to help treat muscle twitches and other unusual muscle movements that can be side effects of some medications, especially antipsychotics.   |
| Antidepressants   | Medications used to treat depression   |
| Antipsychotics<br><i>Pronunciation: Antee - si - kottiks</i>    | Medications used to treat mental health disorders that cause disorganized thinking such as schizophrenia   |
| Anti-anxiety medications  | Medications used to treat anxiety or nervousness   |
| Attention Deficit Hyperactivity Disorder (ADHD)                 | A common condition where a child has a hard time controlling his activity and concentration. Children with ADHD often struggle with paying attention, following directions, sitting still in school.   |
| Bipolar Disorder  | A mental health disorder where a person has extreme changes in mood switching from being very excited and active (mania) to feeling sad and with low-energy and lack of interest (depression). Bipolar disorder used to be called "manic-depression".  |
| Brand Name of a Medication                                      | The name a drug company gives to medicine. For example, Tylenol is the brand name for the medication acetaminophen. Motrin is the brand name for the medication ibuprofen.   |
| Delusion  | A false belief about what is real.   |
| Depression  | A mental health disorder when a child feels sadness, low energy, not having interest in activities most of the time.   |
| Generic Name of a Medication                                    | The chemical name for a medication.  |
| Hallucination   | Seeing things or hearing sounds that do not really exist.  |
| Informed Consent  | Permission given by a child's legal guardian for a medication or treatment plan to be used. The healthcare provider must explain why a medication or treatment would be helpful and what the possible side effects could be. The legal guardian must express understanding this information and agree to the medication and/or plan. |
| Insomnia  | Difficulty falling asleep or staying asleep.   |
| Medication Interactions   | One medication affecting how another medication works. This can occur whenever there is more than one medication in the body.  |

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| Mood Disorders:<br>Mood Dysregulation<br>Mood Instability         | A child's mood (feelings and activity) changes frequently and the child seems to be unable to control his mood. For example, he may show extreme anger over a small problem or for no reason.   |
| Mood stabilizers  | Medications that help to keep a child's mood be more settled.   |
| Nurse Practitioner (APRN)   | An advanced practice registered nurse (APRN) with additional education that allows him/her to diagnose health and mental health problems and prescribe medication.  |
| Obsessive Compulsive Disorder (OCD)                               | Unusual anxiety and fears that make child want to repeatedly perform an activity. For example, a person with OCD who is very worried about germs may need to wash his hands over and over, many times during the day.   |
| Opioid Blockers   | Medications that block the effect of narcotics.   |
| Panic Disorder  | A condition where a person has sudden, repeated attacks of overwhelming fear and anxiety.   |
| Pediatrician  | An MD or DO that specializes in caring for children and adolescents   |
| Physician Assistant (PA)  | Individuals with specialized education to diagnose health and mental health problems and prescribe medication.  |
| Posttraumatic Stress Disorder (PTSD)                              | A reaction to a traumatic event such as an accident, attack or highly stressful situation. PTSD symptoms may be seen shortly after the event or not for months or years later. Symptoms may include nightmares about the event, depression and avoiding places that may remind the person of the event. The child may be "super vigilant", or constantly being on the "look out" for something bad to happen. |
| Premenstrual Dysphoric Disorder (PMDD).                           | Feelings of depression, nervousness, anger that occurs repeatedly every month prior to a girl's menstrual period.   |
| Psychiatrist<br><i>Pronunciation: si ki a trist</i>               | An MD or DO that specializes in emotional and behavioral health problems.   |
| Schizoaffective Disorder<br><i>Pronunciation: skitso a fektiv</i> | A condition where a child may experience unusual thoughts like hallucinations or delusions as well as signs of a mood disorder.   |
| Schizophrenia<br><i>Pronunciation: skitso free nia</i>            | A disorder that can cause a person to be confused about what is real and what is not real. The person may hear voices or sounds or see things that are not real (hallucinations). The person may be confused about who they are or why things happen (delusions). They may also feel that other people are "out to get them".   |

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| Seasonal Affective Disorder | Feelings of sadness and depression that happens at the same time every year, often starting in the fall and lasting through winter.  |
| Side Effects                | Unwanted or unexpected results from a medication. Tell your healthcare provider about any side effects.  |
| Social Anxiety              | Severe nervousness or shyness with other people.   |
| Taper                       | To slowly lower a medication dose over time so that the child's body can adjust to the lower dose. Many medications need to be "tapered" rather than suddenly stopped. Talk to your child's health care provider before stopping any medication. |
| Titrate                     | To slowly increase or decrease a medication dose so that your child gets used to the medication. Talk to your child's health care provider before changing how much medication you administer to your child.                                     |
| Toxic                       | Poisonous; Medications that are not used correctly can be toxic to your child.   |
| Tremor                      | Uncontrolled shaking or trembling in the hands, arms, legs   |
| Urinary Retention           | A child is unable to urinate when his bladder feels full. If your child says that he cannot urinate or has trouble urinating, contact your health care provider right away.  |

References: <http://www.mayoclinic.com>  
<http://www.webmd.com>

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