

Psychotropic Medication Utilization in Two Intensive Residential Programs

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Background

- ✦ Dramatic increase in the number of children on psychotropic medication (PM)
- ✦ Most PMs prescribed for children are "off label"
- ✦ PM utilization predicted by medically indicated (e.g., Dx, history) and non-indicated (e.g., race, gender) factors
- ✦ Limited efficacy data
- ✦ Health risks (e.g. weight gain)

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Out of Home Placement

- ✦ Foster care youth are on PMs at 3x rate of poor children
- ✦ In-patient: high PM rates, typically increase during stay
- ✦ Residential treatment: high PM rates (75%)
- ✦ Boys Town research
 - Increase in PM utilization (1995 vs. 2005)
 - Currently, 49% of group home youth are on PMs at some time during their stay; 40% at intake, 26% at discharge
 - Approach: cognitive-behavioral treatment and careful PM management

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Current Study

Goal: examine PM utilization in two intensive residential settings

- ✦ Intake vs. discharge
- ✦ Percentage of youth on PMs; PM classes
- ✦ PM utilization across two placement settings (step down)
- ✦ Age and gender differences
- ✦ Restraints and aggressive behavior
- ✦ Case study

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Participants

- ✦ First time admits between 2005-2007
 - N = 357 (53%) male
- ✦ 200 (64.3%) were state wards
- ✦ 243 (78.1%) came from equal or more restrictive settings
- ✦ Averaged 3.7 prior formal placements
- ✦ Average LOS in program was 134 days

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Residential Programs

Intensive Residential Treatment Center (n = 232)	Specialized Treatment Group Home (n = 125)
Ages 7-18 with psychiatric disorders	Ages 10 to 18 with psychiatric disorders
Attached to hospital, medically directed care	Group Home setting with medical oversight
24 Hour Locked Secured	24 Hour Staff Secured

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Medication Classes

Medication classes

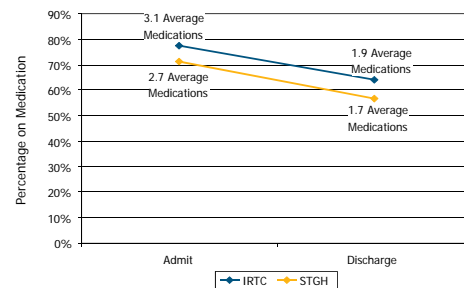
- *Anti-depressant
- *Anti-psychotic
- *Mood stabilizer
- *Stimulant
- Anti-anxiety
- Sleep disorder
- Anti-enuretic
- Adrenergic agent

*These four classes equal 91.5% of all medications

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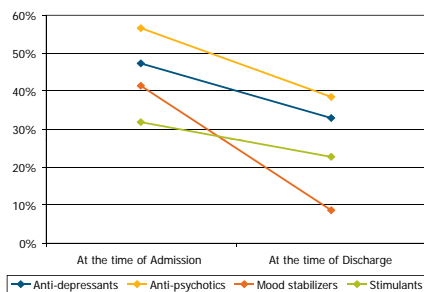
Medication Reduction (Percentage on and Average Number of Medications)



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Medication Class Percentages



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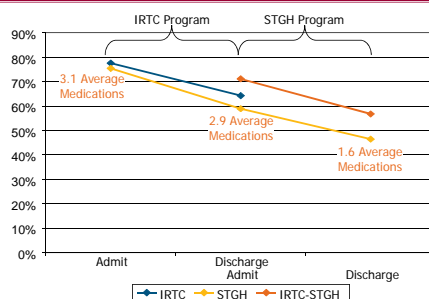
Step Downs

- ✦ 152 (65.5%) of the IRTC youth stepped down within the Boys Town continuum to the STGH program
- ✦ The average IRTC length of stay for these youth was 101.2 days
- ✦ The average STGH length of stay for these youth was 161.0 days

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Medication Reduction Across Continuum



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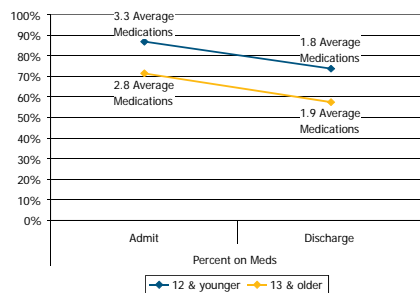
Age Difference Background

- ✦ There is little published research looking at medication rates for young children
- ✦ Inpatient medication rate for young children is high: 75 - 85%
- ✦ Have found that medication rate for young children much higher than adolescents for
 - Stimulants
 - Adrenergic agents
- ✦ Program by age numbers
 - IRTC - 71 (31%) 12 & under, 161 (69%) 13 & older
 - STGH - 20 (16%) 12 & under, 105 (84%) 13 & older

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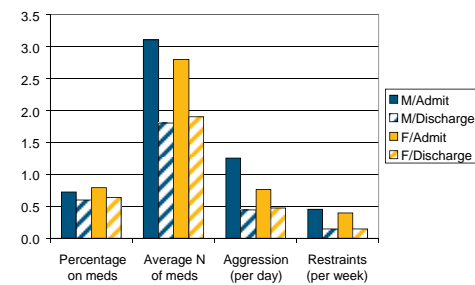
Percentage of Youth on Medications by Age Class



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Admit to Discharge Change by Gender



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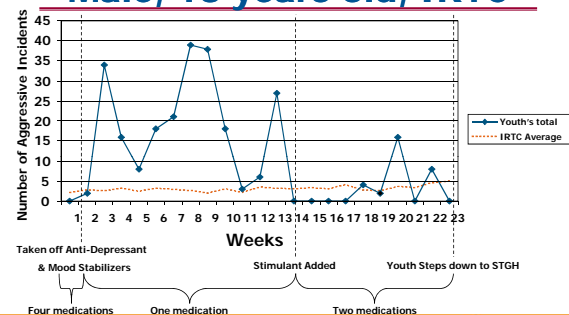
Case Study

- ❑ 13-year old, African American male
- ❑ Ward of the state, 4 previous formal placements, admitted to IRTC from home of natural parents
- ❑ Bipolar Disorder – most recent severe manic with psychotic features, Intermittent Explosive Disorder, Oppositional Defiant Disorder
- ❑ Admission Medications:
 - Lexapro – 10 mg
 - Lithium – 600 mg
 - Zyprexa – 15 mg
 - Tegretol – 400 mg

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TPC Cluster – Aggression Male, 13 years old, IRTC



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Discussion

- ❑ Youth come into the IRTC and STGH programs with high PM rates
- ❑ There were significant reductions for all medication classes at discharge
- ❑ Younger youth have higher rates of medication usage at admission and discharge than the older youth
- ❑ No gender differences for medication use, aggression or restraints
- ❑ Restraint use and aggression reduce over time
- ❑ Case Study: need to allow behavior to occur to treat and adjust PMs based on accurate data and treatment progress

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Future Research

- ❑ Analysis of clinical decision process and factors that guide the changes made in psychotropic medication use.
- ❑ Examination of age differences for behavioral and health problem severity with medication use.
- ❑ Examination of disruptive behavior, symptoms, and medication use across transitions in the child care continuum.

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