

# FACT SHEET: Psychotropic Medication Prescribing for Children on Medicaid

## Psychotropic Medication and Prescribing Patterns

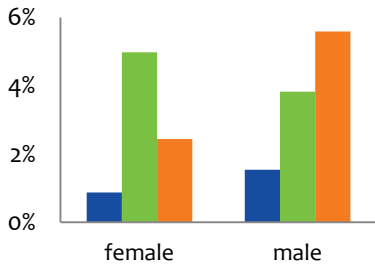
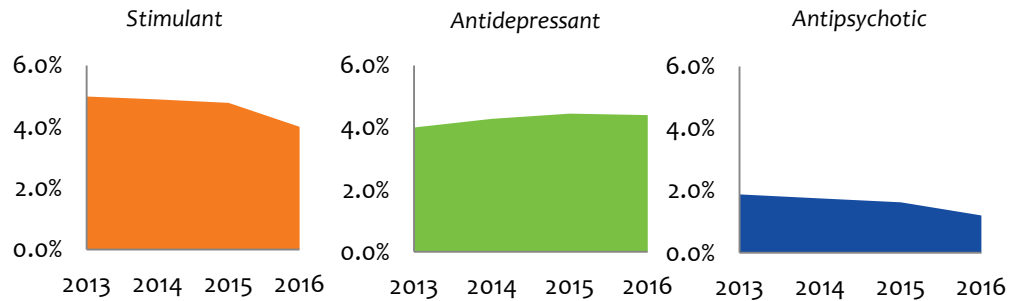
Psychotropic medications (e.g., stimulants, antidepressants, and antipsychotics) are used to treat mental health issues. In 2016, 7.8% of Wisconsin youth on Medicaid received psychotropics compared to 9.9% of youth on Medicaid nationally.<sup>1,2</sup>

Wisconsin saw an almost 40% reduction from 2013 to 2016 of antipsychotic youth prescriptions following the 2012 dissemination of a Wisconsin Department of Health Services informational memo to Medicaid prescribers regarding youth antipsychotic prescribing guidelines.<sup>2</sup> Following the 2013 dissemination of an informational memo regarding youth stimulant prescribing guidelines, there was a 50% reduction in the number of children who received prescriptions that exceeded the maximum daily dose threshold.<sup>3</sup>

When youth are prescribed psychotropics, the recommended course of treatment is concurrent psychotherapy. However, in 2016, only 36% of Wisconsin youth on Medicaid with psychotropic prescriptions received psychotherapy;<sup>2</sup> this percentage has remained steady from 2013-16. Older youth (ages 12-18) are more likely to concurrently receive therapy and medication, compared to children under 12 (40% vs 32%).<sup>2</sup>

### Wisconsin Youth and Drug Class<sup>2</sup>

The tables to the right note the percent of youth prescribed three different types of psychotropics: stimulants, antidepressants, and antipsychotics. Prescriptions of antidepressants outnumbered stimulants and continues to increase as of 2016.

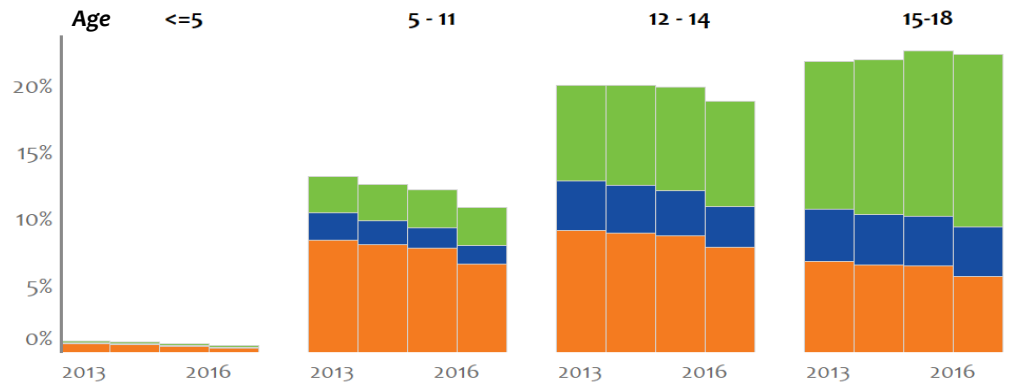


### Gender

- Wisconsin males under 21 are more likely to receive any psychotropics (8.8% versus 6.9% of females).
- Wisconsin females are almost twice as likely as males to be prescribed **antidepressants** (51.4% vs 31.6% of males)
- Wisconsin males are more likely to be prescribed **stimulants** (47.8% vs 26.5% of females).

### Age

- Prescriptions of psychotropics in children under 14 is decreasing due to decreasing prescription rates of **stimulants**.
- Youth between 15 and 18 are receiving more psychotropics due to increasing prescription rates of **antidepressants**.



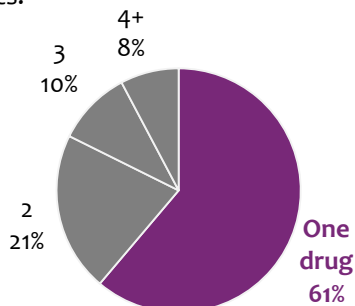
### Key Findings

- Prescriptions of antipsychotics and stimulants for children on Medicaid decreased from 2013 to 2016.
- Psychotropic prescriptions for children under age 11 decreased about 30%.
- Children under the age of 12 are less likely to receive concurrent psychotherapy and medications than youth from 12-18 years of age (32% vs 40% older youth).
- 39% of Wisconsin youth on Medicaid receive more than one psychotropic medication.

# Psychotropic Medication Prescribing for Children on Medicaid

(page 2)

**Polypharmacy** is defined as filling a prescription that overlaps three months with another prescription. Most children on Medicaid in Wisconsin receive **only one psychotropic medication**. In 2016, of the 39% of youth who received more than one medication, half received two psychotropics.<sup>2</sup>



## Attention Deficit Hyperactivity Disorder (ADHD)

Wisconsin children are prescribed medication to treat ADHD more than the national average (81% vs 74% national).<sup>4</sup>

Prescribers are advised to evaluate youth with ADHD symptoms for other issues such as co-existing mental health issues, trauma history, and overwhelming stress. According to one small study, Wisconsin prescribers inconsistently used ADHD symptom checklists.<sup>3</sup>

Because trauma symptoms are often indistinguishable from ADHD symptoms, encouraging prescribers use of a trauma symptom screen would assist in formulating the best course of treatment.

## Parent and Youth Voice<sup>5</sup>

With a thorough knowledge of a child's history, medication can help support the child at home and school, particularly along with therapy.

Having the entire care team on the same page is critical for the success of a child and family, and can be particularly important when planning and prescribing medication. One youth was on fourteen different drugs from seven different prescribers at one time. Lack of coordinated care, along with the interaction from multiple public systems such as foster care and juvenile justice, can lead to provider and consumer confusion around medications.

It can seem to parents like schools and providers see medication as the first-line or only method to reduce behavioral issues. This can influence families to seek psychotropic medications when other treatments and supports might be less restrictive and more effective in the long-term.

## References

1. Howie, LaJeana. (2014) *Use of medication prescribed for emotional or behavioral difficulties among children aged 6-17 years in the United States, 2011-2012*. NCHS Data Brief. No. 148.
2. Wisconsin Department of Health Services. (2013-2016). *Medicaid psychotropic prescribing patterns* [Data file]. Received 8/1/2017 from the Office of Health Informatics.
3. Wisconsin Drug Utilization Project. (2015). *Stimulant Drug Use in Children and Adolescents*. Madison, WI. Retrieved from [www.forwardhealth.wi.gov](http://www.forwardhealth.wi.gov).
4. National Center on Birth Defects and Developmental Disabilities. (2003-2011). *State Profile: ADHD Treatment in Wisconsin*. Division of Human Development and Disability, National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention Retrieved 5/15/2017 from [www.cdc.gov/adhd](http://www.cdc.gov/adhd).
5. Children's Mental Health Collective Impact Parent and Youth Partners. For more information visit <https://children.wi.gov>.