



Pediatric Psychotropic Polypharmacy

Concomitant psychotropic medication use in youth with emotional and behavioral disorders, especially in those from low-income families, has increased since 2004 despite a lack of high-level evidence supporting the safety and efficacy of psychotropic polypharmacy.^{1,2} The American Academy of Pediatrics recommends against treatment with more than one medication at a time in most circumstances, as polypharmacy could be a result of fractured care or nonevidence-based prescribing.³ Instead, the use of psychotropic medications should be part of a comprehensive treatment plan, utilizing the minimum number of medications necessary. In 2018, the Department of Health Care Services (DHCS) released the Prescribing Standards of Psychotropic Medication Use, which defines psychotropic polypharmacy as exceeding a suggested number of total psychotropic medications by age group and/or exceeding one medication per psychotropic drug class.

Consider the following, per the DHCS Prescribing Standards:

- The total psychotropic medication count should not exceed the suggested limit by age group.
- Concurrent use of more than one drug per psychotropic drug class is not recommended regardless of age.

Table 1: DHCS Prescribing Standards of Psychotropic Medication Use by Age Group⁴

Age (years)	Prescribing Standard
12 and older	Fewer than four psychotropic medications <ul style="list-style-type: none"> a. Fewer than two antipsychotics (any combination of atypical and typical) b. Fewer than two mood stabilizers c. Fewer than two antidepressants d. Fewer than two stimulants e. Fewer than two hypnotics
6 to 11	Fewer than three psychotropic medications + all other restrictions from above
0 to 5	Fewer than two psychotropic medications + all other restrictions from above

⁴Exclusions: mood stabilizers in seizure disorder

Consider the following recommendations regarding pediatric psychotropic polypharmacy:³

- Avoid starting two or more psychotropic medications simultaneously, as doing so may cause difficulty determining which medication is helping or causing side effects.
- Polypharmacy should not be the first response to treatment failure of an initial psychotropic medication.
- Whenever multiple psychotropic medications are used, provide a rationale to the family or guardian as to why each one is prescribed.
- Assess the risk of interactions and side effects in concurrent psychotropic medication use prior to initiation. Common drug-drug interactions and side effects include, but are not limited to:⁴
 - Serotonin syndrome
 - QT-interval prolongation
 - Metabolic effects (diabetes, hyperlipidemia, weight gain)
 - Sedation

References

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2. Zito JM, Zhu Y, Safer DJ. Psychotropic Polypharmacy in the US Pediatric Population: A Methodologic Critique and Commentary. *Frontiers in psychiatry*. 2021;12:644741-644741. doi:10.3389/fpsy.2021.644741
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4. Foster Care Quality Improvement Project - California Guidelines for the Use of Psychotropic Medication with Children and Youth in Foster Care 2018 Edition. California Department of Social Services and Department of Health Care Services. 2022. https://www.dhcs.ca.gov/provgovpart/pharmacy/Documents/QIP_Appendix_A_18.pdf. Accessed April 10, 2023.