

Chronic Impulsive Aggression in Child and Adolescent Psychiatric Disorders Age 6-17 Years Old



Level 0: Comprehensive assessment and tracking of target symptoms. Use of validated symptom and behavior rating scales such as the Modified Overt Aggression Scale (MOAS) is highly encouraged.

Level 1: Treat primary condition with psychosocial and psychoeducational interventions.

Level 2: May use an atypical antipsychotic as adjunctive treatment. Risperidone at low dose.

Level 3: If failure to respond to Level 2, may initiate monotherapy with a different atypical antipsychotic. Other agents may be used in combination depending on underlying symptoms.

Level 4: Combination of mood stabilizers with atypical antipsychotic, but not two antipsychotics.

Not recommended: Use of medication without concurrent psychosocial treatment.

Atypical Antipsychotics: Optimal Dosing/Titration Strategies for Children and Adolescents in the Treatment of Chronic Impulsive Aggression Age 6-17 Years Old

Atypical Antipsychotic	Starting Daily Dose	Titration Dose	Usual Daily Dose Range
Aripiprazole	2.5-5 mg	2.5mg-5mg (7-10 days)	Child: 2.5-15mg Adolescent: 5-15 mg
Clozapine	6.25-25 mg	1-2X starting dose (18-30 days)	Child: 150-300mg Adolescent: 200-600mg
Olanzapine	2.5mg/children 2.5-5mg/adolescents	2.5mg (10-15 days)	Child: NDA Adolescent: NDA
Quetiapine	12.5mg/children 25mg/adolescents	25-50mg to 150mg THEN 50-100mg (18-30 days)	Child: NDA Adolescent: NDA
Risperidone	0.25mg/children 0.50mg/adolescents	0.5-1mg (10-15 days)	Child: 1.5-2mg Adolescent: 2-4mg
Ziprasidone	20mg	20mg/children 20-49mg/adolescents (18 to 30 days)	Child: NDA Adolescent: NDA

NDA= no data available

There is little information to guide dosing strategies for aggression. However, for aggressive children treated with risperidone, doses are about half that of the usual antipsychotic dose.

Source: TRAY – Pocket Reference guide for clinicians in Child and Adolescent Psychiatry (2004)