

## Principles of Practice for the Use of Antipsychotics in Children and Adolescents

The panel also made a general statement about the use of antipsychotics in children. The panel agreed that the use of antipsychotics should be restricted to, as mentioned before, the diagnosis of schizophrenia, which is extremely rare in children, psychotic depression and bipolar disorder, psychotic disorders not otherwise specified, drug-induced psychosis, Tourette's and tic disorders, and, to some extent, bipolar disorder, aggression as a target symptom, and on rare occasions in OCD and only after treatment resistance or failure of two SSRI trials and extensive CBT.

There may be instances as well where antipsychotics are used for parasuicidal behaviors and severe self-injurious behaviors. The panel agreed that antipsychotics should not be used primarily to target attention deficit and hyperactivity symptoms, should not be used to promote weight gain, and should not be used as sedatives for children. Adjustments could be made in existing therapies in these disorders, for example, in ADHD to not use agents in the evenings that would stimulate patients to use alternative behavioral means to help patients gain weight or to eat.



Safety issues are critical. Clinicians should review FDA alerts on all agents before prescribing.