Evidence-Based Child and Adolescent Psychopharmacology

This tool has been developed to guide teams (inclusive of youth, family, educators and mental health practitioners) in determining appropriate psychopharmacological treatment. Information summarized here was not reviewed at a level of detail to allow detailed inferences about medications within their medication classes. For example, although there might be support for one medication within a class (e.g., SSRIs), there might be minimal or no support for others within that same class. For these more specific decisions, it is advisable to seek additional information and input regarding appropriate medication use. For more details about these medications and their applications see the most recent EBS Committee Biennial Report (http://www.hawaii.gov/health/mental-health/camhd/library/webs/ebs/ebs-index.html).

PROBLEM AREA	MEDICATION	SHORT-TERM EFFICACY	LONG-TERM EFFICACY	SHORT-TERM SAFETY	LONG-TERM SAFETY
Anxiety Disorders	SSRIs	A	C	C	C
	Benzodiazepines	C	C	C	C
Obsessive-Compulsive Disorder	SSRIs	A	C	B	C
ADHD	Stimulants	A	B	A	A
	TCAs	B	C	B	B
	Central Adrenergic Agonists	C	C	C	C
Aggression in Autism	Antipsychotics	B	C	B	B
Aggressive Conduct	Lithium	B	C	B	C
	Valproate and Carbamazepine	C	C	A	A
Bipolar Disorder	Lithium	B	C	B	C
	Valproate and Carbamazepine	C	C	A	A
Depression	SSRIs	A	C	B	C
	TCAs	C	C	B	B
Schizophrenia (psychotic disorders)	Antipsychotics	B	C	C	C
Tourettes	Antipsychotics	A	C	C	C
	Central Adrenergic Agonists	B	C	B	C

Key: SSRI = Selective Serotonin Reuptake Inhibitor TCA = Tricyclic Antidepressant

A = Adequate data to inform prescribing practices. For efficacy and short-term safety: 2 ≥ randomized controlled trials (RCT) in youth. For long-term safety: Epidemiological evidence and/or minimal adverse incident report to the Food and Drug Administration

B = For efficacy and short-term safety: 1 RCT in youth or mixed results from 2 ≥ RCTs.

C = No controlled evidence