

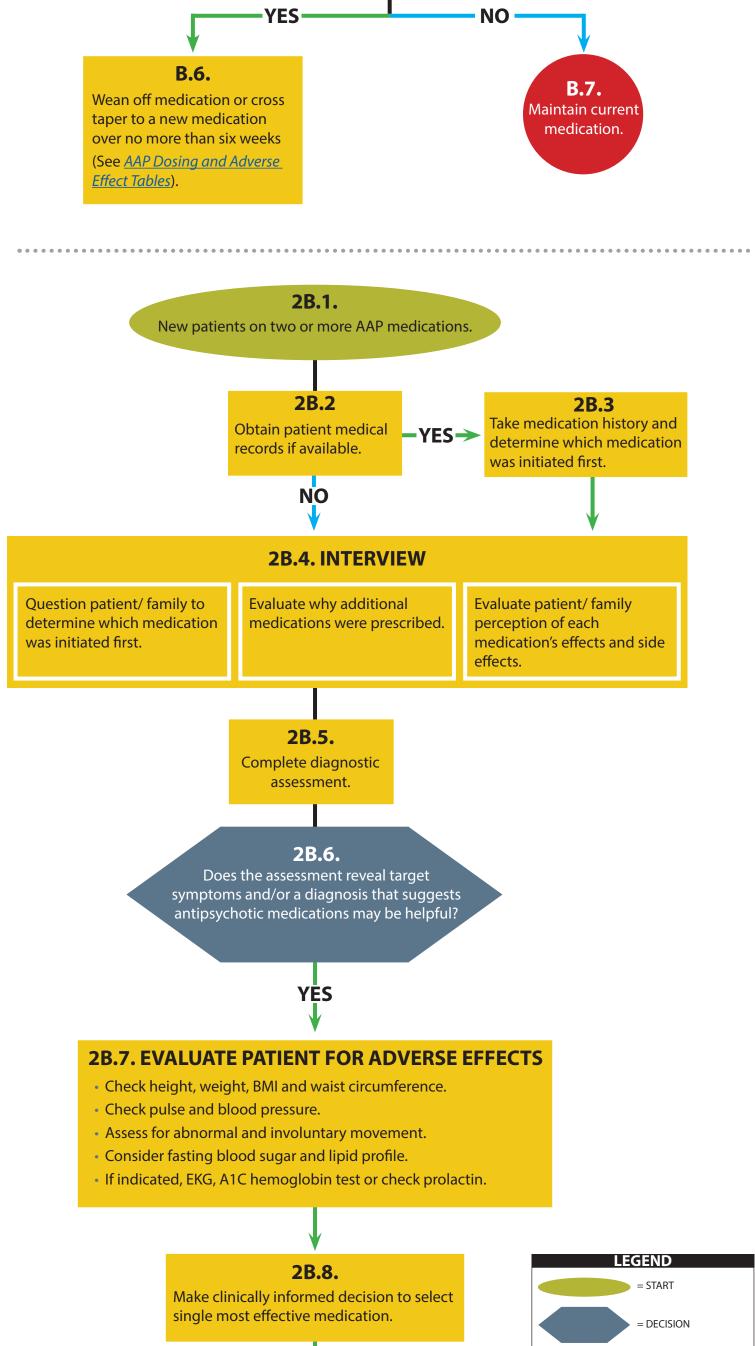
Algorithm B

Antipsychotic Medication Management in Children Under 6 Years of Age

B.1 PRESCRIBING GUIDELINES

- Prescribing more than one AAP medication is not recommended for the following reasons:
 - There is little to no evidence that it is advantageous in children and adolescents.
 - Increased risk of side effects and drug interactions.
 - Increases difficulty to assess drug efficacy, safety and tolerability.
 - Impairs a clinician's ability to identify the cause and manage adverse reactions (e.g., tardive dyskinesia, extrapyramidal symptoms).
- May reflect a lack of diagnostic clarity in an attempt to treat difficult symptoms or side effects.
- Consult PPN/specialist if contemplating prescribing a second, simultaneous AAP medication.
- The potential benefits and risks of psychoactive medication use must be weighed against the risks of untreated illness.
- Caution is recommended in prescribing psychoactive medications to children and adolescents given that their long term consequences are poorly understood.

B.2. While the simultaneous use of AAP medications is not recommended, it is sometimes necessary to transition a patient from one medication to the other (cross tapering). B.3. B.4. B.5. Is the current medication Is the current Is the current medication medication ineffective? causing unacceptable cost prohibitive side effects? for the family? Answer to at least one YES. NO **B.6.** B.7. Wean off medication or cross Maintain current taper to a new medication medication. over no more than six weeks (See <u>AAP Dosing and Adverse</u>



2B.9. Utilize cross-tapering process to discontinue

the unnecessary medication(s). If breakthrough

symptoms occur, consult PPN/ specialist.

= ACTION/PROCESS

GO TO NEXT ACTION

= STOP

= NO