Determining the physician and patient characteristics influencing the use of atypical antipsychotics in children

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BACKGROUND

• There is limited evidence studying the effects of atypical antipsychotics in children, but most existing studies point towards a range of serious adverse events such as weight gain, diabetes, hypertension, metabolic and endocrine abnormalities, hyperprolactinemia, dyslipidemia in the short term and several other unknown long-term effects.

• In 2011, a Government Accountability Office (GAO) study examined the rates of use of psychotropic medication among foster children in several states and recommended to the Department of Health and Human Services that they should provide guidance to states on best practices for overseeing psychiatric prescriptions.

• In response to this, the Department of Health and Human Services sent a letter to the Medicaid state directors making them aware of the results of the GAO study and other studies that provide evidence towards the growing problem of safe, appropriate and effective use of psychiatric prescriptions among foster children.

• They proposed an expansion of activities and collaboration between the Administration for Children and Families (ACF), The Center for Medicare and Medicaid Services (CMS) and the Substance Abuse and Mental Health Services Administration (SAMHSA). These changes hold the potential to significantly alter the SGA market.

OBJECTIVES

1. To determine how patient level factors, such as age, race, sex or attitude about consent from parent/guardian influence the physician’s decision to prescribe atypical antipsychotics in children.

2. To determine how physician characteristics, such as specialization or mental health patient volume influence physician’s decision to prescribe atypical antipsychotics in children.

METHODS

A patient simulation survey study was selected as the best approach for addressing the research objectives in a manner that would be as unbiased as possible. Data will be collected from a stratified quota sample with a target of 150 primary care physicians and 150 psychiatrists through an on-line survey collected using a commercial vendor. No honorarium was provided. A sample patient profile is shown below.

**Patient Profile**

- **Elisabeth:**
  - **Age:** 15
  - **Gender:** Female
  - **Height:** 61.5 inches
  - **Weight:** 119.5 pounds
  - **Race:** Caucasian

**Diagnosis:**
- Antisocial Personality
- Borderline Personality
- Bipolar Disorder
- Depressive Disorder
- Generalized Anxiety
- Major Depression
- Panic Disorder
- Posttraumatic Stress Disorder
- Social Phobia
- Obsessive Compulsive Disorder

**Medication:**
- Ziprasidone
- Olanzapine
- Quetiapine
- Clozapine
- Asenapine
- Lurasidone
- Risperidone
- Paliperidone
- Ziprasidone (generic)
- Olanzapine (generic)
- Quetiapine (generic)
- Clozapine (generic)
- Asenapine (generic)
- Lurasidone (generic)
- Risperidone (generic)

**Family History:**
- Mental health
- Substance abuse
- History of violence

**BMI:**
- 22

**Risk Factors:**
- Underweight
- Obese
- Average

**Diabetes:**
- Type 1
- Type 2
- No

**Hypertension:**
- Yes
- No

**Hyperlipidemia:**
- Yes
- No

**Hyperprolactinemia:**
- Yes
- No

**Dyslipidemia:**
- Yes
- No

**Weight Gain:**
- Yes
- No

**Other comorbidities:**
- Yes
- No

**Physician’s knowledge about the evidence supporting the use of each product was also be assessed.**

**REFERENCES**


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