

OPINION, Q&A

Q&A with W. David Lohr: Antipsychotics, polypharmacy among autistic preschoolers

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In 2012, 316 children under the age of 6 from low-income households in Kentucky began **taking antipsychotic medications**. Over the next five years, nearly two-thirds of these preschoolers — 65 percent — wound up taking three or more different types of medications, including antipsychotics, amphetamine-based stimulants and antidepressants, sometimes simultaneously. Almost one-third, or 31 percent, took four or more medication classes. And those with autism or in foster care tended to take these medications for a longer amount of time than the other children.

The findings come from a study published in September in *Psychiatric Services* that analyzed Kentucky state Medicaid claims from 2012 to 2017. *Spectrum* spoke to study investigator **W. David Lohr**, professor of child and adolescent psychiatry and psychology at the University of Louisville in Kentucky, about safety concerns regarding these psychotropic medications for children and what should be done to curb the flow of preschooler prescriptions.

This interview has been edited for clarity and brevity.

Spectrum: Why did you decide to study the use of antipsychotic and other psychotropic medications in preschoolers?

David Lohr: For the past six or seven years, our Child and Adolescent Health Research Design and Support (CAHRDS) team has been working with the Kentucky Department for Medicaid Services to help them analyze psychotropic medication claims and to identify areas ripe for policy development and improvement. Antipsychotic medications are a particular interest of mine as a child and adolescent psychiatrist.

S: What was your reaction when you found that hundreds of young children in Kentucky are

being prescribed antipsychotics?

DL: I think that what is most concerning is the extent and duration of polypharmacy that we found in the group. About 31 percent of these children received four or more medication classes over the course of the study period, and many children remain on the medications for a substantial period of time.

I'm concerned that we don't really understand the risks these medications pose compared with the benefits they provide. These medications are associated with side effects such as weight gain, increased risk of metabolic problems and movement disorders. They are often being used off label to treat disruptive behaviors. We also found in our cohort that many children don't receive the necessary lab studies to monitor their glucose and lipids levels in response to these medications.

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