

The medicine cabinet: Psychotropic medications in children and adolescents with an intellectual disability

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This is the first of a series of articles addressing the use of medications in children and adolescents with an intellectual disability for emotional, behavioural and psychiatric disorder. It will attempt to cover the type of information helpful for non-medical people working with these children. The idea arose from a discussion with school teachers who were concerned to understand the appropriateness of medication and contribute to their optimal management.

While there is no medication that can treat intellectual disability, many children and adolescents (and for that matter, adults) with intellectual disability are on one or several prescribed medications. There are two main reasons why these people may be taking these medications:

1) People with intellectual disability are at increased risk of having other mental and physical disorders. Some co-existing mental disorders include Attention-Deficit/Hyperactivity Disorder and anxiety disorders. Some co-existing physical disorders include epilepsy and diabetes. Having multiple coexisting disorders can blur the picture of what is happening to the child's body or mind, and can make the child's life quite difficult. A comprehensive assessment helps to clarify what illnesses are contributing to the children's problems. Each coexisting problem needs its own management, and medication is often a very important part of this.

2) People with intellectual disabilities have problems that may not be explained by a simple diagnosis, but may still benefit from medications. Behavioural disturbances such as aggressive behaviour and self-injurious behaviour are such examples. Such behavioural disturbances have an increased likelihood of an associated medical or mental disorder but not always. With such problems, it is most important that their clinicians look for and manage things that may be contributing to these problems. It is also important to use non-medication strategies to manage the problems, such as environment modification and behavioural interventions. Medication may also help, especially when the behaviours are severe. They often help by decreasing the body's arousal, thus allowing the other interventions to be used more effectively.

Being astute about the changes caused by medications can help determine the most appropriate treatment regimen, and hence improve quality of life. Since many of these children find it difficult to communicate how a medication makes them feel, the observations from the people spending time with them is most valuable. Picking up any changes in symptoms, and identifying side-effects such as agitation, changes in appetite and constipation are useful observations. Often these effects happen soon after the introduction, alteration or cessation of a drug. Missing doses or taking the wrong dose can be other problems. Sometimes the source of the problem can be quite innocuous, e.g. a drug interaction with an over-the-counter drug or herbal remedy. While non-medical people would not be expected to sort out complex medication effects, picking up changes in behaviour can be very useful information. Therefore it is important that there is good communication with parents, carers, teachers and clinicians regarding these children's medication and general well-being.

The key to good medication management is good communication. Parents hold responsibility for managing their children's medication, on the advice of their doctor. Although direct communication by doctors with the school is optimal, in practice in most situations time prevents this. Medical confidentiality may also affect open communication. Accordingly parents and schools need clear communication arrangements over concerns. Similarly parents need to have good communication arrangements with their doctor.

