

## Medication Management Website Information

### *Medication Management for Children*

Medication Management plays an important role in the health and wellbeing of children. When therapy alone is not sufficient the plan may need to be augmented with medication. Medication helps provide a relief of symptoms for children who are struggling with various mental health disorders such as ADHD, anxiety, and depression. Medication can also assist in helping children provide a sense of physical relief, (ok like this? Or did you want to keep in behave?) while you and your child are working with a team of experts to provide behavior interventions, parenting guidance, and lifestyles changes to help your child cope better.

At Mind Works we provide an integrated healthcare approach to treatment. This means that when your child is being seen by our physician they are also being seen by their therapist. This allows for substantial collaboration and individualized care for every child that walks through our doors.

Medications do come with a list of side effects that can be concerning for many parents. Some parents worry that this will be a permanent solution to treatment. While you should be open to your child taking medication if they need to, you should also know that medication does not have to be, nor is it expected to be, a permanent solution to treatment. Your physician will explain the process while helping you navigate and address any questions you may have about medication assisted treatment.

Mind Works is here to support you and your child by providing you with a team of expert clinicians who will work with your physician to ensure the best treatment approaches.

### *Depression and Medication Management*

#### **What is depression?**

Depressive disorders can and do impact children and adolescents of various ages and stages. The increase of childhood depression has been on a slow but steady incline over the last several years. Research shows that if symptoms are left untreated, it can create an increased risk for prolonged depression into adulthood as well lead to suicide. Children and adolescents who have a family history of depression, have a genetic predisposition to develop depression, and are at increased risk to develop similar symptoms. (added the commas - ??)

Childhood depression is different than a case of the “blues”. When symptoms persist, they begin to interfere with social activities such as schoolwork, hobbies, and family life. Depression is a mental illness that is marked with persistent feelings of sadness, irritability, loss of interest in activities, feelings of hopelessness, worthlessness, and sometimes thoughts of suicide. Depression is not a passing mood that will go away on its own.

#### **When to seek help?**

It is important to have your child or teenager evaluated if you suspect a depressive disorder. If you noticed your child or teenager, is no longer behaving or engaging in activities they once

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enjoyed. Below are some symptoms that could indicate your child or teen may be struggling with depression.

### **Symptoms of Depression**

- Irritability, anger or feeling of being “on edge”
- Persistent feelings of sadness
- Withdrawal from enjoyed activities friends and family
- Increased sensitivity to rejection or criticism
- Changes in appetite such as an increase or decrease
- Changes in sleep such as an increase or decrease
- Trouble concentrating or staying focused
- Low energy or fatigue
- Poor school performance
- Physical complaints such as headaches and tummy aches
- Feelings of worthlessness
- Thoughts or talk about death or suicide.

### **Teen Depression**

For many parents, the teen years can be extremely tough bringing its own set of unique challenges. Some parents wonder if “bouts of the blues” is normal teen behavior or if their moodiness is just a part of their changing hormones. While this may be true, teen depression affects more individuals than we realize. Research suggests that 1 in 5 teenagers are struggling and being impacted with depression. While many teenagers do exhibit increased moodiness and acting out behavior which can be expected during these years, teenage depression is severe and warrants clinical attention.

### **Suicide Warning Signs in Depressed teens**

- Talking or joking about committing suicide
- Making comments such as “I’d be better off dead”.
- Romanticizing death and dying
- Writing stories and poems, or drawing signs of death, dying, or suicide
- Engaging in reckless behavior such as driving too fast
- Giving away important items
- Saying goodbye to friends and family
- Seeking out weapons or pills or other ways to kill themselves

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### Medication Options

For moderate to severe depression, evidenced based guidelines recommend the use of Cognitive Behavior Therapy (CBT) and antidepressant medications such as an SSRIs. Antidepressants such as Fluoxetine and Escitalopram are FDA approved for the treatment of depression in children and teens.

-Fluoxetine (Prozac)

Escitalopram (Lexapro)

-Duloxetine (Cymbalta)

-Sertraline (Zoloft)

### Possible Side Effects

The benefits to taking an antidepressant may outweigh the risks, but it is important to work with your physician to monitor for any changes in mood and or behavior while on medication. Anyone taking an antidepressant should be watched and monitored closely for worsening depression or suicidal thoughts or behaviors, as not all respond to the same medication or the diagnosis may be more severe. You should contact your provider immediately should symptoms occur or you are worried about your child or teenager.

Additional side effects may include:

-Self injury

- Talk of dying

-Agitation and restlessness

-New or worsening anxiety

-Increased irritability

-Increasing sadness or worsening depression

-Agitation

-Trouble sleeping or insomnia

-Spending more time alone

### Q & A for Parents

1. What causes ADHD? *Clear causes or risk factors have not been identified, but it has been shown that genetics does play a role in ADHD diagnosis.*

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2. What does not cause ADHD? *Although the following are not helpful for anyone whether they have ADHD or not, they may make symptoms worse. Research has not shown strong evidence as the following being the cause of ADHD.*
  - *Eating too much sugar*
  - *watching too much television*
  - *parenting*
  - *social environment*
  - *environmental factors*
  
3. What are the best treatment options for my child? *The most effective form of treatment is using an evidenced based treatment modality with a combination of medication management when needed.*
  
4. Does my child have ADHD if they can still focus on things? *Many children with ADHD can hyperfocus on things that they enjoy doing. Some of these activities include video games and favorite activities at home or school. It is typically noted that it is hard to shift attention when performing these activities especially when asked to do things they may not enjoy such as schoolwork or going to bed.*
  
5. Will my physician be able to speak to my child's therapist? *Our model of treatment includes a high degree of collaboration by a team of expert clinicians working with your child's physician to ensure treatment goals are being met. If your child is being seen by a therapist at another location the physician, with your permission, can collaborate with them.*
  
6. How will medication help my child?  
Medication has been shown to increase the chemical messenger dopamine which is a found in the brain. Dopamine has been shown to not only improve the ability to focus, but also improves motivation as well as controlling impulsivity and hyperactivity.
  
7. Will my child have to take medication for their whole life?  
While that may be a possibility, most people outgrow the hyperactivity component however, impulsivity and difficulty with focus may persist. Through the integration of therapy and continued support to augment executive functions the goal is to wean from medications. Follow up visits with the physician and therapists are focused to target the skills to overall make life easier.
  
8. When can my child get off of medication?  
The time to get off medication will vary on the goals of therapy and the individual. If your child only has difficulty while at school, then school days may be the only days that medication is administered. If the impulsivity and hyperactivity interfere with everyday

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functioning it may be decided that therapy is the safer option for a longer duration of time. It is known that children with ADHD may have a delay in executive functioning skills which can be developed along with guided therapy and maturation.