Psychiatric Bulletin (1992), **16**, 396–398

Original articles

The use of antidepressants by British child psychiatrists

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The controversy concerning psychotropic drug use in children has waged over several decades. The recent trend in treatment has moved towards problem-orientated, eclectic and flexible approaches to disturbed children and their families, away from specific "pure" therapy models. Erstwhile over-use of medication in certain conditions, for example psycho-stimulants in hyperactive children in the USA (Werry *et al* (1980), has handicapped the development of paediatric psychopharmacology.

There have been very few surveys of child psychiatrist prescribing practice, and none which have addressed tricyclic antidepressant (TCA) use specifically. Quinn's study (1986) of prescription patterns of psychoactive medication in the Province of Saskatchewan, Canada, analysed all prescriptions to children and adolescents within this general category. He did not address the specific issue of who prescribed the drugs, rather concentrating on the differential prescription rates for the community by class of drug. Adams (1991), recently discovered high rates of prescription of psychotropic medication by both child psychiatrists and general practitioners to children and adolescents in her analysis of three months worth of prescription data. She expressed concern that medication was being used by non-specialists for conditions which could be better treated using non-pharmacological approaches.

This survey aims to contribute towards the audit of this treatment modality in Britain as well as obtaining information concerning prevailing attitudes of clinicians towards psychopharmacology in children and adolescents.

The study

A short (9 question), questionnaire was produced, which enquired about the major aspects of antidepressant use by clinicians (do they prescribe the drugs for children and/or adolescents and, if so, for which conditions and how frequently, etc.) as well as their general attitudes towards the use of psychoactive medication in children and adolescents.

The survey was carried out in two phases: *Phase One*: Local (Trent Region) clinicians and delegates to the 1989 Royal College of Psychiatrists Child and Adolescent Section Residential Meeting, and *Phase Two*: A postal survey of members of the College's Child and Adolescent Psychiatry Specialist Section using the same unedited questionnaire.

Findings

There was a good response to both phases of the study: of the 350 questionnaires circulated overall, 71% (248) were completed and returned. Ten questionnaires were omitted from the analysis because they had either not been completed properly, the individual had retired from practice or was practising overseas. Of the remaining 238, 89% stated that they used psychotropic medication in their clinical practice and 84% of the total used TCAs specifically. The 5% difference between these two figures comprised a dozen clinicians whose current practice did not provide an opportunity to use these agents or, previous prescribing experience had convinced them they were either of limited utility or were "too dangerous" (three reports) to use in either children or adolescents.

What are antidepressants being used for?

The following graph shows the frequency of prescription of TCAs for a number of conditions.

The traditional indications of "depression", both in adolescents and children, and "nocturnal enuresis" are well represented. In addition to these data, a fourth most frequent category emerged from the answers to a question which enquired specifically about other uses of this class of treatment: 31% of the

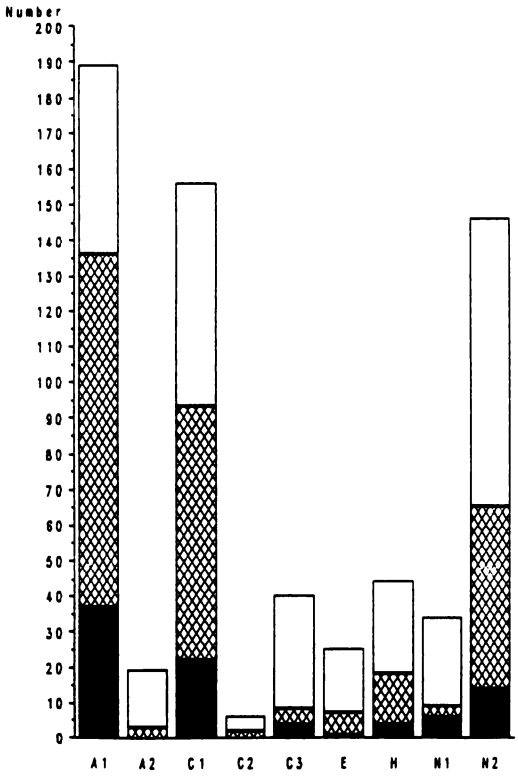

FIG. 1 Conditions for which TCAs are prescribed (A1 = adolescent depression; A2 = autism; C1 = childhood depression; C2 = clumsiness; C3 = conduct disorder; E = encopresis; H = hyperactivity; N1 = non-affective psychosis; N2 = nocturnal enuresis). Frequency respondent prescribes TCAs: frequently ■; sometimes ▩; rarely □.

149 respondents to this section stated that they had used TCAs for "other conditions". This turned out to be a most heterogenous group comprising, in order of frequency: obsessive-compulsive disorder (19 citations), school and other phobias (9), sleep disorders (9), panic disorder (6), chronic fatigue syndrome/"ME" (4), anxiety states (4), epilepsy (4), somatisation disorder (2), manic-depression (2) as well as 10 others.

Which agents are being used?

The prototypical TCAs, amitriptyline (184 citations) and imipramine (174), are stated to be used most frequently. Newer agents, especially clomipramine (43), trimipramine (49) and dothiepin (23), are also represented. Several other agents, including the latest 5-HT re-uptake inhibitors, fluvoxamine and fluoxetine are also being used, albeit infrequently (4 and 1 citations respectively).

Which side-effects are seen when using these agents?

Dry mouth, drowsiness, constipation, blurred vision and dizziness (primarily anti-cholinergic effects) are all seen commonly. Other unusual effects were described: toxic psychoses (especially when the TCAs were used in combination with other drugs), hypertension, weight loss and vivid dreams.

Who should prescribe?

In reply to the question "Would you be happy for a non-psychiatrically trained clinician to employ TCAs in children?" the majority (66%) stated that they would not, while at the same time many acknowledged that this did occur. Several respondents (5%) stated specifically that TCA prescription should become a "specialist-only" prerogative. Only a minority (29%) stated that they would accept antidepressant use by various groups of non-psychiatrically trained clinicians. These were, in order of frequency: hospital paediatricians, general practitioners or, indeed, "any doctor". The conditions which they could prescribe for were: nocturnal enuresis, depression and"neuroses"; they should be prescribed "only in consultation", "with appropriate training" or "only in small doses".

Attitudes to psychopharmacology in children and adolescents

(a) Majorities of both prescribers and non-prescribers (70% and 55% respectively) believed that there was a reluctance to use drugs within the speciality.
(b) No clear opinion emerged regarding drug underuse or overuse within the speciality. Knowledge of other clinician's practices in this respect appeared generally limited.
(c) Drugs should not be used as a last resort and when employed strategically complement other forms of treatment (clear majorities of both prescribers and non-prescribers agreed with these propositions).
(d) More research in this area needs to be undertaken (85% prescribers and 50% non-prescribers requested this).

Approximately a quarter of the respondents provided additional comments. The majority of these were concerned with descriptions of other aspects of their prescribing practice and qualifying responses to the other questions. For example, several clinicians who used TCAs stated that their overall prescription rate was rather low (less than half a dozen per year) which was at variance to their prescription rate responses to the questionnaire. Many (nearly a third of the comments) expressed concern about the poor quality of training in this aspect of treatment, hoping that it would soon be improved and receive the

https://doi.org/10.1192/pb.16.7.396 Published online by Cambridge University Press

same level of attention other forms of psychiatric intervention currently enjoy within the speciality.

Comment

The good response rate to this survey meant that the information obtained reflects the views of nearly half of the practising child psychiatrists in Britain. From the results it can be firmly stated that the majority of the respondents use antidepressant medication for a wide range of conditions, many of which are not currently recognised as indications for these drugs (BNF, 1991). It should be noted that "childhood depression" in this survey was the second most commonly cited indication after "adolescent depression" which supports Adams' (1991) finding that psychotropic prescription to children is not uncommon. Clinicians who stated that they had responsibilities for mentally handicapped children appeared to employ medication more frequently and for a wider range of disorders but there was not scope in this study to properly quantify this tendency. It must be noted that it appears that antidepressants are currently used relatively infrequently for hyperactivity in Britain. Their use in other conditions which are not currently regarded as clinical indications by the manufacturers requires further evaluation. Currently, only amitriptyline, imipramine and nortriptyline are licensed for use in children in the UK (BNF, 1991), the indications being only nocturnal enuresis and depression.

The first generation TCAs are still the most popular; however, newer drugs such as clomipramine (which is used particularly for obsessive-compulsive disorder), lofepramine and dothiepin are gaining popularity. The high frequency of perceived side-effects is probably a reflection of this preferential older drug usage; these agents are known to produce more side-effects in adults, compared to the newer antidepressants. The high frequency of side-effects observed must be subjectively distressing to children and may well have a bearing on their compliance with this form of treatment. It may well be that the newer antidepressants, are also better tolerated by children; if this is the case then there appears to be a strong *a priori* case for using them in preference to the older drugs. A few clinicians claimed to be using 5-HT re-uptake inhibitors and, presumably, by doing so are also achieving satisfactory results.

A majority of the respondents were unhappy that non-psychiatrically trained clinicians were using TCAs in children, yet some were prepared for them to do so provided that the conditions described above were satisfied. These qualifications to antidepressant use in these circumstances are admirable in theory, yet when even child psychiatrists state that their training in paediatric psychopharmacology is lacking (*vide supra*), what realistic hope can there be that non-psychiatrist clinicians are, or can be sufficiently trained to do so in the situation which currently exists? Who is in a position to train them? The Joint Committee for Higher Psychiatric Training (Royal College of Psychiatrists) in their recommendations for Child and Adolescent Psychiatry (1990) states that trainees should have experience in the "... use of appropriate medication" as part of their training in different treatment modalities. Judging by the responses to this survey, there certainly appears to be considerable interest within the specialty to develop this aspect of training and also to develop research approaches to properly evaluate psychopharmacology's place within child psychiatry's repertoire of treatments. Some of the respondents emphasised the fact that an ability to prescribe sensibly is an important specific clinical skill which differentiates child psychiatrists from other child mental health professionals.

Acknowledgements

The authors would like to thank Professor Ann Gath, Registrar to the Royal College of Psychiatrists, for her permission to use the membership list of the Child and Adolescent Section, and Dr John Pearce and Professor Rory Nicol for their helpful advice and comments.

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