

What Every Parent Should Know About Psychopharmacology

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For much of 2005, as I was writing *Medicating Young Minds*, the question of what parents should know about so-called psychoactive drugs — that is, medications that directly affect brain function and behavior — was on my mind almost constantly. The past five years have been an especially stormy time for parents whose child or adolescent has notable behavioral problems or a severe psychiatric disorder. There has been a strong push to identify such children as early as possible and to intervene promptly and vigorously. Often, such interventions entail the use of potent medications, alone or in combination with other approaches. Emerging research largely has supported the use of medication for treating certain childhood psychiatric disorders under certain circumstances; however, it also has uncovered limitations and potential risks of such medication use. So, what should parents know and from whom should they acquire their knowledge?

Anyone with even a modicum of exposure to the topic knows that powerful forces within our society both support and oppose the use of medications to alter behavior and mood, especially in the young. Proponents, which include many physicians and a number of parent support groups, point to research and draw on individual experience to argue that medications free children from needless pain and suffering and enable them to lead healthy, normal lives. Opponents, which also include physicians and parents, draw on other research and other types of individual experiences to warn that psychoactive medications may lead to permanent damage or even death. TV ads sponsored by pharmaceutical companies seek to convince parents that the key to their child's happiness and success is contained in a pill. Other groups with quite different agendas proclaim that pills are poison, asserting perhaps that parents need only change the way they are raising a child or even that they should avoid medications but instead use "natural" substances that promise to alleviate the underlying problem without side effects or risk. During the past few years, the mainstream media also has entered the fray, focusing on research findings that suggest certain medications such as antidepressants may have previously unsuspected risks for youth.

In this welter of facts, fantasies and misinformation, parents are supposed to decide dispassionately what is best for their child. Typically, they must do so in the midst of a crisis, because that is when the possibility of using medications commonly arises.

What advice, then, can I offer to help in this process?

Starting to use medications is a big step. It is important to acknowledge that the decision to begin using a psychoactive medication is a major one. Parents who try one medication are more likely to try another if the first fails to work as expected. This reality is neither good nor bad, but it emphasizes the need for careful decision-making.

Medications are not good diagnostic tools. Many classes of medications have names that imply a one-to-one correlation between their use and a specific disorder. Thus, "antidepressants" logically should work for depression, "mood stabilizers" for unstable moods, and so on. Given this logic, it is easy to understand why some try to make a diagnosis on the basis of which medications prove helpful. Sadly, that's not how it works, in either direction: most medications are useful for a range of disorders, and no medications work for even the large majority of patients with a specific diagnosis.

There is no such thing as "completely effective" and "completely safe." In my experience, powerful interventions have the potential for powerful side effects. No treatment of which I am aware works 100% of the time, and certainly not for the severe disorders and behavioral disturbances that lead parents to come to see a child psychiatrist. If someone promises you otherwise, the most common reasons are quackery, misinformation, and ignorance.

Asking questions is more than okay — it's essential. Parents often worry that, because the doctor is the expert, they should never question what he or she may have to say. Unquestionably, doctors bring certain kinds of expertise to the table — relevant diagnoses and medications, among others — but parents also are experts, knowing far more about their child than anyone else ever will. Parents must be able to express concerns and opinions freely and expect honest responses.

Available interventions almost always are palliative rather than curative.

The sad truth is, we don't use medications to cure severe mental disorders; even so, some treatments can provide astonishing relief of debilitating symptoms. Parents are often surprised to learn that the same is true for much of medicine, especially for chronic illnesses such as hypertension or arthritis.

A common model with severe mental disorders is that of suppressing symptoms to facilitate the patient's ability to function more normally in other parts of life; with children, we also count on ongoing development to create new skills that will enable them to function ultimately without medication.

It is important to stress that none of the above points are intended to argue against the appropriate use of medications. Quite to the contrary, one of the most profound themes of the past 20 years with respect to child and adolescent mental disorders has been the increasingly important role of medications. The research and clinical experience that led to that change have yielded new insights into diagnosis and underlying causes of and likely outcomes for most of the major disorders that afflict our children. That work has given hope where none existed before, even as it has uncovered previously unsuspected risks and pitfalls. The task for parents facing the possibility of using psychoactive medications is to determine how that knowledge is apt to relate to their child.