

PEDIATRIC PSYCHOPHARMACOLOGY

I. General Management Considerations

- A. Principles of Dosage (age, weight)
- B. Use of Multiple informants (school, parents, child, relatives)
- C. Establishing methods of drug administration
- D. Drug holidays
- E. Consideration of other interventions
- F. Individual variability in dosage
- G. Need for dosage regulation over time

II. Indications by Diagnosis

- A. Attention Deficit Disorder with Hyperactivity (ADDH)
 - 1. Differentiating ADDH from conduct disorders
 - 2. Variability in level of symptomatology
 - 3. Cross-situationality as important treatment indicator
 - 4. Treatments
 - a. Stimulants: methylphenidate, dextroamphetamine, magnesium pemiolate
 - b. Tricyclics
 - c. Neuroleptics, haloperidol, thioridazine, chlorpromazine
 - d. Combined treatments: stimulants and neuroleptics
- B. Attention Deficit Disorder, Residual Type
 - 1. Problem diagnosing from self-reports only
 - 2. Treatment: stimulants
 - 3. Caution regarding drug abuse

PEDIATRIC PSYCHOPHARMACOLOGY - (cont'd)

- C. Attention Deficit Disorder without Hyperactivity
 - 1. Difficulties differentiating from ADDH
 - 2. Possible use of stimulants
 - D. Separation Anxiety Disorder
 - 1. Differentiating from depression
 - 2. Possible tricyclic efficacy
 - E. Depression
 - 1. Assessing concomitant psychopathology (conduct, anxiety)
 - 2. Possible tricyclic efficacy
 - F. Enuresis
 - 1. Establishing inability to use bell and pad
 - 2. Tricyclics
 - G. Tourette Disorder
 - 1. Neuroleptics - variability in dosage
- III. Indications of Presenting Symptoms
- A. Pervasive Development Disorder
 - 1. Identification of target symptoms
 - a. neuroleptics
 - 2. Contraindications of stimulants
 - B. Mental Retardation
 - 1. Identification of target symptoms
 - a. Stimulants
 - b. Neuroleptics
 - C. Conditions Found Refractory to Psychopharmacology
 - 1. Specific developmental disorders
 - 2. Temper tantrums