



The Screening and Psychotropic Drugging of Vulnerable Children

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Mental Illness – What We Are Told

- **“Mental Illnesses Are Biological Brain Disorders”** (NAMI)
- More than half of Americans will develop a mental illness in their lifetimes, often beginning in childhood or adolescence (NIMH)
- “With recent research showing that 70% of adolescents in juvenile justice placements have a diagnosable psychiatric illness...” (MN DHS)
- **“Pre-Psychotic Disorder”** (Proposed diagnosis for DSM-5 due in 2013)

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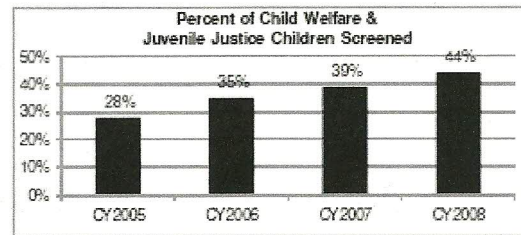
Child Mental Screening in Minnesota

- Juvenile Justice (MS 260B.157)
- Child Welfare/Foster Care (MS 245.4874)
- MFIP Pilot Program (2007 HHS bill, continued in 2009)
- School based mental health infrastructure (DHS children’s mental health grants)
- Head Start (Federal Law)
- Early Childhood Screening (MN Rule 3530.3400 with expired statutory authority)
- Safe Schools Levy (MS 126C.44)
- Special Education (Federal law and MN Rule)

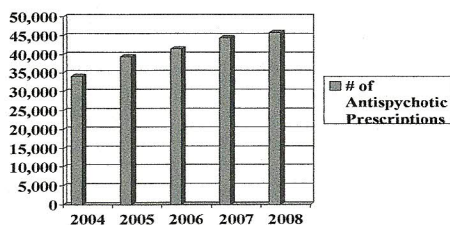
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57% Increase in Mental Screening of MN Children in Juvenile Justice and Foster Care

Source: MN MMB Agency Profile & Forecast, 12/2010, p. 139



34% Increase in Child Antipsychotic Prescriptions for MN Children Covered by Fee for Service Medicaid



Source: MN DHS internal data, provided 2/3/11

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Inappropriate Use of Psych Meds in MN Child Medicaid Population

- 428 children were receiving an **antipsychotic without proper diagnosis**
- 360 children were receiving a **drug for ADHD without proper diagnosis**
- 330 children were receiving **four or more psychiatric medications at once**

Source: MN DHS Drug Utilization Review Report sent to CMS 2010

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Inappropriate Use of Psych Meds in MN Child Medicaid Population

- 18 children under four years of age were receiving psychotropic medications without any FDA approved indication in that age group
- 15 children were inappropriately receiving the antipsychotic aripiprazole for treatment of depression
- **1139 children** over 6 months
- Projected costs of **\$2,035,575.24** over one year

Source: MN DHS Drug Utilization Review Report sent to CMS 2010

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Myth – Psychiatric Drugs are Safe for Children

- A 2006 review of the FDA's Medwatch adverse event reporting system found **45 deaths in children due antipsychotic toxicity**, the youngest being 4 years old and that probably **only representing 1-10% of the total deaths** from these drugs
- **Life-span shortened: possibly 25-years**
Colton & Manderscheid Mortality Rates, CMHS, CDC, 2006
- Black Box Warning for **Suicide** in Children
- Neuroleptic Malignant Syndrome can kill in 24 hours

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Dangerous Side Effects

- Nearly 60% of children that take antipsychotics have **severe neurological problems**
- **Children are more at risk from the metabolic and endocrine side effects of antipsychotics than adults**
- **Endocrine effects include male breast development sometimes requiring surgery**

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Antipsychotics Linked with Decreased Brain Volume

“Drugs sold by AstraZeneca Plc and Johnson & Johnson used to treat schizophrenia lead to loss of brain tissue or exacerbate declines in brain volume caused by the disease, a study in the Archives of General Psychiatry found (Bloomberg 2/7/11)

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Rebecca Riley “diagnosed” Bipolar age 2½.



Psychiatrist prescribed a lethal drug Cocktail: antipsychotic - Seroquel; mood stabilizer - Depakote; blood pressure drug - Clonidine.

Rebecca Riley, aged 4 Dead of multi-drug toxicity, 2007

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Problems With Screening – Ineffective Treatments

- Newer antipsychotics performed worse in children than older drugs that cost pennies per dose and had more side effects – European Journal of Child and Adolescent Psychiatry 2006;15:141-148
- CATIE Trials showed lack of effectiveness of newer antipsychotics in adults with “staggering” side effect profiles and high rates of discontinuation

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Ineffective, Dangerous Treatments

"We are using these medications and don't know how they work, if they work, or at what cost. It amounts to a huge experiment with the lives of American kids, and what it tells us is that we've got to do something other than we're doing now."

John March MD, Prof. child /Adolescent Psychiatry, Duke

"We have to realize that we are risking treating children who could turn into obese diabetics with involuntary movements."

Neuroscientist Steven Hyman MD, Former Director, NIMH 2007

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Problems With Screening – Treatment = Drugs

- 2.5 million children are on antipsychotic drugs not even approved for children, the youngest being 18 months old (Vanderbilt 2006)
- The number of antipsychotic prescriptions for children doubled to 4.4 million between 2003 and 2006, with 20,280 prescriptions written for kids aged 4 and younger, a five-fold increase over 2003. (Waters – Bloomberg News 9/5/07)

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Treatment = Drugs Even for Babies

"General pediatricians don't have to be behavioral health specialists, but they can still intervene. Psychopharmacology is on the horizon as preventive therapy for children with genetic susceptibility to mental health problems." – (Emphasis added.)

David W. Willis, M.D., Medical Director of the Northwest Early Childhood Institute in Portland, Oregon, as quoted in *Pediatric News*, January, 2004

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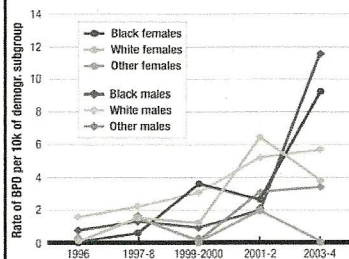
DSM-IV Broadened Criteria

"This new disease [pre-psychotic disorder] reminded Frances [editor of DSM-IV] of one of his keenest regrets about the DSM-IV: its role, as he perceives it, in the epidemic of bipolar diagnoses in children over the past decade. Shortly after the book came out, doctors began to declare children bipolar...Within a dozen years, bipolar diagnoses among children had increased 40-fold." (Greenberg, Wired, 12/10)

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Child Hospitalizations Rise For Bipolar Disorder

From 1996 through 2004, the number of children discharged from American hospitals with a diagnosis of bipolar disorder dramatically increased. The increase was especially steep from 2002 through 2004 for black youngsters.



"The increase was especially steep from 2002 through 2004 for black youngsters."

Source: Joseph Blader, Ph.D., and Gabrielle Carlson, M.D., *Biological Psychiatry*, in press
Psychiatry News, American Psychiatric Assoc, 2007

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Myth – Screening is Scientific

Ages and Stages Toddler Screening

- Does your child seem happy?
- Does your child cling to you more than you expect?
- Does your child seem too friendly with strangers?

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Myth – Screening has Scientific Validity

High False Positives

- The Ages and Stages SE questionnaire would falsely label 73% of infants and toddlers as having emotional problems.-
http://www.brookespublishing.com/store/books/squires-asqe/ASQ-SE_TechnicalReport.pdf

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Myth – TeenScreen is Scientific

“Chelsea was informed that based on her responses that she liked to clean and didn’t like to party very much, she suffered from at least two mental health problems, obsessive compulsive disorder and social anxiety disorder.”

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Myth – Screening has Scientific Validity

High False Positives

- “It [TeenScreen] would result in 84 non-suicidal teens being referred for evaluation for every 16 suicidal youths correctly identified.” [Dr. David Shaffer, *JAACAP*, 2004]

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Myth – Young Children are Accurately Diagnosed

- “...The diagnostic uncertainty surrounding most manifestations of psychopathology in early childhood.” (Vitiello, chief of child psychiatry, NIMH)
- “Broad parameters for determining socioemotional outcomes are not clearly defined.” (National Center for Infant and Early Childhood Health Policy)

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The Truth About Mental Diagnoses

- No evidence of a brain disease – NIMH
- “Highly subjective and impressionistic.” (Jensen & Cooper, p. 3-2)
- “Subjective” and “without consensus” - DSM
- “No consistent structural, functional, or chemical neurological marker” (Jensen)
- “Value judgments based on culture” – Surgeon General

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The Truth About Mental Diagnoses

“...there is no definition of a mental disorder. It’s bull****. I mean, you just can’t define it.” (Allen Frances, MD, chief editor of the DSM IV, *Wired Magazine*, 12/27/10)

“Frances warned that the new DSM, with its emphasis on early intervention, would cause a ‘wholesale imperial medicalization of normality’ and ‘a bonanza for the pharmaceutical industry,’ for which patients would pay the ‘high price [of] adverse effects, dollars, and stigma.’” (Greenberg, *Wired Magazine*, *ibid.*)

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Recommendations

- Delete screening programs from statute wherever possible
- At least make all screening opt-in with informed parental consent about potential for labels and drugs
- Enforce notification of parents' option to decline preschool screening

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Recommendations

- Strengthen MS 256B.0625, subd. 13j as follows:
 - § Mandatory registry for doctors.
 - § Require physicians who prescribe psychoactive drugs for children to take and pass the Critical Think Rx curriculum.
 - § Limit product promotion: prohibit all advertising of drugs linked to mania, violent, suicidal, or psychotic behavior.
 - § Require physicians to provide parents with copy of FDA-approved label + MedGuide.
 - § Require signed parental informed consent before these drugs are prescribed

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Recommendations

- Strengthen MS 256B.0625, subd. 13j as follows:
 - § Prohibit use of these drugs in children until:
 - (i) evidence-based psychosocial interventions have been exhausted,
 - (ii) rationally anticipated benefits of psychotropic drug treatment outweigh the risks,
 - (iii) the person or entity authorizing administration of the drug(s) is fully informed,
 - (iv) close monitoring of, and appropriate means of responding to, treatment emergent effects are in place.

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