

New policy reduces anti-psychotic medications in foster children

January 21 2020, by Patti Verbanas



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Rutgers researchers have found that a Texas strategy to reduce anti-psychotic medication for children can serve as a model for other state Medicaid programs.

The study was published in the *Journal of the American Academy of Child & Adolescent Psychiatry*.

"Youth in the United States foster care system are about five times more likely to take antipsychotic medications, a class of medications to manage their mental and [behavioral health](#), than children in the [general public](#)," said Thomas Mackie, assistant professor at Rutgers School of

Public Health. In response, over 31 state Medicaid programs nationally are experimenting with different approaches to ensure safe and judicious use of antipsychotic medications. These Medicaid programs are challenged to address these concerns while also ensuring access to antipsychotic medications is maintained for youth whom they are clinically optimal, especially those with psychosis, autism and other U.S. Food and Drug Administration-approved clinical indications.

The Texas strategy includes four elements: a [mental health](#) screening administered within 72 hours of the child being removed from the original caregiver; a health passport drawing on claims-based data; a psychiatric consultation line for child welfare staff, caregivers and judges; and a [retrospective review](#) of whether prescribed psychotropic medications met state best practice parameters after the [antipsychotic medication](#) was prescribed and dispensed.

The study sought to examine whether this program was effective in reducing the number of youth in foster care prescribed antipsychotic medications off-label to manage symptoms of conditions such as conduct disorders or attention hyperactivity disorders, while not decreasing use for disorders with FDA indications, such as bipolar disorder or autism spectrum disorders.

After the strategy started, the Rutgers researchers found the program resulted in roughly a 5 percent to 8 percent reduction in antipsychotic use for youth treated off-label for conditions like conduct or attention hyperactivity disorders, whereas no significant changes were found for youth treated for FDA-indicated conditions.

These findings show that the Texas program effectively reduced use of antipsychotic medications for off-label conditions where clinical concerns are greatest while not reducing antipsychotic medications for FDA-indicated conditions where stronger evidence exists for

antipsychotic use among youth.

"Although the Texas model enrolled only youths in foster care, similar innovations are increasingly being extended to the general population of Medicaid-insured youth," Mackie said. "This study provides important new evidence suggesting that states continue to incorporate or renew the inclusion of these additional behavioral health services into Medicaid-managed care arrangements."

More information: Thomas I. Mackie et al, Antipsychotic Use Among Youth in Foster Care Enrolled in a Specialized Managed Care Organization Intervention, *Journal of the American Academy of Child & Adolescent Psychiatry* (2019). [DOI: 10.1016/j.jaac.2019.04.022](https://doi.org/10.1016/j.jaac.2019.04.022)

Provided by Rutgers University

Citation: New policy reduces anti-psychotic medications in foster children (2020, January 21) retrieved 19 July 2023 from <https://medicalxpress.com/news/2020-01-policy-anti-psychotic-medications-foster-children.html>

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