

Medication

This chapter provides general information on medication and its use. Please see other sections in this manual for additional information relating to the use of medication in specific mental health conditions.

- 1 Medication should only be used when it has been possible to make a diagnosis of a mental disorder. The emotional and behaviour problems shown by many children do not usually fit into any diagnostic category. Children with these problems may well need therapeutic interventions, especially listening and talking treatments. However, medication should be used for cases where a diagnosis has been made and there are clear treatment goals.
- 2 Not all health professionals are allowed to prescribe medication. Each country has its own regulations. Some of the medications mentioned in Appendix 2 have a lot of evidence to say that they are useful (e.g. stimulants for ADHD). Many other medications do not have such evidence. For detailed accounts of the medication, please see suggested reading (p. 197). When in doubt before (or even after) starting the medication, refer to or communicate with an expert with experience in using medication in children.
- 3 The general dictum to follow while giving medication to children with mental disorders is: start low, go slow. Allow time for adequate trial before deciding to change the medication, especially in chronic disorders (e.g. it may take 4–8 weeks for a child with depression or schizophrenia to respond to the medication). Where possible, change one medication at a time.
- 4 All types of medication have side-effects. It is important to warn parents about these when you first prescribe them. If possible, get the mother to tell you before the child starts medication whether the child is showing any of these already. Then, if a side-effect is later reported, you will be able to tell whether the child was already showing this problem before he began to take the medication.
- 5 Many parents are worried about their children being given tablets to alter their mind or behaviour. You will need to discuss their worries, and if they have strong negative feelings, you may not be able to prescribe the medication. It may be helpful to say things like ‘I think you are quite right to worry about X going on to tablets. I would worry too. But I don’t often prescribe medication for children and I have to say that if this were my child, I would consider a trial of medication’.
- 6 Medication should never be given without first listening and talking to both the child and the parents. With children on medication it is really important to continue to listen to and talk with parents and the children about the stresses in their lives and how these can be reduced.
- 7 Choice of treatment will depend on the nature of the problem and on the resources available to the health professional. Some form of intervention combining medication

with a talking treatment may be the best intervention if this can be achieved. For example, moderate to severe depression or obsessive-compulsive disorder responds better to a combination of medication and CBT. You need to bear in mind how willing the patient and family are likely to be in taking the medication, and whether they can afford to buy the medication or pay for the transport to come to the centre. Try not to suggest a treatment if you think the family will not be able to cooperate. If you prescribe medication, for example, and the child does not take it, you may only have succeeded in giving the child another reason for feeling he has failed.

- 8 Do find out before you start treatment which interventions have already been tried. Asking the parent questions such as 'I wonder what you've already tried to help with this problem' may save you a lot of time.
- 9 One would do well to ask the parent 'So how have you understood your child's problem?' or 'What do your family elders think this is due to?', or if they have seen someone already for the problem 'What did the previous doctor say?' Checking with the parent on their own views and understanding of the problem can sometimes help you to be more effective.
- 10 Treatments are much more likely to work if the parents and child like and have confidence in the health professional who is prescribing them. As a busy health professional you will only have limited time to get to know the families you treat. Whatever you can do to inspire confidence in your patients will make both listening and talking treatments and medication more likely to work. Find out whether the head of the family can come to one of the visits, so that a connection is established with the person who takes decisions.
- 11 It is really important to make sure you find out what the effects of your treatment have been. Monitoring outcomes in the target symptoms and in more than one setting is important. It will help you to decide what to do in the future not just with the child you are currently treating but with other children that you will see in the future.