

Mental Health Medications Used for Adolescents

The medications below are among those most commonly used to treat mental health disorders in children and adolescents. Though not intended to be a comprehensive guide or to replace the advice of a doctor, this information may prove useful to juvenile defenders seeking to understand the purposes and possible consequences of their clients' prescriptions.

	Medication (generic name)	Approved age*	For treatment of	Common side effects
Stimulants	Adderall (amphetamine)	3 and older	ADHD symptoms (inattention, hyperactivity, impulsivity)	decreased appetite, GI upset, headaches, insomnia, tics
	Concerta (methylphenidate)	6 and older		
	Cylert (pemoline)	6 and older		
	Dexedrine (dextroamphetamine)	3 and older		
	Ritalin (methylphenidate)	6 and older		
Antidepressants	Anafranil (clomipramine)	10 and older	OCD, depression, ADHD, enuresis	sedation, headache, dry mouth, GI upset, constipation, orthostatic hypotension, blurry vision, urinary retention, EKG changes
	Torfranil (imipramine)	6 and older		
	Effexor (venlafaxine)	18 and older	depression, ADHD	sleep disturbance, GI upset
	Wellbutrin (bupropion)	18 and older		
Selective Serotonin Reuptake Inhibitors (SSRIs)**	Luvox (fluvoxamine)	8 and older	depression, anxiety, PDD	suicide (not Prozac), headaches, GI upset, insomnia or sedation, sexual dysfunction
	Paxil (paroxetine)	18 and older		
	Prozac (fluoxetine)	18 and older		
	Serzone (nefazodone)	18 and older		
	Zoloft (sertraline)	6 and older		
Anxiolytics	Ativan (lorazepam)	18 and older	anxiety disorders	sedation, dizziness
	Klonopin (clonazepam)	18 and older		
Antipsychotics (standard)	Haldol (haloperidol)	3 and older	psychosis, tics, PDD, aggression, bipolar disorder	sedation, movement disorders (may be lasting), weight gain, orthostatic hypotension, cognitive blunting, Parkinson's-like symptoms, decreased seizure threshold
	Mellaril (thioridazine)	2 and older		
	Orap (pimozide)	12 and older		
Antipsychotics (atypical***)	Clozaril (clozapine)	18 and older	psychosis, tics, PDD, aggression, bipolar disorder	weight gain, diabetes, orthostatic hypotension, sedation, movement disorders (may be lasting), cognitive blunting, Parkinson's-like symptoms, decreased seizure threshold, agranulocytosis (Clozaril only), EKG changes (Risperdal only)
	Risperdal (risperidone)	18 and older		
	Zyprexa (olanzapine)	18 and older		
	Geodon (ziprasidone)	18 and older	schizophrenia	dizziness, seizures, body temperature regulation (necessitates avoiding heat)
Seroquel (quetiapine fumarate)	18 and older			
Mood Stabilizers	Eskalith (lithium carbonate)	12 and older	bipolar disorder, aggression	acne, polyuria, polydipsia, thyroid dysfunction, GI upset, dizziness, weight gain, enuresis, tremors, sedation
	Depakote (valproic acid)	2 and older	seizures, bipolar disorder, aggression	liver damage, polycystic ovary disease, GI upset, dizziness, weight gain, enuresis, tremors, sedation
	Tegretol (carbamazepine)	any age	seizures, bipolar disorder, aggression	GI upset, dizziness, weight gain, enuresis, tremors, sedation

Additional Information

* The Food and Drug Administration approves drugs after required testing. Most medications are only tested on subjects ages 18 and older, so the FDA does not officially sanction use of those drugs for children; it does not, however, prohibit doctors from writing "off-label" prescriptions for young patients.

** SSRIs are a class of antidepressant medications. Evidence that SSRIs can lead to suicidal behavior has led British drug regulators to advise against their use for children and an advisory panel has recommended to the FDA that it issue stronger warnings about their risks to youth. The FDA has advised doctors against prescribing Paxil pending further study. Prozac has been exempt from these warnings in both Britain and the United States.

*** Atypical antipsychotic medications are newer than standard antipsychotics. They are now more widely used than standard antipsychotics, though they have not been proven more effective.

Abbreviations

ADHD: Attention Deficit/Hyperactivity Disorder
GI: gastrointestinal
OCD: Obsessive Compulsive Disorder
PDD: Pervasive Developmental Disorders

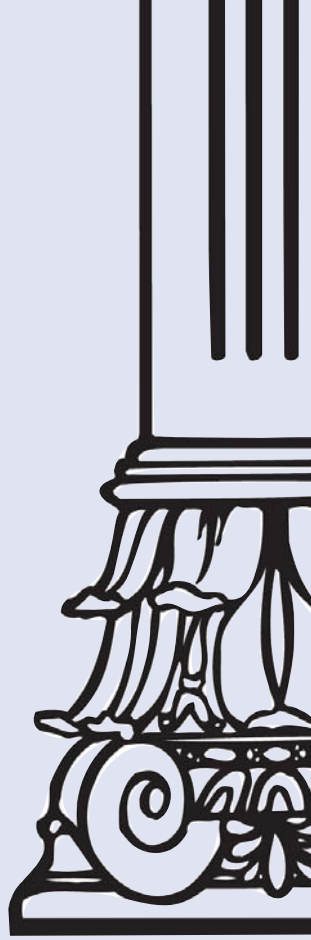
Definitions

agranulocytosis: a decrease in white blood cells
orthostatic hypotension: a sudden fall in blood pressure that occurs when a person stands up
polydipsia: excessive or abnormal thirst
polyuria: the excessive passage of urine
enuresis: the uncontrolled or involuntary discharge of urine, including bedwetting

Sources

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- We believe that:**
- All children in the justice system must have ready and timely access to capable, well-resourced, well-trained legal counsel;
 - All children are entitled to legal representation that is individualized, developmentally and age appropriate; and free of racial, ethnic, gender, social, and economic bias;
 - All children have strengths and the potential to become productive members of society and each has the right to constitutional and statutory protections;
 - The juvenile defense bar must build its capacity, develop leadership and demonstrate a commitment to professionalism;
 - The juvenile defense bar must promote accountability and bring about reform in the juvenile justice system;
 - The juvenile defense bar's role in the justice system will be advanced through collaboration and partnership; and
 - The juvenile defense system will be enhanced by greater community involvement.

Statement of Beliefs

- The National Juvenile Defender Center works to create an environment in which:**
- Children are treated with respect, dignity and fairness;
 - Juvenile courts are knowledgeable, sensitive and responsive to the needs of children;
 - Excellence is routine in juvenile defense;
 - Juvenile defenders have the capacity to fully protect children's rights, including adequate resources and compensation, manageable caseloads, and sufficient access to investigation, expert and other ancillary and administrative support;
 - Juvenile defenders have resources and pay parity with juvenile prosecutors; and
 - The representation of children is specialized and adequate opportunities exist for juvenile defenders to fully exercise and enhance their legal, political, organizational, research and advocacy skills.

Vision Statement

To ensure excellence in juvenile defense and promote justice for all children

National Juvenile Defender Center

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