

Introduction

Atypical Antipsychotics in the Treatment of Children and Adolescents

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Antipsychotic drugs are commonly used in children and adolescents for a variety of psychiatric conditions. Although the conventional antipsychotics have proved effective in the pediatric population,^{1,2} their use is limited by safety concerns, such as extrapyramidal symptoms, for which the risk is higher in children than in adults, and possible adverse effects on cognition.¹

Compared with conventional antipsychotics, atypical antipsychotics are less likely to cause extrapyramidal symptoms in young people.³ Clozapine, the first atypical antipsychotic, was introduced in the 1960s and soon proved its effectiveness; however, because it carries a small but real risk of causing agranulocytosis, its use is now largely limited to second-line therapy for patients in whom other antipsychotic agents have failed. Within the last decade, several additional atypical antipsychotics have become commercially available in the United States. Most of the published data on these agents support their safety and effectiveness in adult populations. There are fewer published reports on the use of atypical antipsychotics in children and adolescents, but the available data suggest that these drugs represent an important therapeutic option in pediatric psychiatry.^{1,3,4} Nevertheless, although they are generally safer and better tolerated than conventional antipsychotic agents, the individual agents of this class are not interchangeable and must be used with care. This supplement reviews the diagnosis and treatment of psychiatric disorders in children and adolescents, with emphasis on conditions in which the use of atypical antipsychotics in this patient population has been studied.

Drs. J. Philip Reimherr and Jon M. McClellan address the challenge of evaluating young people in whom a psychiatric disorder is suspected. The authors explain the difficulties of establishing an accurate diagnosis in the face of conditions that share common symptoms; the frequent presence of comorbid conditions that can mask, mimic, or distort the primary abnormality; and the effects of rapid growth and development in children. It is not always clear whether psychiatric conditions in children are continuous with or distinct from the corresponding adult conditions.

Drs. Melissa DelBello and Stephen Grcevich provide an overview of several psychiatric disorders commonly encountered in children and adolescents—schizophrenia, bipolar disorder, pervasive developmental disorders, disruptive behavior disorders, tic disorders, and eating disorders. The clinical presentation of these conditions may differ with onset during childhood versus onset in adulthood, and the frequent presence of comorbid psychiatric conditions raises difficult questions about which conditions are primary and which occur secondarily.

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Drs. Brian J. McConville and Michael T. Sorter discuss the special safety considerations that pertain to the use of atypical antipsychotics in children and adolescents with psychiatric disorders, with emphasis on the increased vulnerability of children to the adverse effects associated with these medications. The authors also consider 2 novel ideas—the implications of initiating antipsychotic treatment at a prodromal stage of psychosis in children and the possible neuroprotective effects of the atypical antipsychotics.

Finally, Drs. Robert L. Findling and Nora K. McNamara offer an organized review of published reports of controlled and open-label trials and anecdotal case studies involving each of the atypical antipsychotics as used in pediatric patients diagnosed with schizophrenia, bipolar disorder, pervasive developmental disorders, tic disorders, obsessive-compulsive disorder, and disruptive behavior disorders. The main advantage of these drugs over conventional antipsychotics is improved safety and tolerability, but the individual atypical agents differ in just these areas.

Through this supplement, clinicians should gain a better understanding of the range of psychiatric disorders that may be encountered in children and adolescents, the challenges associated with recognizing and managing these disorders in young patients, and the potential for effective treatment through careful selection and use of atypical antipsychotics.

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