Guidelines for Prescribing Psychotropic Medication to Preschool Age Children (3-5 Years Old)

Diagnosis	1st Line Treatment	2nd Line Treatment	3rd Line Treatment
ADHD Diagnostic Assessment /Screening Tool ▪ ADHD Rating Scale – IV Preschool or Connors Early Childhood - EC	Psychotherapeutic Trial ▪ Parent Behavior Training (PBT) interventions[1]	Methylphenidate/Dexmethylphenidate ▪ Medication can be discontinued quickly ▪ Review family/child history of heart condition* <u>Side Effects</u> [1] ▪ Loss of appetite - severely underweight and children who have lost a significant amount of weight should be carefully monitored by a pediatrician for increased nutritional needs. ▪ Increased blood pressure and heart rate should be monitored closely by a pediatrician. ▪ Stomach and/or head ache ▪ Irritability/moodiness [2] ▪ Insomnia/sedation	Amphetamine Formulations ▪ Medication can be discontinued quickly ▪ Review family/child history of heart condition* ▪ As effective as methylphenidate in older children but no good studies have been done in children under 5. <u>Side Effects</u> [1] ▪ The side effect profile is significantly greater in this age group than for Methylphenidate/ Dexmethylphenidate [3] ▪ Loss of appetite - severely underweight and children who have lost a significant amount of weight should be carefully monitored by a pediatrician for increased nutritional needs. ▪ Increased blood pressure and heart rate should be monitored closely by a pediatrician. ▪ Stomach and/or head ache ▪ Irritability/moodiness [2] ▪ Insomnia/sedation

4th Line Treatment	
Alpha-Agonists ▪ Careful consideration of age and body weight, initial low liquid doses ▪ If discontinuation is planned, these medications must be decreased slowly in increments. ▪ A higher dosing range may be needed if there are other significant diagnoses [1] ▪ Parent education about safe administration and monitoring - Never give more than prescribed, if dose missed do not double dose, do not discontinue this medication abruptly. <u>Side Effects</u> ▪ Sedation/REM suppression ▪ Irritability ▪ Headache ▪ Slow heart rate - bradyacardia, hypotention ▪ Low blood pressure – monitor blood pressure and heart rate*** ▪ Drying effect (e.g. dry mouth, changes in vision, constipation)	Atomoxetine <u>Side Effects</u> [4] ▪ Mood Swings ▪ Sleepiness ▪ Decreased appetite ▪ Abdominal Pain ▪ Vomiting ▪ Headache

* If there is a family history of structural heart disease or an arrhythmia, or if the patient has a heart condition, the patient should have a baseline ECG. Contact the child's PCP to discuss safety issues. For more complicated cardiac pathology, an echocardiogram or a cardiology consultation may be indicated.

** If the patient loses weight such that his/her weight drops 2 percentile lines on a standard growth curve or if his/her weight falls below the 3rd percentile, the medication should be discontinued. The child may need a referral for a growth delay evaluation.

*** A baseline ECG is not indicated unless the patient has a pre-existing arrhythmia or cardiac disease.

Reviewed by Dr. Diane Misch 1/30/2025

Diagnosis	1st Line Treatment	2nd Line Treatment	3rd Line Treatment
Anxiety Diagnostic Assessment /Screening Tool ▪ Spence Preschool Anxiety Scale: Parent Report - free tool to help assess children ages 3-6 with anxiety. Anxiety http://www.scaswebsite.com/docs/scas-preschool-scale.pdf ▪ Ages and Stages Questionnaire: Social Emotional (ASQ-SE)	Psychotherapeutic Trial ▪ Behavioral therapy or preschool CBT[5] for a minimum of 12 weeks ▪ Parenting intervention for anxiety without mood disorder [6]	Fluoxetine ▪ Last resort intervention due to the high incidence of SSRI related side effects, specifically behavioral activation in young children - for severe symptoms[7] ▪ Planned discontinuation after 6-9 months ▪ Given the sensitivity to side effects in the young children, increase dose slowly. Side Effects ▪ Headache ▪ Stomach ache ▪ Insomnia or increased motor activity ▪ Increased energy /unrestrained behavior may increase in younger children and children who also have ADHD or brain disorders [8] ▪ FDA - Black box warning: SSRIs increase the risk for suicidal thinking ▪ With use of Fluoxetine, please review interactions with any other medications the child is taking i.e. asthma medications, antibiotics, seizure medications etc. ▪ Decreased appetite and weight loss ▪ Sleep disturbance	Sertraline ▪ Last resort intervention due to the high incidence of SSRI related side effects, specifically behavioral activation in young children - for severe symptoms[7] ▪ Planned discontinuation after 6-9 months Side Effects ▪ Headache ▪ Stomach ache ▪ Insomnia or increased motor activity ▪ Increased energy /unrestrained behavior may increase in younger children and children who also have ADHD or brain disorders [8] ▪ FDA - Black box warning: SSRIs increase the risk for suicidal thinking ▪ With use of Fluoxetine, please review interactions with any other medications the child is taking i.e. asthma medications, antibiotics, seizure medications etc.

Diagnosis	1st Line Treatment	2nd Line Treatment	3rd Line Treatment
Autism Spectrum Disorder Diagnostic Assessment /Screening Tool ▪ Child Autism Rating Scale ▪ Modified Checklist for Autism in Toddlers Revised (M-CHAT-R https://www.m-chat.org/mchat.php	Psychotherapeutic Trial ▪ Parent psychoeducation ▪ Early intervention to address [1] ◦ Language ◦ Social development ◦ Adaptive functioning ◦ Reduction in repetitive behaviors ◦ Aggression ◦ Tantrums ◦ Self injury ◦ Hyperactivity ◦ Anxiety and Mood Dysregulation (if significant comorbid problems, please refer to those disorders in this guideline)[9] ◦ Sensory sensitivity [9] ▪ Behavioral Therapy [9] Applied Behavioral Analysis (ABA) gold standard	Irritability and Aggression Risperidone ▪ FDA indication for irritability and aggression in children aged 5 to 16 years with autistic disorder and symptoms of aggression, self-injury, temper tantrums and mood swings [9] ▪ Should only be given to young children with severe symptoms of aggression, self-injury, temper tantrums and mood swings because: o More severe symptoms showed greater improvement with Risperidone.[10] o The weight related/metabolic side effects of antipsychotic medication/risperidone [11] - Dietary education should be offered - Metabolic monitoring is needed <u>Side Effects</u> ▪ Changes in fasting blood sugar cholesterol, blood pressure and abdominal fat (metabolic syndrome) ▪ Tremor, stiffness, changes in eye movement, drooling (extrapyramidal side effects) ▪ Increased levels of the hormone prolactin ▪ Extreme restlessness ▪ Close monitoring of patients is essential[9]	Irritability and Aggression Aripiprazole* ▪ Good results in school aged population but no preschool data ▪ Good treatment effects and comparatively mild side-effects to other atypical antipsychotics [12] <u>Side Effects</u> ▪ Sedation ▪ Weight gain ▪ Changes in fasting blood sugar cholesterol, blood pressure and abdominal fat (metabolic syndrome) ▪ Severe restlessness ▪ Tremor, stiffness, changes in eye movement, drooling (extrapyramidal side effects) Guanfacine/Clonidine <u>Side Effects</u> [9] ▪ FDA indication for 6-17 years ▪ Good results in school aged population ▪ Sedation ▪ Weight gain ▪ Light headed and unsteady [7]
		Hyperactivity Methylphenidate ▪ Medication can be discontinued quickly ▪ Review family/child history of heart condition* ▪ ASD children are more sensitive to medication, particularly stimulants, than children with only ADHD [9] <u>Side Effects</u> ▪ Loss of appetite - severely underweight and children who have lost a significant amount of weight should be carefully monitored by a pediatrician for increased nutritional needs. ▪ Increased blood pressure and heart rate should be monitored closely by a pediatrician. ▪ Stomach and/or head ache ▪ Irritability/moodiness [2] ▪ Insomnia/sedation	Hyperactivity Alpha-Agonists ▪ Careful consideration of age and body weight, initial low liquid doses ▪ If discontinuation is planned, these medications must be decreased slowly in increments. ▪ A higher dosing range may be needed if there are other significant diagnoses[3] ▪ Parent education about safe administration and monitoring - Never give more than prescribed, if dose missed do not double dose, do not discontinue this medication abruptly. <u>Side Effects</u> ▪ Sedation ▪ Irritability ▪ Headache

Diagnosis	1st Line Treatment	2nd Line Treatment	3rd Line Treatment
Autism Spectrum Disorder		Hyperactivity (continued) ▪ Agitation ▪ Abnormal movements[9] such as vocal tics like constant throat clearing , coughing, making noises, etc.	Hyperactivity (continued) ▪ Slow heart rate ▪ Low blood pressure [13] – monitor blood pressure and heart rate*** Drying effect (e.g. dry mouth, changes in vision, constipation) 4th Line Treatment Hyperactivity Atomoxetine Side Effects ▪ Mood Swings ▪ Decreased appetite ▪ Sleepiness ▪ Abdominal Pain
Diagnosis	**1st Line Treatment**	**2nd Line Treatment**	**3rd Line Treatment**
Autism Spectrum Disorder		Repetitive Behaviors Fluoxetine ▪ Last resort intervention for severe symptoms ▪ Planned discontinuation after 6-12 months ▪ Given the sensitivity to side effects in the young children, increase dose slowly.[14] Side Effects ▪ Headache ▪ Stomach ache ▪ Insomnia or increased motor activity ▪ Increased energy /unrestrained behavior may increase in younger children and children who also have ADHD or brain disorders [8] FDA - Black box warning: SSRIs increase the risk for suicidal thinking ▪ With use of Fluoxetine, please review interactions with any other medications the child is taking i.e. asthma medications, antibiotics, seizure medications etc. ▪ Decreased appetite and weight loss ▪ Sleep disturbance	Repetitive Behaviors Fluvoxamine, Citalapram, Sertraline and Escitalopram ▪ Studies support use in children 6 years and above but there is no data supporting use in children under six [14]

Diagnosis	1st Line Treatment	2nd Line Treatment	3rd Line Treatment
Bipolar Diagnostic Assessment /Screening Tool ▪ Young Mania Rating Scales Note: Bipolar is very difficult to diagnose in a preschool population because mood changes and extreme emotions are common in this age group. While a diagnosis can be made in children as young as 3 years old, Bipolar Disorder remains extremely rare in this population.[15] Once diagnosed, address mania first, higher incidence of rapid (daily) cycling and mixed mania [16,17]	Psychotherapeutic Trial ▪ Parent Child Interaction Therapy (PCIT) [6]	<u>Risperidone</u> ▪ Due to the weight related/metabolic side effects of antipsychotic medications such as risperidone [11] - Dietary education should be offered with a prescription - Metabolic monitoring is needed <u>Side Effects</u> ▪ Sedation/fatigue ▪ Weight gain ▪ Changes in fasting blood sugar cholesterol, blood pressure and abdominal fat (metabolic syndrome) ▪ Headache ▪ Tremor, stiffness, changes in eye movement, drooling (extrapyramidal side effects) ▪ Increased levels of the hormone prolactin ▪ Severe restlessness ▪ Close monitoring of patients is essential[16]	<u>Aripiprazole</u> [12] ▪ Good results in school aged population but no preschool data ▪ Good treatment effects and mild side-effects relative to other atypical antipsychotics [12] <u>Side Effects</u> ▪ Sedation ▪ Weight gain/increased appetite ▪ Changes in fasting blood sugar cholesterol, blood pressure and abdominal fat (metabolic syndrome ▪ Severe restlessness ▪ GI disturbance ▪ Headache ▪ Tremor, stiffness, changes in eye movement, drooling (extrapyramidal side effects)[16,18] Quetiapine <u>Side Effects</u> ▪ Sedation/decreased energy ▪ Weight gain ▪ Changes in fasting blood sugar cholesterol, blood pressure and abdominal fat (metabolic syndrome ▪ Severe restlessness ▪ GI disturbance ▪ Headache ▪ Tremor, stiffness, changes in eye movement, drooling (extrapyramidal side effects)[16,19]

Diagnosis	1st Line Treatment	2nd Line Treatment	3rd Line Treatment
Depression Diagnostic Assessment /Screening Tool ▪ Preschool Feelings Checklist [20]	Psychotherapeutic Trial ▪ Psychotherapeutic Treatment modalities that address the parent-child relationship such as Parent Child Interaction Therapy-Emotion Development (PCIT-ED) [21]	<u>Fluoxetine</u> ▪ Last resort intervention due to the high incidence of SSRI related side effects, specifically behavioral activation in young children - for severe symptoms [1,7,22] ▪ Planned discontinuation after 9 months at therapeutic dose ▪ Given the sensitivity to side effects in young children, increase dose slowly. <u>Side Effects</u> ▪ Headache ▪ Stomach ache ▪ Insomnia or increased motor activity ▪ Increased energy /unrestrained behavior may increase in younger children and children who also have ADHD or neurodevelopmental disorders [8] ▪ FDA - Black box warning: SSRIs increase the risk for suicidal thinking ▪ With use of Fluoxetine, please review interactions with any other medications the child is taking i.e. asthma medication, antibiotic, seizure medication etc. ▪ Decreased appetite and weight loss ▪ Sleep disturbance	<u>Citalopram/Escitalopram</u> ▪ Last resort intervention due to the high incidence of SSRI related side effects, specifically behavioral activation in young children[7,23,24] ▪ Clinical experience suggests other SSRIs such as Citalopram and Escitalopram may be easier for preschool children to tolerate. However, with Citalopram can change the electrical conduction through the heart.
Disruptive Behavior Disorder (DBD) and Aggression Diagnostic Assessment /Screening Tool *Note: Treat the co-morbid disorders contributing to disruptive behavior first* ▪ Eyberg Child Behavior Inventory (ECBI)	Psychotherapeutic Trial ▪ Preschool CBT ▪ Parent Child Interaction Therapy (PCIT), Incredible Years Program, Collaborative Problem Solving etc. [25] ▪ Infant/Toddler Parent Programs i.e. Child Parent Interactive Therapy ▪ Classroom-Based Interventions Token Reward Systems	- Presence of Disruptive/Aggressive Behavior and any other major mental illness – treat other disorder first. If other major mental illness adequately treated and that medication and therapy is addressing Disruptive/ Aggressive Behavior, continue treatment of other MI. - If Disruptive/Aggressive Behavior Alone: <u>Risperidone</u> - Close monitoring of patients is essential ▪ Antipsychotics are often used to augment psychotherapy. For <u>severe</u> aggression in preschool age children, an atypical antipsychotic can be prescribed [8] <u>Side Effects</u> Changes in fasting blood sugar cholesterol, blood pressure and abdominal fat (metabolic syndrome) ▪ Tremor, stiffness, changes in eye movement, drooling (extrapyramidal side effects) ▪ Increased levels of the hormone prolactin ▪ Extreme restlessness	

Diagnosis	1st Line Treatment	2nd Line Treatment	3rd Line Treatment
Obsessive Compulsive Disorder (OCD) Diagnostic Assessment /Screening Tool ▪ Spence Preschool Anxiety Scale: Parent Report - free tool to help assess children ages 3-6 with anxiety. http://www.scaswebsite.com/docs/scas-preschool-scale.pdf [26]	Psychotherapeutic Trial ▪ Cognitive Behavioral Therapy CBT using exposure and response prevention techniques and involving parents is recommended [26]	<u>Fluoxetine, Sertraline and Fluvoxamine</u> ▪ Last resort intervention due to the high incidence of SSRI related side effects, specifically behavioral activation in young children - for severe symptoms [15,7,23] ▪ Has been approved by the Food and Drug Administration (FDA) for the treatment of OCD in children. Fluoxetine is 8 years and above. Sertraline is 6 years and above. Fluvoxamine is 8 years and above. ▪ Using dose equivalents due to insufficient research for children ages 3-5. ▪ Insufficient evidence to recommend one medication over the other ▪ Extreme caution should be used with these medication for severe OCD in this age group. [27] ▪ Given the sensitivity to side effects in the young children, increase dose slowly. ▪ Planned discontinuation after 6-8 months at therapeutic dose [27] <u>Side Effects</u> ▪ Headache ▪ Stomach ache ▪ Insomnia or increased motor activity ▪ Increased energy /unrestrained behavior may increase in younger children and children who also have ADHD or brain disorders [8] ▪ FDA - Black box warning: SSRIs increase the risk for suicidal thinking ▪ With use of Fluoxetine and Sertraline, please review interactions with any other medications the child is taking i.e. asthma medications, antibiotics, seizure medications etc. ▪ Decreased appetite and weight loss ▪ Sleep disturbance	

Diagnosis	1st Line Treatment	2nd Line Treatment	3rd Line Treatment
PTSD	Psychotherapeutic Trial ▪ Child-parent psychotherapy (CPP) for a 6 month trial [1] or preschool CBT for minimum of 12 weeks [28]	Psychopharmacological interventions are not recommended for children under 6 years based on a lack of research evidence. Talk to a DCFS Psychopharmocology program consultant if symptoms are severe and therapeutic interventions are ineffective.	
Sleep Disturbance Diagnostic Assessment Screening Tool ▪ Sleep Log	Parent Education ▪ Home environment evaluation ▪ Sleep hygiene ▪ Restless leg syndrome ▪ Sleep Apnea ▪ Sleep problem associated with other mental health diagnoses ▪ Behavior Intervention (2-4 weeks)	<u>Melatonin</u>[29] ▪ May be appropriate when sleep disturbance is impacting well-being and daytime functioning of child and/or caregiver ▪ Over-the-counter ▪ Short term use, 1 month maximum before reassessment	<u>Alpha-Agonists</u> ▪ Careful consideration of age and body weight, initial low liquid doses ▪ If discontinuation is planned, these medications must be decreased slowly in increments. ▪ Short term use, 1 month maximum before reassessment ▪ Parent education about safe administration and monitoring - Never give more than prescribed, if dose missed do not double dose, do not discontinue this medication abruptly. <u>Side Effects</u> [29] ▪ Respiratory depression ▪ Decreased REM (deep sleep) ▪ Irritability ▪ Headache ▪ Slow heart rate ▪ Low blood pressure – monitor blood pressure and heart rate*** ▪ Slow heart rate - bradyacardia, hypotention ▪ Drying effect (e.g. dry mouth, changes in vision, constipation)

*** A baseline ECG is not indicated unless the patient has a pre-existing arrhythmia or cardiac disease.

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