

PSYCHOTROPIC MEDICATION DOSING FOR PRESCHOOL AGE CHILDREN (3-5 YEARS OLD)

Generic Name		Label Name		Dosing by Disorder		
Stimulants(*¥)	Methylphenidate	RITALIN, RITALIN LA, CONCERTA, METADATE ER, METADATE CD, MPH ER, MPH CD, MPH SR, MPH LA, METHYLIN CHEW, MPH CHEW TAB, QUILLIVANT ER CHEW. <i>Available in liquid: MPH 5mg/5ml; 10mg/5ml Methylin5mg/5ml;10mg/5ml Quillivant XR 25mg/5ml</i>	ADHD	ASD (hyperactivity)		
			2 ND LINE TREATMENT	2 ND LINE TREATMENT		
			Initial liquid dose 1-5 mg ^{1,2}	Initial liquid dose 1-5mg ¹		
	Amphetamine products φ	Adderall, Adderall XR, Dextroamp-amphetamine, Dextroamp-amphetamine ER	ADHD			
			3 rd LINE TREATMENT			
			Initial liquid dose 0.5-2.5 mg ²			
Alpha-Agonists (αβ)	Clonidine	CATAPRES CATAPRES-TTS PATCH CLONIDINE HCL ER KAPVAY ER	ADHD	ASD (hyperactivity, irritability, aggression)	Sleep Disturbance	
			4 th LINE TREATMENT	3 rd LINE TREATMENT	3 rd LINE TREATMENT	
			- ADHD symptoms with sleep disturbance: initial dosage of 0.025mg-0.05mg in divided doses. May administer up to 0.3mg in divided doses including a bedtime dose. - ADHD symptoms without sleep disturbance: initial dosage of 0.025-0.05mg daily. May increase to a total maintenance dose of 0.3 mg administered in divided doses. ^{3 4} ▪ A higher dosing range may be needed if there are significant comorbid diagnoses ¹	Initial dosage of 0.025-0.05mg at bedtime. May be increased up to 0.1 mg/day at bedtime ^{5 6} ▪ If daytime symptoms persist - May administer up to 0.3mg in divided doses including bedtime dose ▪ A higher dosing range may be needed if there is significant comorbid diagnoses ¹	Initial dosage of 0.025-0.05mg at bedtime. May be increased up to 0.1 mg/day at bedtime ^{5 6} ▪ Short term use, 1 month maximum before reassessment of underlying cause of sleep disturbance ▪ If ADHD symptoms present and sleep disturbance adequately treated, then return to ADHD recommendations.	
	Guanfacine	TENEX INTUNIV ER	ADHD	ASD (hyperactivity)		
			4 th LINE TREATMENT	3 rd LINE TREATMENT		
			Initial dosage of 0.5 mg/day with a 0.5 mg increment every third day to a therapeutic dosage of between 1 – 3 mg/day ^{7 8}	Initial dosage of 0.5 mg/day with a 0.5 mg increment every third day to a therapeutic dosage of between 1 – 3 mg/day. ^{7 8}		
	Atomoxetine	STRATTERA	ADHD	ASD (hyperactivity)		
			4 th LINE TREATMENT	4 th LINE TREATMENT		
			Should not be used with children under age 6 without a consultation with Illinois DocAssist (866-986-2778) due to the inaccessibility of liquid dosing in the US. ^{9 10,11}			

*If there is a patient or family history of a heart condition, the patient should have a baseline ECG. Contact the child’s PCP to discuss safety issues.

¥ If the patient’s weight drops below the 3rd percentile, the medication should be discontinued. The child may need a referral for a growth delay evaluation.

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

β If planning discontinuation, these medications must be tapered.

φ Because the side effect profile including head ache, stomach ache and trouble sleeping, is significantly greater compared with Methylphenidate/Dexmethylphenidate in this age group, this is not a first line medication for the preschool population.

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	Generic name	Label Names	Dosing by Disorder		
Antidepressant €	Fluoxetine	PROZAC SARAFEM <i>Available in liquid 20mg/5ml</i>	Anxiety and OCD	ASD (repetitive behaviors)	Depression
			2 nd LINE TREATMENT	2 nd LINE TREATMENT	2 nd LINE TREATMENT
			Initial low dose 2.5mg – 5mg to improve tolerability of SSRI ¹²	Initial liquid dose of 2.5 mg/day; week 2 and 3 titrated per subject’s weight, symptoms and side effects with a maximum of 0.8 mg/kg/day ¹³ Starting with a lower dose may mitigate behavioral activation side effect	Initial liquid dose 0.5-2mg/day to minimize side effects. ▪ 5-8mg/day effective treatment dose for this age group ¹
	Sertraline	ZOLOFT <i>Available in liquid 20mg/ml</i>	Anxiety	OCD	
			3 rd LINE TREATMENT	2 nd LINE TREATMENT	
	Citalopram	CELEXA <i>Available in liquid 10mg/5ml</i>	Anxiety ¹⁴	Depression ¹⁴	
			3 rd LINE TREATMENT	3 rd LINE TREATMENT	
	Escitalopram	LEXAPRO <i>Available in liquid 5mg/5ml</i>	Initial low dose of 0.5mg/day; range up to 10mg. Increase by 0.5mg/ week	Initial low dose of 0.5mg/day; range up to 10mg. Increase by 0.5mg/ week	
	Fluvoxamine	LUVOX, LUVOX CR <i>Unavailable in liquid – cannot be compounded</i> £ <i>Only comes in a 25mg tab</i>	OCD		
			2 nd LINE TREATMENT		
Initial low dose of 6.25mg/day with range up to 25mg*					
Atypical Antipsychotic	Risperidone	RISPERDAL, RISPERDAL M-TAB, RISPERDAL CONSTA <i>Available in liquid 1 mg/ml</i>	ASD (irritability, aggression)	Bipolar	DBD and Aggression
			2 nd LINE TREATMENT	2 nd LINE TREATMENT	2 nd LINE TREATMENT
			Initial liquid dose 0.1 – 1.5mg/day with a maximum dosage of 3mg/day ¹⁰	Initial liquid dose 0.1 – 1.5mg/day ¹⁰	0.02 mg/kg/day to 0.06 mg/kg/day, or 1 to 2 mg/day based on a sample of 5 -17 year olds ¹⁵
	Aripiprazole	ABILIFY ABILIFY DISC MELT ABILIFY MAINTENA ER <i>Available in liquid 1 mg/ml</i>	ASD (irritability, aggression)	Bipolar (mania)	
			3 rd LINE TREATMENT	3 rd LINE TREATMENT	
	Quetiapine	SEROQUEL <i>Available in liquid – must be compounded</i> SEROQUEL XR <i>Unavailable in liquid – cannot be compounded</i>	Bipolar (mania)		
3 rd LINE TREATMENT					
Initial liquid dose of 2.5 mg/kg/day ▪ Wk 2: increase by 2.5 mg/kg/day ▪ Wk 3: increase by 3.75 mg/kg/day ▪ Wk 4: increase by 5.0 mg/kg/day ▪ Maximum dose 10.0 mg/kg/day ²⁰					

€ Last resort intervention due to the high incidence of side effects specifically behavioral activation in young children ²¹. Studies support use of Fluvoxamine, Citalopram, Sertraline and Escitalopram in children 6 years and above but no data supporting use in children under age 6 ^{21,22}. Clinical experience suggests that lower starting doses may mitigate the young child’s behavioral activation.

£ Original initial dose from literature is 5-10mg. Liquid form is not available in US therefore ¼ of 25mg tab = 6.25 mg dose.

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Herbal	Melatonin		Sleep Disturbance	Sleep (Initial Insomnia)	
			2 nd LINE TREATMENT	2 nd LINE TREATMENT	
			Provide 0.25 - 3mg for preschool age children; administer 5-7 hours before bedtime ^{1 23}	<ul style="list-style-type: none"> ▪ To treat initial insomnia due to sleep phase delay, a small dose of melatonin (0.25 – 1.0 mg) given 5-7 hours before bedtime to maximize the synchrony of the body clock. ▪ For use as a sleep agent, higher doses (3 – 9 mg) given at bedtime may be effective ²³ 	

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