

Specifics of childhood pharmacotherapy

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In general

- There are certain types of mental diseases that have their origin and "beginning" during childhood (e.g. DID due to childhood abuse or reactive attachment disorder)
- Not all childhood mental disorders are initially treated pharmacologically
 - In general it is safe to say, that we generally prefer psychotherapy (e.g. CBT) over pharmacotherapy in very young children, because (of course ultimately depending on the disease) there is a chance that it is just a transient problem. One such example is ADHD in very young children (< 6 years) that is preferably treated first only with psychotherapy, but if the child gets older (here: > 6 years) we are using pharmacotherapy (here: modafinil (ritalin))
- Early intervention is generally very important to prevent worsening of symptoms (e.g. early onset schizophrenia needs to be treated ASAP or it can leave permanent neurological damage).
- Always keep in mind that children (the younger the more pronounced) have a different pharmacodynamics and pharmacokinetics. Additionally some drugs are only approved for adults and not in children (e.g. Fluoxetine is the only FDA approved drug for depression in children)

Examples of childhood mental disorders:

- Cave: not all of them are first diagnosed in childhood (this does not mean that they don't have symptoms in childhood), not all of them are pharmacologically treated (e.g. separation anxiety, night enuresis)
- ADHD (diagnosed before the age of 12), Autism (usually around 2-3 year of age), Tourette syndrome (needs to be diagnosed before the age of 18), oppositional defiant disorder (children), conduct disorder (< 15 years of age), reactive attachment disorder or disinhibited social engagement (neglect in very early childhood/infancy)
- For more informations see the pages about childhood mental disorders (e.g. ADHD, pervasive neurodevelopmental disorders etc.)

Links

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Bibliography

References