PAEDIATRIC HOSPITAL LEVEL ESSENTIAL MEDICINES LIST
CHAPTER 14: CHILD AND ADOLESCENT PSYCHIATRY
NEMLC 31 MARCH 2022

MEDICINE AMENDMENTS

SECTION	MEDICINE	ADDED/DELETED/NOT ADDED
14.1 Sedation of an acutely disturbed child or adolescent		
Medicine Treatment	Haloperidol IM	Deleted
	Olanzapine oral or IM	Added

14.1 SEDATION OF AN ACUTELY DISTURBED CHILD OR ADOLESCENT

Following presentation at NEMLC for final ratification, the lack availability of parenteral haloperidol was raised. It was proposed that an alternative be recommended due to the discontinuation of this product.

For children under 12 years, it was proposed that a specialist should be consulted if lorazepam sedation is inadequate.

For children over 12 years, it was recommended that olanzapine oral or IM be added as an alternative. Olanzapine is used as an alternative to a benzodiazepine in a number of practice guidelines.[1,2,3]

Olanzapine is potentially more sedating than haloperidol or risperidone and has less risk for cardiac adverse events or extrapyramidal symptoms. However due to the risk of respiratory suppression if given concomitantly with benzodiazepines, olanzapine and benzodiazepines should not be administered parenterally within one hour of each other[4]. A warning to this effect has been added to the text.

The text was amended as follows:

MEDICATION TREATMENT
For children under the age of six years:
Sedation with psychotropic agents should only be considered in extreme cases and only after consultation with a specialist.

For children over the age of six years:
- Lorazepam, oral/IM.

[1] The Royal Children's Hospital Melbourne. Acute Behavioural disturbance: Acute management. Clinical Practice Guidelines.September2020.
https://www.rch.org.au/clinicalguide/guideline_index/Acute_behavioural_disturbance__Acute_management/
[2] Queensland Health. Guideline – Acute behavioural disturbance management – children and adolescents. 2017. https://www.health.qld.gov.au/__data/assets/pdf_file/0026/665306/qh-gdl-451.pdf
[3] NHS: Essex Partnership University. Management of acutely disturbed behavior, 2019. https://eput.nhs.uk/wp-content/uploads/2019/05/Section-8-Management-of-Acutely-Disturbed-Behaviour-Feb-2019-1.pdf
[4] Gerson R, et.al. Best Practices for Evaluation and Treatment of Agitated children and adolescents in the Emergency Department: Consensus Statement of the American Association for Emergency Psychiatry. Western Journal of Emergency Medicine. 2019, 20 (2):409 – 418.

- 0.05 – 0.1 mg/kg/dose.
- Onset of action: 20 - 40 minutes.
- Always consider use of oral lorazepam first.
- Monitoring after sedation as for adults

If sedation is inadequate:

» Children 6 to 12 years: Consult specialist.

» Children over 12 years:

- Olanzapine oral/IM 2.5 mg to a maximum of 10 mg.

CAUTION: Olanzapine cannot be administered within 1 hour of lorazepam/benzodiazepine parenteral therapy.

LoE III[1, 2]

REFERRAL

» Children not responding to treatment.

[1] Tylor et. al. Maudsley prescribing treatment guidelines. 11th edition. Chapter 5.

[2] Keith Kleinman MD, in Harriet Lane Handbook, Drug Dosages. Olanzapine. 2021.

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CHAPTER 14: CHILD AND ADOLESCENT PSYCHIATRY
NEMLC 29 JULY 2021

MEDICINE AMENDMENTS

SECTION	MEDICINE	ADDED/DELETED/NOT ADDED
Common medications used in psychiatry and their side effects	Sodium valproate	Caution in women of child bearing age added
14.2.1 Enuresis	Desmopressin	Dosing retained
14.3 Attention deficit hyperactivity disorder	Methylphenidate	Maximum mg/kg dose added
14.4.2 Bipolar Disorder	Olanzapine	Added
	Risperidone	Added
14.10 Tic Disorders	Clonidine	Added

Common medications used in psychiatry and their side effects

Sodium valproate: Caution in women of child bearing age added

Sodium valproate should be avoided in women of childbearing age, due to the risk of teratogenic effects.[2,2,2,2] In cases where this agent is used in this patient group, consent and acknowledgement of risk is required. A caution box outlining the risk and the need for the acknowledgement of risk form completion, as well as link to the form was added (as was added for the Central Nervous System Chapter).

Text added:

Caution
The choice of AED for girls and women of childbearing potential must be carefully considered. Valproate should be avoided in adolescent women and preadolescent girls who are likely to remain on treatment into their childbearing years unless other treatment is ineffective or effective contraception is in place. This is due to the risk of adverse developmental outcomes to the foetus.

If the decision is made to use Valproate in patients this population, complete the 'Acknowledgement of Risk' form: https://www.sahpra.org.za/wp-content/uploads/2020/08/6.28_Valproate_Annual_Risk_Acknowledgement_Form_Dec18_v1.pdf

14.2.1 Enuresis

Desmopressin: dosing retained

External comment received:

This is only indicated for children of 6 years and older and only for a total treatment period of 4-8 weeks – this must please be specified in the EDL document

Reference:
South African Medicines Formulary (SAMF), 12th Edition. Division of Pharmacology, Faculty of Health Sciences, University of Cape Town. 2016

For the management of enuresis, treatment of 4-8 weeks is generally a too short. Usual treatment continues for about 6 months. This agent is additionally used in consultation with a specialist.

14.3 Attention deficit hyperactivity disorder (ADHD)

Methylphenidate: Maximum mg/kg dose added

The previous text only indicated a maximum dose which equated to the adult maximum dose. The Committee recommended the addition of a maximum mg/kg/dose in line with the South African Medicines Formulary.[2]

The text was amended as follows:

- Methylphenidate, short-acting, oral, 1 mg/kg/day.
  - Initial dose: 5 mg, 2–3 times daily, at breakfast, lunch and no later than 14h30 (approximately every 3 to 3½ hours).
  - Increase the dose at weekly intervals by 5–10 mg until symptoms are controlled. Use the lowest effective dose.
  - Recommended maximum daily dose: 60 mg (adult dose)/ max of 2mg/kg/day. Any dose greater than 60 mg/day should be prescribed by a child psychiatrist or paediatrician.

14.4.1 Depression in childhood and adolescence

Fluoxetine tablets

Fluoxetine tablet are required in paediatrics to assist with dose titration, however the Department has been unable to secure a National Contract for these agents likely due to the small demand. It is proposed that National buy-out quote be sought for this agent, and a circular sent to provinces outlining that they can procure these tablets for this indication.

14.4.2 Bipolar Disorder

Olanzapine: Added
Risperidone: Added

Risperidone and olanzapine were added as mood stabiliser options in the management of bipolar, so as to have alternatives to the use of Sodium Valproate. The use of these agents is in line with the Adult Hospital Level Standard Treatment Guidelines (STGs) and Essential Medicines List (EML)[2]

recommendations as well as the National Institute for Health and Care Excellence (NICE) Bipolar Disorder Guidelines[2], and the American Academy of Paediatrics Guidelines.[2]

14.10 Tic Disorders

Clonidine: Added

Refer to the medicine review.