

PARENTAL PSYCHOSOCIAL ATTITUDES AND OPINIONS ON THE USE OF PSYCHOTROPIC MEDICATION IN MENTAL DISORDERS OF CHILDHOOD

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ABSTRACT

Objective: To assess parental practices and attitude regarding administration of psychotropic agents in their children suffering from psychiatric disorders.

Study Design: Cross sectional descriptive study.

Place and Duration of Study: Psychiatry Out-Patient Department (OPD) Mayo Hospital conducted over a span of 6 months, from 15 Apr to 15 Oct 2017.

Material and Methods: Ninety three individuals were included in the study through non-probability purposive sampling. Informed consent was taken from the parents. A closed ended questionnaire was designed to carry out a targeted survey which was focused on the knowledge and practices followed by parents during their first contact in an outpatient department. Parents were asked whether they believe that psychotropic drugs are effective in the treatment of mental disorders.

Results: Results are based on ninety three responders who participated in answering the questionnaire. Eighty turned out and submitted the questionnaire for result compilation and analysis. Participants ranged from 19 to 65 years. Males outnumbered female's patients during the study period by approx, 20%. The study indicated that two third of the patients had family history of mental illness. Common diagnosis included epilepsy, behavioral/conversion disorders and mental retardation. One thought-provoking finding among parents was that psychotropic drugs lead to certain side effects and somehow effects which may causes biological abnormalities resulting into several medical diseases. Others had a belief that these drugs are addictive and may cause vital organs failure.

Conclusion: Mostly parents were of the opinion that are of psychotropic drugs lead to certain side effects and somehow effects brain which may cause biological abnormalities resulting into several medical diseases.

Keywords: Epilepsy, False beliefs/perceptions, Therapeutic action.

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INTRODUCTION

Children and adolescent constitute a third of world's population, and almost 90% of them live in lower middle income countries¹. Pakistan has an estimated population of 200 million, 45% of which is below the age of 18. Almost 64% of the population in Pakistan is in rural area Rapid urbanization, extreme poverty, high burden of communicable diseases, malnutrition, social change, ongoing and impending humanitarian crises are the factors that increase the likely-hood of mental illness in this most vulnerable segment of population. Although high in disease burden

and low in resource, proof of mental disorders in dependents remains narrow in Low and Middle-Income Countries (LMIC). The situation is no different in Pakistan where the output in mental health research is low both in quality as well as quantity.

The past decade has witnessed an exponential rise in the prescription of psychotropic medicines by the mental health professionals in High Income Countries (HIC)¹. While a wealth of data is available to support such a statement from HIC, any evidence from LMIC is still awaited. Moreover, the scarcity of trained mental health professionals in the field of child and adolescent psychiatry in LMIC and in-adherence to prescription further compounds the problem. In many places due to resource

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shortages or other factors the pediatricians, neurologists and physicians with varying level of experience and expertise in the use of psychotropic medicines may prescribe them to the children and adolescents.

Parent’s attitude to the medicine prescription is an important factor for compliance². With an increasing number of children and adolescents presenting with mental health problems and the lack of trained child and adolescents psychiatrists in resource poor settings, it is imperative to understand the parent’s perspective about the prescription of psychotropic medicines to their children for mental health conditions. The figures available for systematic control studies to calculate the welfare of psychotropic agents in young patients is limited even from HIC³.

specifically in children) augment the unwillingness of the folks in administrating the drugs to their kids which leaves the child psychiatrists in a state of dilemma about the prescription. This reluctance translates in terms of poor drug compliance and negative opinion about the psychotropic drug use in the children amongst the parents⁴.

The study was conducted at the child psychiatry outpatient department of a tertiary health care facility, one of the pioneer child psychiatry departments in Pakistan, with a rationale to explore the parental beliefs and concerns about the use of psychotropic medicines in children.

MATERIAL AND METHODS

The study included parents of the children

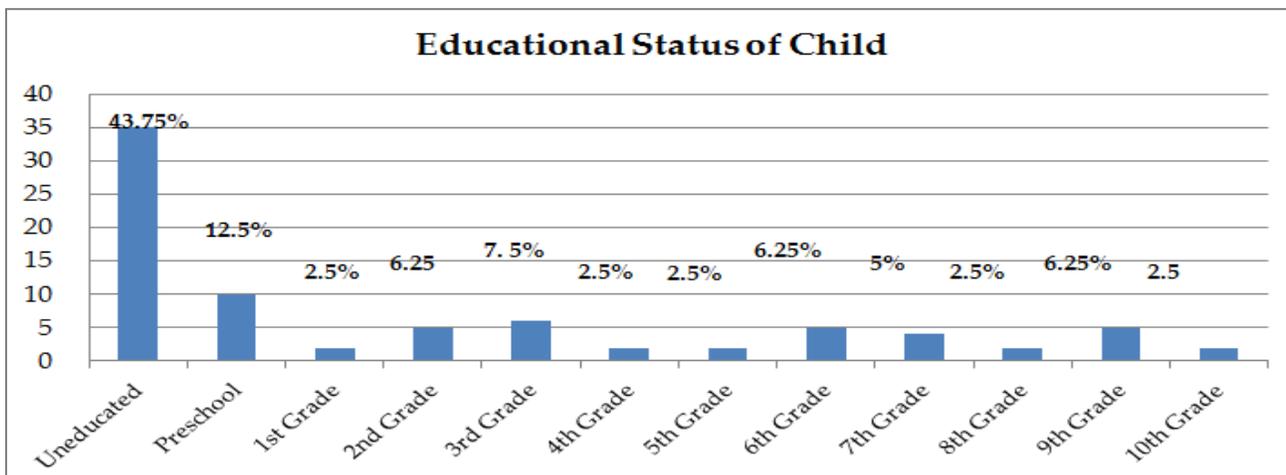


Figure-1: Showing percentage ages of educational status of patients.

Psychotropic medicines are taken for the purpose of improving the emotional and behavioral health of a child or adolescent diagnosed with a mental health condition. Psychotropic medications are only one component of a comprehensive bio psychosocial treatment plan that must include other components in addition to medication. A comprehensive treatment plan requires a collaborative team effort. The lack of orientation of child psychiatry, trained mental health professionals to offer effective behavioral interventions, negative public view point about the usage of psychotropic medicines (more

and adolescents visiting the child and family psychiatry outpatients department (OPD) at Mayo Hospital, Lahore during the 3 months period of the study. Eighty parents out of 93 with informed consent were included in the study. Formal permission from ethical committee of the institute was taken.

Patients of both genders were included however, male patients outnumbered the female patients. Patients’ up to the age of 16 years were included. Non probability purposive sampling was done and only the patients who presented to OPD were included. Both educated and un-

educated patients were part of the study as shown in fig-1.

Data were collected using an adapted questionnaire from Lazarat et al after piloting for social and cultural adaptation. The 20-item questionnaire was composed of questions regarding the opinions, knowledge and attitudes of parents towards children’s psychotropic medication. In addition sex, age, educational level, personal and family history of the parent as well as the presenting problem of the child were recorded. The psychiatric diagnosis of the child

common diagnoses were epilepsy (35.1%), behavioral disorders (16.2%), conversion disorders (12.2%) and mental retardation (9.5%). Others 27% as shown in fig-2. About half of the respondents (57%) were interested in knowing the results of research they were participating.

An interesting finding was that a vast majority of parents (93.8%) did agree that psychotropic drugs have a therapeutic action and act on the brain correcting a biological abnormality responsible for the medical disease. But at the same time almost half of the

Table-I: Socio-demographic data of the participants.

Data	N (%)
Mothers	52 (65%)
Fathers	28 (35%)
Educated Parents	56 (70%)
Uneducated Parents	24 (30%)

was also noted. All the data was anonymized⁵.

“Statistical Package for the Social Scientists (SPSS)” was used for data analysis. Logical batched statistical analysis was done. All data processing occurred sequentially, case by case through the data sets. SPSS was used to draw graphs and charts by varying categorically variables and numeric measurements. Frequency table were created and the chi-square test were used for comparison of the participant’s responses according to educational level of parents, diagnosis of the child, duration of illness and duration of treatment. Uneducated parents were assisted to fill the questionnaire and be part of survey.

RESULTS

Eighty parents who participated in research were of the age between 19 to 65 years. Mothers were almost double the number of fathers (65% v/s 35%). Majority of the respondents were educated (70%) as shown in table-I. Male patients (59.7%) who reported to O.P.D outnumbered female patients (40.3%) during the three month study.

The study showed that 66.7% patients had family history of mental illness. The most

participants (49.4%) believed these drugs to have an addiction potential and that they cause damage to vital organs.

Additionally, 80% parents were of the

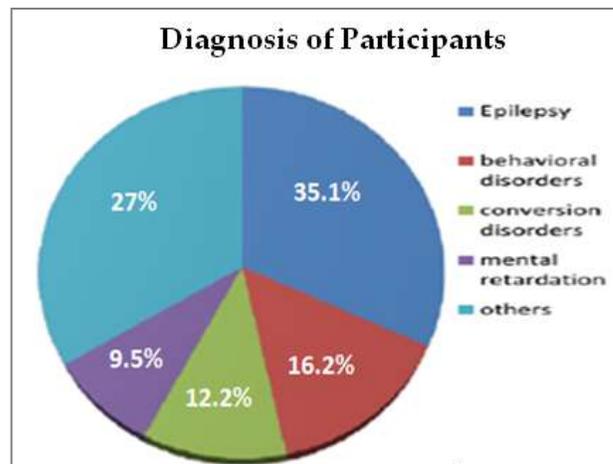


Figure-2: Showing percentage ages of diagnosed diseases.

opinion that psychiatrics do not over prescribe these medications. For most of the illnesses (psychosis, depression, anxiety and mental retardation) medication was preferred over other treatment options like psychotherapy and electroconvulsive therapy (ECT). But on the other

hand two third 70% were apprehensive of psychiatric medication use in children. and uneducated parents on the question of whether they believe that long term use of

Table-II: Parents beliefs and opinions about psychotropic medications of the children.

Questions	Yes n (%)	No n (%)	Don't Know n (%)
1. Are you of opinion that patient might become an addict and would be able to quit treatment?	39 (48.8)	24 (30)	17 (21.3)
2. Do the drugs act therapeutically?	75 (93.8)	2 (2.5)	3 (3.8)
3. Are you of opinion that psychotropic's are differentiated in categories? (e.g. antidepressants, anxiolytics, hypnotics and anti-psychotics) each one with different mechanism of action and efficacy?	54 (67.5)	5 (6.3)	21 (26.3)
4. Are you of opinion that such drugs cause sedation?	21 (26.3)	48 (60.0)	11 (13.8)
5. Are you of opinion that they have a common mechanism of action as tranquilizers?	16 (20)	49 (61.3)	15 (18.8)
6. Are you of opinion that medical disorder can be treated by psychotropic drugs?	68 (85.0)	4 (5.0)	8 (10)
7. Are you of opinion that the psychotropic drugs may cause more damage to children, due to their age?	37 (46.3)	27 (33.7)	16 (20.0)
8. Do you think in some cases long-term use of psychotropic medications is necessary, so that the patient does not relapse?	60 (75)	12 (15)	8 (10)
9. Are you of opinion that psychotropic drugs cause addiction?	38 (47.5)	24 (30)	18 (22.5)
10. Are you of opinion that organ damage can be caused by such drugs?	37 (46.3)	17 (21.3)	26 (32.5)
11. Do you think that psychiatrist use unnecessarily high doses of psychotropic medications?	11 (13.8)	63 (78.7)	6 (7.5)
12. Do you think psychotropic medications have more side effects than others?	45 (56.3)	28 (35)	7 (8.8)
13. Do you think that by taking psychotropic medication from early ages they would be more likely to develop drug addiction later?	39 (48.8)	24 (30)	17 (21.3)
14. Are you taking any medication for headaches, insomnia etc?	45 (56.3)	33 (41.3)	2 (2.5)
15. Are you of opinion that psychotropic medications have the potential to help achieve a remission from the illness?	73 (91.3)	3 (3.8)	4 (5)
16. Are you generally against medication?	41 (51.3)	37 (46.3)	2 (2.5)
17. Do you think that strong doses are more effective?	31 (38.7)	38 (47.5)	11 (13.8)
18. What do you think is the worst side effects of these drugs in kids			
Psychotropic medicines cause damage to patients health	40 (50)	26 (32.5)	14 (17.5)
They get used to psychotropic drugs easily.	41 (51.3)	23 (28.3)	16 (20)
Psychotropic drugs affect their learning abilities	33 (41.3)	36 (45)	11 (13.8)
If psychotropic drugs are started at early ages children will have greater problems in future.	28 (35)	32 (40)	20 (25)
In your opinion taking psychotropic medication in early ages increase probability of drug addiction in later life?	43 (53.75)	23 (28.8)	14 (17.5)
19. Do you hold the opinion that psychotropic medication may be prescribed to children for childhood and adolescent psychiatric disorder?	55 (68.7)	15 (18.8)	10 (12.5)

Statistical analysis reveals that significantly different responses were found between educated and uneducated parents on the question of whether they believe that long term use of psychotropic drugs could cause damage (e.g. on the brain, kidneys, liver etc.) ($p=0.005$) and also

that long term use of psychotropic medication is necessary to prevent relapse in some conditions ($p=0.005$).

DISCUSSION

In this study our major findings demonstrated that parents have a strong inclination towards this perspective that the psychotropic drugs have addictive potential which is a major contributing factor towards non-compliance⁶. The reason being the lack of information about psychotropic medication among masses in Pakistan in general and also on part of the health care providers who fail to convey the efficacy and side effects of the drugs they are prescribing. Addiction /dependence are a syndrome in which the hallmark is a compulsive pattern of drug use⁷. There is no convincing data available about any direct relationship between psychotropic drugs and addictive potential. The pharmacodynamic properties of majority of anti-depressants and lack of sudden desirous dependency makes addiction less likely, so it is inferred that apart from tranylcypromine and amineptine, antidepressants have inadequate accountability to germ depression. Non selective monoamine oxidase (MAO) tranylcypromine has prospects of inducing substance abuse.

FDA has issued warning that stimulants like Ritani cause addiction, depression, insomnia, drug dependence, mania, psychosis, heart problems, stroke and sudden death. The public consumers generally trust the FDA to determine what medications are safe and effective, making the FDA approval a meaningful title to many patients. Side effects are an important concern for parents and more research based evidence is needed especially regarding prescription in children and adolescent group. But definitely benefits outweigh these risks. First-generation antipsychotic agents also can cause a number of severe and debilitating extra pyramidal adverse effects. Practical use of methylphenidate like stimulants to treat ADHD disorder has not enhanced the chances of drug abuse, however,

lack of early diagnosis or treatment and even improper treatment might add to the probability of drug abuse in adolescence.

Depression in adolescents has amplified the risk for drug dependence, recurrent depression in later life and even suicide rate. Thus depression if left untreated on the basis of side effect profile will have serious consequences. Treatment with highly potent antidepressants with cognitive behavioral therapy (CBT) recovery rate is still low and some symptoms last⁸. This topic invites more research as child and adolescent psychiatry is a relatively emerging field. Children with behavioral disorders are increasingly being subjected to unnecessary pharmacologic intervention even though there is no empirical evidence to support psychotropic drug treatment in very young children. There is a growing concern about the increasing number of children who use psychotropic medications. Major concerns involve the lack of evidence regarding safety and efficacy of the majority of psychotropic drugs for children particularly in the long-term and the possibility of over-prescribing.

Possible differences in parental opinion according to the duration of illness of child were also investigated. As duration of illness increased significant parents reported that psychotropic drugs cause more sedation than cure, they are dangerous, likely to cause future problems of addiction. Results revealed lack of awareness among parents of children under psychotropic treatment regarding other treatment methodologies and pros and cons of long term use of these drugs.

Our study focused on clearing parent's misperceptions, confusions and doubts about side effects of psychotropic medications and thus improving treatment compliance⁹. Our sample included parents who themselves made their way to O.P.D and were mostly well aware of the fact that psychotropic drugs work therapeutically. This contradicts with results of other such studies where significant proportion showed negative

opinion about them. Therefore more population based surveys are required to highlight actual parent's perception.

Also our study participants seemed unaware of the therapeutic advantages of psychotherapy¹⁰. This also contradicts with another such study conducted among Saudi population where parents preferred to start treatment with psychotherapy. There is enough evidence to support psychotherapy in child and adolescent depression. Preliminary results on CBT for popular depression have shown a significant decrease in depressive episodes. In Bipolar Disorder and disruptive Mood Dysregulation in Children and Adolescents FFT has also shown promising results. Family focused treatment (FFT) is a psycho educational intervention designed to reduce family stress, conflict and affective arousal by enhancing communication and problem-solving among patients and caregivers and it appears to ameliorate the cause of BD in adolescents. Therefore our study recommends that we need to spread awareness about psychotherapy and use it effectively to treat psychiatric illnesses in this age group.

CONCLUSION

Mostly parents were of the opinion that are of psychotropic drugs lead to certain side effects and somehow effects brain which may cause biological abnormalities resulting into several medical diseases.

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CONFLICT OF INTEREST

There is no conflict of interest declared by any author in this study.

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