

HRB Centre for Primary Care Research Research Briefs

Prescribing in Children

Benzodiazepine, psychostimulant and antidepressant paediatric prescribing trends



Researchers at the HRB Centre for Primary Care Research have conducted three studies examining benzodiazepine, psychostimulant and antidepressant paediatric prescribing trends over a ten year period.

Data were obtained from the Irish General Medical Services (GMS) scheme pharmacy claims database from the Health Service Executive Primary Care Reimbursement Services (HSE-PCRS). Children aged 0-15 years, on the HSE-PCRS database between January 2002 and December 2011, were included.

Prescribing rates (per 1000 eligible population) were reported across years (2002-2011), age groups (0-4, 5-11, 12-15 years) and gender.

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In general, the overall rate of benzodiazepine prescribing decreased between 2002 and 2011. However, this study shows that a significant proportion of the GMS children population are being prescribed benzodiazepines in the long term. From 2007 to 2011, 7453 children had at least one benzodiazepine prescription and 6.2% of these children were taking benzodiazepines for longer than 90 days. Additionally, it was seen that prevalence rates of benzodiazepines were highest for 12-15 years old.

In the case of psychostimulant prescribing, rates increased significantly over the study period. A two-fold increase in psychostimulant prescribing was seen between 2002 and 2011.

The prescribing rates of anti-depressants decreased steadily from 2002 to 2008. However, from 2008 to 2011 the rates fluctuated. The prevalence of selective serotonin reuptake inhibitors (SSRIs) was much higher than non-SSRIs. There was a significant decrease in SSRIs between 2003 and 2005; the period directly following an Irish Medicines Board (IMB) warning against the treatment of childhood depression with SSRIs due to increased risk of suicide. Since 2005, the prevalence of SSRIs has remained relatively stable.

Overall, the studies highlight the need further research to assess the safety, efficacy and also economic impact of psychotropic prescribing in this population. There is a need for guidelines for prescribing in children in terms of clinical indication and responsibility, co-prescribing, dosage and duration of treatment.

The articles can be viewed at:

[1] O'Sullivan K, Reulbach U, Boland F, Motterlini N, Kelly D, Bennett K, Fahey T. Benzodiazepine prescribing in children under 15 years of age receiving free medical care on the General Medical Services scheme in Ireland. *BMJ Open* 2015; 5:e007070. (<http://bmjopen.bmj.com/content/5/6/e007070.full.pdf+html>)

[2] Boland F, Reulbach U, Galvin R, Motterlini N, Keogh C, Kelly D, Bennett K, Fahey T. 2015. Psychostimulant Prescribing Trends in a Paediatric Population in Ireland: a national cohort study. *BMC Pediatrics* 2015; 15:118. (<http://www.biomedcentral.com/content/pdf/s12887-015-0435-3.pdf>)

[3] O Sullivan K, Reulbach U, Boland F, Motterlini N, Bennett K and Fahey T. Anti-Depressants prescribing in Irish children: secular trends and international comparison in the context of a safety warning. *BMC Pediatrics* 2015; 15:119. (<http://www.biomedcentral.com/content/pdf/s12887-015-0436-2.pdf>)