

# THE OREGON STATE DRUG REVIEW®

AN EVIDENCE BASED DRUG THERAPY RESOURCE

[http://pharmacy.oregonstate.edu/drug\\_policy/newsletter](http://pharmacy.oregonstate.edu/drug_policy/newsletter)

## Evidence Supporting Antipsychotic Use In Children

	SGA	FGA
<b>Pervasive Developmental Disorder</b>		
Autistic Sx	✓	✓
CGI	⊖	
OC	✓	
<b>ADHD and Disruptive Behavior</b>		
Aggression	⊖	
Anxiety	⊖	
Behavior Sx	✓	
CGI	✓	
<b>Bipolar Disorder</b>		
CGI	✓	
Depression	⊖	
Manic Sx	✓	
<b>Schizophrenia</b>		
CGI	✓	Less than SGA
Positive & Negative Sx	✓	✓

- ⊖ evidence show no difference from placebo
- ✓ evidence shows benefits vs. placebo
- Strength of evidence is generally low quality, with some moderate quality evidence.
- Blanks entries indicate no evidence or insufficient evidence to evaluate
- SGA = Second Generation Antipsychotics, FGA = First Generation Antipsychotics, Sx = Symptoms, CGI = Clinical Global Impressions, OC = Obsessive Compulsive Symptoms, ADHD = Attention Deficit Hyperactivity Disorders

## National Average Prescription Cost as defined by Centers for Medicare and Medicaid Services

Generic name	Drug Form	National Average Cost Per Prescription
Fluphenazine	Tablet	\$ 13
Haloperidol	Tablet	\$ 14
Risperidone	Tablet	\$ 15
Perphenazine	Tablet	\$ 33
Risperidone	Solution	\$ 40
Clozapine	Tablet	\$ 46
Chlorpromazine	Tablet	\$ 50
Quetiapine	Tablet	\$ 76
Olanzapine	Tablet	\$ 106
Ziprasidone	Capsule	\$ 191
Quetiapine (Seroquel XR®)	Extended Release	\$ 408
Asenapine (Saphris®)	Tab Sublingual	\$ 485
Lurasidone (Latuda®)	Tablet	\$ 503
Paliperidone (Invega®)	Extended Release	\$ 637
Aripiprazole (Abilify®)	Solution	\$ 690
Aripiprazole (Abilify®)	Tablet	\$ 732
Risperidone (Risperidal® Consta®)	Syringe	\$ 779

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## Body Composition & Metabolic Changes Over 12 Weeks in Children Receiving Antipsychotics

		Mean	(95% CI)	p Value
Weight (kg)	Aripiprazole	4.44	(3.71 to 5.18)	<.001
	Olanzapine	8.54	(7.38 to 9.69)	<.001
	Quetiapine	6.06	(4.90 to 7.21)	<.001
	Risperidone	5.34	(4.81 to 5.87)	<.001
	Untreated	0.19	(-1.04 to 1.43)	0.77
Waist, cm	Aripiprazole	5.4	(2.87 to 7.93)	<.001
	Olanzapine	8.55	(7.43 to 9.67)	<.001
	Quetiapine	5.27	(4.07 to 6.47)	<.001
	Risperidone	5.1	(4.49 to 5.71)	<.001
	Untreated	0.7	(-0.87 to 2.27)	0.4
LDL cholesterol, mg/dL	Aripiprazole	7.38	(0.77 to 13.99)	0.05
	Olanzapine	11.54	(3.97 to 19.11)	0.004
	Quetiapine	3.88	(-3.37 to 11.13)	0.3
	Risperidone	0.21	(-4.14 to 4.56)	0.92
	Untreated	2.99	(-5.18 to 11.16)	0.49

Correll CU, Manu P, Olshanskiy V, et al. Cardiometabolic risk of second-generation antipsychotic medications during first-time use in children and adolescents. *JAMA* 2009;302(16):1765-1773.

## International Diabetes Federation definition of the at-risk groups and metabolic syndrome in children and adolescents

### Criteria for Metabolic Syndrome in Children and Adolescents

Age group (years)	Obesity Waist Circumference <sup>‡</sup>		Triglycerides	HDL-C	Blood pressure	Fasting Plasma Glucose
6- <b>&lt;10</b>	>=90 <sup>th</sup> percentile	<b>Plus two or more of the following</b>	Metabolic Syndrome cannot be diagnosed in this age group, but additional testing may be warranted for patients with a family history of risk factors			
10- <b>&lt;16</b>	>=90 <sup>th</sup> percentile or adult cut-off whichever is lower		>=150 mg/dL	<40 mg/dL	Systolic >=130mmHg or Diastolic >=85mm Hg	>=100 mg/dL or T2DM
16+ <b>(Adult criteria)</b>	Male >= 90 cm* Female >=80 cm <sup>¥</sup>		>=150 mg/dL	Male <40 mg/dL Female <50 mg/dL	Systolic >=130mmHg or Diastolic >=85mm Hg	>=100 mg/dL
			Or Active Lipid Treatment		Or Active Treatment	Or T2DM

HDL-C, high-density lipoprotein cholesterol; T2DM, type 2 diabetes mellitus

\* Male Europeans >=94cm, Male Japanese >=85cm

¥ Female Japanese >=90cm

‡ Tables for waist Circumference Percentiles for American children by age, gender, and ethnic background available at:

[http://www.idf.org/webdata/docs/Mets\\_definition\\_children.pdf](http://www.idf.org/webdata/docs/Mets_definition_children.pdf)

- Zimmet P, Alberti KGM, Kaufman F, et al. The metabolic syndrome in children and adolescents – an IDF consensus report. *Pediatric Diabetes*. 2007;8(5):299-306.
- George A, Shaw J, Zimmet P. A new IDF worldwide definition of the metabolic syndrome: the rationale and the results | *International Diabetes Federation. Diabetes Voice*. 2005;50(3):31-33.