

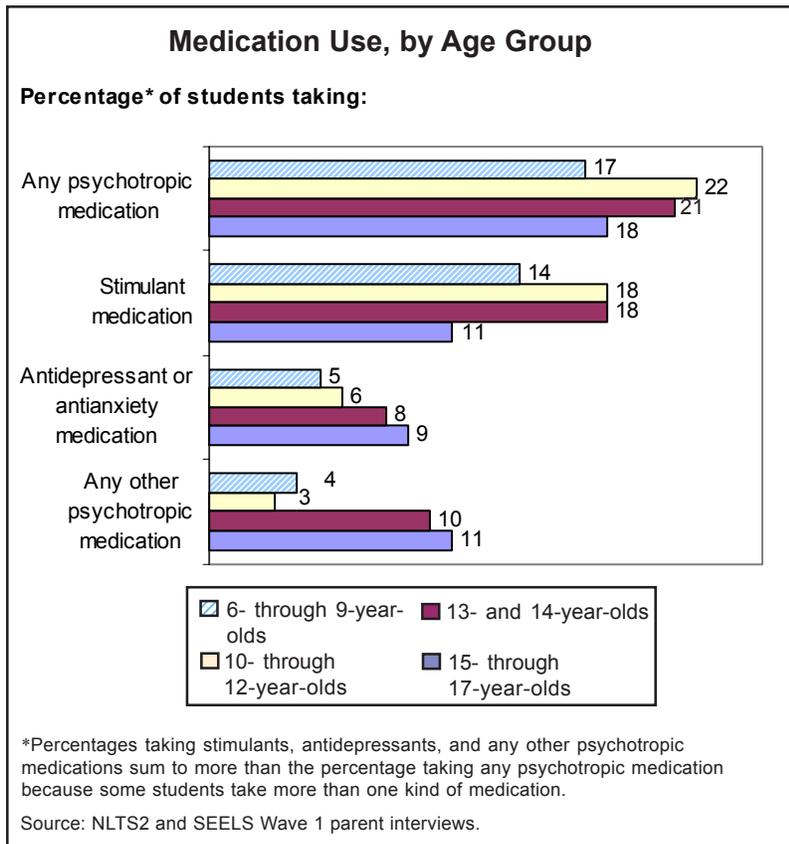


FACTS

from OSEP's National Longitudinal Studies

April 2003

Use of Psychotropic Medications by Children and Youth with Disabilities



The use of prescription medications to treat children and youth with emotional or behavioral problems has increased in recent years, in part because of both the availability of new psychotropic medications—those that alter behavior or mood—and an increased awareness of the treatment needs of these children and youth. However, there have not been reliable estimates of how many school-age students take such medications, particularly among students receiving special education.

Two of OSEP's national longitudinal studies of children and youth receiving special education—SEELS and NLTS2¹—provide this important information. Parents of students in the studies were asked whether their children take “prescription medications to affect emotions, mood, or behavior” and the purpose of the medication.

The use of psychotropic medications is highest among middle-school-age students (see chart). Seventeen percent of 6- through 9-year-olds are reported by parents to take these medications, compared with 22% of those who were 10 through 12 years old and 21% of 13- and 14-year-olds. The rate declines to 18% among older high school students.

Stimulants (e.g., Ritalin, Adderall) are the most commonly reported psychotropic medications; 14% of early elementary students take them. The rate of use rises to 18% for middle schoolers and declines to 11% of youth ages 15 through 17.

¹The Special Education Elementary Longitudinal Study (SEELS) has a nationally representative sample of more than 11,000 students who were in at least first grade and receiving special education services in the 1999-2000 school year and were ages 6 through 13 when data were collected in 2000. The sample for the National Longitudinal Transition Study-2 (NLTS2) is similar to that of SEELS, but consists of youth who were in at least seventh grade when selected for the study and were ages 13 through 17 when data were collected in 2001.

Boys are much more likely than girls to take stimulants. Among boys, 19% of 6- through 12-year-olds and 15% of 13- through 17-year-olds take stimulants. This compares with 11% and 8% of girls in the two age groups. The higher rate of taking stimulant medications among boys is consistent with the higher rate of attention deficit/hyperactivity disorder (AD/HD) reported by parents of boys. Almost one-third of 6- through 12-year-old boys and 42% of 13- through 17-year-old boys are reported by parents to have AD/HD. Rates for girls are 20% and 26% for the two age groups.

The use of antidepressants or antianxiety medications (e.g., Zoloft, Paxil) increases steadily across the age groups. About 5% of the youngest age group are reported to take them, a rate that increases to 9% among high school students. Taking other kinds of psychotropic medications (e.g., antipsychotic medications and mood stabilizers) is fairly uncommon among 6- through 12-year-olds, but increases to about 1 in 10 high school students.

Some students in all disability categories take psychotropic medications (see table), in part because, according to parents, some students in every disability category have conditions such as AD/HD

and emotional disturbances. The rates of taking psychotropic medications range from 10% or fewer of those with speech impairments to about half of children and youth with emotional disturbances or other health impairments. The practice of taking stimulants is highest among those with emotional disturbances or other health impairments. Among elementary and middle school students whose parents report they have AD/HD, 65% take some kind of psychotropic medication, with 55% taking stimulants specifically.

The use of antidepressants or antianxiety medications ranges from 5% or fewer among young students with learning disabilities or speech or hearing impairments to almost one-third of teens with autism. Their use increases only marginally with age for students in most disability categories; significant increases are apparent only for students with other health impairments, autism, or multiple disabilities.

Increases with age in the use of other kinds of psychotropic medications are evident for all disability categories. Among teens, particularly large percentages of youth with emotional disturbances and autism (34% and 38%) take other kinds of psychotropic medications (e.g., Risperdal, Depakote).

Use of Medications, by Disability Category and Age

	Learning Disability	Speech/ Language Impairment	Mental Retardation	Emotional Disturbance	Hearing Impairment	Visual Impairment	Orthopedic Impairment	Other Health Impairment	Autism	Traumatic Brain Injury	Multiple Disabilities	Deaf-Blindness
Percentage taking:												
Any psychotropic medication												
Age 6 through 12	18	8	24	52	13	12	24	52	39	25	27	17
Age 13 through 17	13	10	19	42	10	13	16	44	43	23	25	20
Stimulants												
Age 6 through 12	15	7	18	40	11	6	19	47	20	15	19	4
Age 13 through 17	9	6	12	29	6	4	11	38	22	12	15	8
Antidepressant or antianxiety medication												
Age 6 through 12	4	2	7	24	4	5	6	13	19	11	8	7
Age 13 through 17	5	5	8	29	5	7	7	21	32	15	14	12
Any other psychotropic medication												
Age 6 through 12	2	1	6	16	1	4	4	7	14	10	8	12
Age 13 through 17	6	5	12	34	6	9	9	25	38	19	20	15

Source: NLTS2 and SEELS Wave 1 parent interviews.

