

# **Medication of High Risk Youth: Beyond Stimulants**

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# AD/HD

- Model for dialogue among validators  
(Phenomenology, clinical course, family patterns, biological markers, medication response)
- Model for a disorder that is present and childhood and one tends to grow out of (although not all do)
- Model for a disorder that medication helps  
(teachers can tell when a child misses a dose)

# Aggression: Key to Classification

- Only AD/HD has a medication-syndrome link
- Oppositional Defiant Disorder and Conduct Disorder and Social Constructs
- Main pharmacological target in antisocial spectrum is aggression
- Aggression jibes with “harmful dysfunction” --a normal emotion subject to pathological derangement
- **Need to improve classification of aggression**

# Normal Aggression

- **Goal Directed (Predatory)**-thrill of the hunt, low pulse, focused attention
- **Affective**--"defensive"--largely dysphoric, high sympathetic arousal, often unfocused
- Well corroborated in animals

# Pathological Aggression

- **Predatory: lack of attachment--  
little role for psychopharmacology**
- **Affective: Being defensive when  
no reason  
–large role for pharmacology**

# Classification of Affective Aggression

- **Impulsive**---Hit without thinking--”I ain’t playing with you” ---Stimulants
- **Paranoid**---Hit because thinking is distorted--  
**Antipsychotics**
- **Depressive** -- Hit as part of mixed internalizing /externalizing picture--SSRI (inner directed irritability)
- **Irritable**--Hit because of general state of intolerance and impatience--mood stabilizer (outer directed irritability)

# Consequences of Aggression

- **Coercive Reciprocal Interactions**
- **Special Education**
- **Deviant Socialization**
- **Problem behaviors**

# Views of Adolescent Substance Abuse

- **Direct Causation:** Adolescent Substance Abuse is just the early onset of the adult disorder; impairment caused by proclivity to get high
- **Backward Causation:** Impairment causes the substance abuse (“Problem Behavior Theory”)
- **Self-Medication:** (mediated causation): psychological state causes both drug use and impairment



# Self Medication May be true of Some Adolescents

- Temper outbursts and externally directed irritability (the psychological state) **LEAD TO**
- Marijuana use **AND**
- Impairment in school, home, law, etc
- “Marijuana chills me out.”

# *Marijuana Use*

## *Self-report, Pre & Post 5 Weeks*

<u>Patient #</u>	<u>Age</u>	<u>Sex</u>	<u>Race</u>	<u>Pre</u>	<u>Post</u>
1	15	M	Latino	42	3
2	17	M	White	35	10
3	15	F	White	10.5	0.86
4	17	M	Black	28	1.5
5	16	M	White	0	0
6	16	M	White	50	5
7	15	M	White	21	0
8	18	F	White	7	0

# Why would treating biology change psychology?

- Most problem behavior kids, even aggressive ones are not psychopaths
- Treat the psychopathology and normal attachment takes over
- School may always remain toxic to many of these kids (too much water under the bridge)
- But alternative schooling is possible for teens

# Final Thoughts

- Ask what is the child's core aggressive symptom: impulsivity, paranoia, depressive-irritable, externally directed irritability
- Check to see the child is on the right medication for what you see as the main type of aggression
- Don't make final decision about school placement changes until adequate trial of correct medication
- First sign that a medication is working is a reduction of tension in home, so ask parents