



The Center for  
Health and Health  
Care in Schools

The School of Public  
Health & Health Services

THE GEORGE WASHINGTON UNIVERSITY

# Psychotropic Drugs and Children Use, Trends, and Implications for Schools

Revised December 2004

## References

- <sup>1</sup> National Association of School Nurses. Position Statement: Medication Administration in the School Setting. Revised 2003. Accessed at <http://www.nasn.org/positions/medication.html>
- <sup>2</sup> CDC. *Attention Deficit Disorder and Learning Disability: United States, 1997 – 1998*. CDC, 2002. Vital and Health Statistics: Series 10, No. 206.
- <sup>3</sup> US DHHS. *Mental Health. A Report of the Surgeon General: Executive Summary and Chapter 3*. 1999.
- <sup>4</sup> Dey AN, Schiller JS, Tai DA. *Summary Health Statistics for U.S. Children: National Health Interview Survey, 2002*. National Center for Health Statistics. Vital Health Stat 10(221). 2004.
- <sup>5</sup> Brent DA, Birmaher B. Adolescent depression. *N Engl J Med*, 2002; 347(9):667-668.
- <sup>6</sup> US DHHS National Children's Mental Health Information Center. *Children's Mental Health Facts: Children and Adolescents with Mental, Emotional, and Behavioral Disorders*. Substance Abuse and Mental Health Services Administration. 2003. Accessed at [www.mentalhealth.org/publications/allpubs/CA-0006/default.asp](http://www.mentalhealth.org/publications/allpubs/CA-0006/default.asp)
- <sup>7</sup> US FDA. *FDA launches a multi-pronged strategy to strengthen safeguards for children treated with antidepressant medications* [press release]. Rockville, MD: US Food and Drug Administration, FDA News: October 15, 2004. Accessed at <http://www.fda.gov/bbs/topics/news/2004/NEW01124.html>, October 15, 2004.

FDA Launches a Strategy to Strengthen Safeguards for Children Treated with Antidepressant Medications<sup>7</sup>

## What the research tells us

### Background

The safe and effective use of medications for the treatment of certain medical conditions and illnesses has enabled many children to attend school and achieve academic success.<sup>1</sup> In medical practice, widespread acceptance of drug therapy for behavioral disorders has facilitated diagnosis and treatment of these conditions in ambulatory care.<sup>2</sup>

Recent increases in the use of psychotropic medications by children and adolescents, limited information on the benefits of these therapies for children, and concerns about the adverse consequences of certain drugs have prompted the U.S. Food and Drug Administration to revise their guidance for prescribers and patients. Because some of these drugs will be brought to school for administration during the school day, the Center has developed this fact sheet to summarize key information on the topic.

Please see details of new FDA safeguards on the next page of this Fact Sheet.

### Emotional and Behavioral Health Problems Among Children

- Of the population ages 9 – 17, an estimated 21 percent experience the signs and symptoms of a *DSM-IV* disorder in the course of the year, 11 percent experience significant impairment, and 5 percent experience extreme emotional impairment.<sup>3</sup>
- Results of a national survey of pediatricians showed that 19 percent of pediatric visits involved a psychosocial problem requiring attention or intervention. Psychosocial problems are the most common chronic condition for pediatric visits, eclipsing asthma and heart disease.<sup>2</sup>
- Almost 5 million children 3 – 17 years of age (8%) have been identified as having a learning disability (such as dyslexia). An estimated 4 million children (6%) have been identified as having attention deficit hyperactivity disorder (ADHD). Ten percent of boys had a learning disability, compared with 6 percent of girls; 10 percent of boys had ADHD compared with 4 percent of girls.<sup>4</sup>
- The combined prevalence of anxiety disorders is higher than that of all other mental disorders of childhood and adolescence. The 1-year prevalence in children ages 9 – 17 is 13 percent.<sup>3</sup>
- Depression estimates vary but a recent report indicates that depression is present in 1 percent of children and 5 percent of adolescents at any given time. Before puberty, boys and girls are at equal risk for depression, after puberty onset the rate of depression is twice as high for girls.<sup>5</sup>
- Conduct disorder, or oppositional defiant disorder, affects 1 to 4 percent of 9- to 17-year-olds. Children with conduct disorder act out their feelings or impulses in destructive ways, including aggression, lying, theft, setting fires, and vandalism, the degree of offense growing more serious over time.<sup>6</sup>

## Psychotropic Drugs and Children

### References, cont.

- <sup>8</sup> McClellan JM, Werry JS. Evidence-based treatments in child and adolescent psychiatry: An inventory. *J Am Acad Child Adolesc Psychiatry*. 2003;42(12):1389-1390.
- <sup>9</sup> Delate T, Gelenberg AJ, Simmons VA, Motheral BR. Trends in the use of antidepressants in a national sample of commercially insured pediatric patients, 1998 to 2002. *Psychiatric Services*. 2004;55(4):387-391.
- <sup>10</sup> Treatment for Adolescents with Depression Study (TADS) Team. Fluoxetine, cognitive-behavioral therapy, and their combination for adolescents with depression: Treatment for adolescents with depression study (TADS) randomized controlled trial. *JAMA*. 2004;292(7):807-820.
- <sup>11</sup> US Food and Drug Administration. Public Health Advisory: Suicidality in children and adolescents being treated with antidepressant medications. October 15, 2004. Accessed at <http://fda.gov/cder/drug/antidepressants/SSRIPHA200410.htm>, October 15, 2004.
- <sup>12</sup> Walkup JT, Labellarte MJ, Riddle MA, Pine DS, Greenhill L, Klein R, et al., for the Research Unit on Pediatric Psychopharmacology. Fluvoxamine for the treatment of anxiety disorders in children and adolescents. *N Engl J Med*. 2001;344(17):1279-1285.
- <sup>13</sup> Medco Health Solutions, Inc. Medco study reveals pediatric spending spike on drugs to treat behavioral problems. 2004. Accessed at <http://www.drugtrend.com/medco/consumer/drugtrend/trends.jsp>

### Definition

Psychotropic drugs are those that affect the function, behavior, or experience of the mind.<sup>14</sup> While their exact mechanism of action is not known, psychotropic drugs are thought to act upon the biochemistry of the brain and positively affect thinking mechanisms, emotional control, mood, and other behavioral processes. Included are neuroleptics (such as Haldol), antipsychotics (such as Zyprexa), antidepressants (such as Prozac), stimulants (such as Ritalin), and anti-anxiety agents (such as BuSpar).<sup>14</sup>

## Treatment: What we know

- The effectiveness of stimulants for short-term treatment of attention deficit-hyperactivity disorder is well documented. A smaller number of studies demonstrates that stimulants or stimulants in combination with behavioral treatments produce long-term improvements when the drug continues to be taken.<sup>8</sup>
- The effectiveness of selective serotonin reuptake inhibitors (SSRIs) and clomipramine [Anafranil] for obsessive-compulsive disorder (OCD) has been indicated by a number of studies. In 1999, the US Food and Drug Administration approved the use of two SSRIs, fluvoxamine [Luvox] and sertraline [Zoloft], for use in pediatric OCD. Fluoxetine [Prozac] also is approved for use in pediatric OCD.<sup>8</sup>
- The use of antidepressants to treat major depression in children and adolescents has been controversial. Many studies of antidepressant treatment of major depression among adolescents have shown these agents to be only modestly effective.<sup>9</sup> Additional concerns have focused on possible associations between antidepressant drug use and increases in serious depression and suicide attempts. However, a recent large study by the National Institute of Mental Health concluded that Prozac, which is approved for treatment of depression in pediatric patients, paired with cognitive behavioral therapy (a form of talk therapy) was most successful in helping 71 percent of the study's teenagers overcome depression. The Treatment for Adolescents with Depression Study also showed that Prozac alone was effective in 61 percent of subjects, while talk therapy alone worked with 43 percent. Thirty-five percent of those who received a placebo also improved. Researchers found that patients became significantly less suicidal, no matter which treatment they were given.<sup>10</sup>
- FDA Safeguards. On October 4, 2004, the FDA issued a public health advisory announcing that a “black box” warning and expanded cautionary statements will be required on the labels of all antidepressants, to alert prescribers to an increased risk of suicidal thinking and behavior in pediatric patients treated with antidepressant medication. In addition, the FDA cautions that pediatric patients should be “closely observed” for signs of worsening illness, or agitation, irritability, suicidality, and unusual changes in behavior, especially during the initial few months of a course of medication, or at times of dose changes. Patients will also receive a MedGuide with their prescription, informing them of the risks associated with taking antidepressant medication.<sup>11</sup>
- An NIMH-funded study to test the efficacy and safety of medications commonly used by practitioners to treat children and adolescents (in off-label applications), found that fluvoxamine [Luvox], an SSRI antidepressant approved for treating OCD in children, was both safe and effective in treating social phobia, separation anxiety disorder, and generalized anxiety disorder in children 6 to 17 years of age.<sup>12</sup>
- Data reported by a pharmacy benefits manager indicated that, among children and youth taking at least one medication overall, the percentage taking one or more prescription drugs to treat behavioral and emotional health problems reached nearly 9%.<sup>13</sup> Another study documented rapid growth in the use of antidepressants.<sup>9</sup> See table below.

**Antidepressant Prescriptions Among Commercially Insured School-Age Children and Youth<sup>9</sup>**

	Percent of children & youth prescribed antidepressants		
	1998	2000	2002
<b>Preschool (&lt;5 years)</b>			
Girls	.08	.12	.16
Boys	.14	.14	.23
<b>Elementary (6-10 years)</b>			
Girls	.57	.72	.84
Boys	1.21	1.18	1.60
<b>Middle school (11-14 years)</b>			
Girls	1.44	1.63	2.36
Boys	2.56	2.64	3.12
<b>High school (15-18 years)</b>			
Girls	3.74	4.73	6.36
Boys	3.00	3.49	4.23

## Psychotropic Drugs and Children

### References, cont.

- <sup>19</sup> Strock M. *Attention Deficit Hyperactivity Disorder (ADHD)*. Bethesda, MD: National Institute of Mental Health; 2004.
- <sup>20</sup> Metadate [package insert]. Rochester, NY: Celltech Pharmaceuticals, Inc; 2001.
- <sup>21</sup> Bezchlibnyk-Butler KZ, Virani AS (Eds.). *Clinical Handbook of Psychotropic Drugs for Children and Adolescents*. Cambridge, MA; Hogrefe & Huber Publishers: 2004.
- <sup>22</sup> American Heart Assn. Scientific Statement: Cardiovascular Monitoring of Children and Adolescents Receiving Psychotropic Drugs, *Circulation*, 1999;99:979-982.
- <sup>23</sup> Strattera [package insert]. Indianapolis, IN: Eli Lilly and Company; 2004.
- <sup>24</sup> American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition. Washington, DC; American Psychiatric Association: 1994.
- <sup>25</sup> Prozac [package insert]. Indianapolis, IN: Eli Lilly and Company; 2003.
- <sup>26</sup> Paxil [package insert]. Research Triangle Park, NC: GlaxoSmithKline; 2003.
- <sup>27</sup> Zoloft [package insert]. New York, NY: Roerig, Division of Pfizer, Inc; 2002.
- <sup>28</sup> Celexa [package insert]. St. Louis, MO: Forest Pharmaceuticals, Inc; 2002.
- <sup>29</sup> Luvox [package insert]. Marietta, GA; Solvay Pharmaceuticals, Inc; 2000.
- <sup>30</sup> Anafranil [package insert]. St. Louis, MO: Mallinckrodt Inc; 2004.

## Psychotropic Drugs That May Be Encountered in the Health Suite

\* Symptoms associated with diagnosis.

\*\* Observed effects of medication (side effects), improper dosing, medication conflicts, missed doses, discontinued medication, or individual adverse reactions.

Drug	Symptoms *	What To Watch For **
<b>Drugs used for ADD and ADHD, including stimulants and non-stimulants</b>		
<b>STIMULANTS</b>		
Ritalin, Methylin, Focalin, Concerta, Metadate, (methylphenidate in various forms for administration)	Inattention, distractibility, agitation, behavior problems Impulsiveness; hyperactivity <sup>19</sup>	Nervousness, insomnia, decreased appetite, weight loss, headaches, stomachaches, skin rash, jitteriness, and social withdrawal. <sup>21</sup>
Adderall, Dexedrine (amphetamine and dextroamphetamine in various forms)	Symptoms of <b>inattention</b> include making careless mistakes, lack of sustained attention, not listening, failing to finish tasks, poor organization, failing to follow directions, avoiding tasks requiring sustained mental effort, forgetting, losing things, and being easily distracted. <sup>19,20</sup>	Rare adverse events can include tachycardia, blood pressure changes, nausea, dizziness, and palpitations. <sup>22</sup>
Cylert (pemoline)	Symptoms of <b>hyperactivity and impulsiveness</b> include at least six of the following: fidgeting or squirming, leaving the seat, talking excessively, running or climbing at inappropriate times, difficulty with quiet activities, inability to wait for a turn, blurting out answers, and interrupting others. <sup>19,20</sup>	Overdose is characterized by vomiting, agitation, tremors, muscle twitching, convulsions, hallucinations, delirium, sweating, and cardiac arrhythmias. Contact a poison control center. <sup>20</sup>
<b>NON-STIMULANT</b>		
Strattera (atomoxetine)	Symptoms of ADD and ADHD, above	Headache, nasal symptoms; nausea, vomiting, and stomach pain, dizziness, tiredness; mood swings. <sup>21</sup> Irritability insomnia, sedation; blood pressure effects. <sup>21</sup> Weight loss may occur early, followed by weight gain. <sup>23</sup>
<b>SSRI Antidepressants for depression, mood disorders, obsessive-compulsive disorder</b>		
Prozac (fluoxetine) This is the only SSRI currently FDA-approved for use with depression in pediatric populations. Prozac also is approved for pediatric OCD <sup>25</sup>	<b>Depression</b> —Prominent and relatively persistent depressed mood that usually interferes with daily functioning, and includes at least five of the following nine symptoms: depressed mood; loss of interest in usual activities; significant change in weight and/or appetite; insomnia or hypersomnia; psychomotor agitation or retardation; increased fatigue; feelings of guilt or worthlessness; slowed thinking or impaired concentration; a suicide attempt or suicidal ideation. <sup>24</sup> <b>Obsessive-compulsive disorder</b> —Recurrent and persistent ideas, thoughts, impulses, or images (obsessions) that are ego-dystonic and/or repetitive, purposeful, and intentional behaviors (compulsions) that are recognized by the person as excessive or unreasonable. <sup>24</sup> <b>Panic disorder</b> —Occurrence of unexpected panic attacks, and associated concern about having additional attacks, worry about the implications or consequences of the attacks, and/or a significant change in behavior related to the attacks. <sup>24</sup>	Anxiety, nervousness, insomnia. Mania, agitation, decreased appetite. Rash or hives; thoughts of suicide, attempted suicide, or actual suicide; in rare cases, seizure. <sup>21,25,26,27,28,29,30</sup>
Paxil (paroxetine), Zoloft (sertraline), Celexa (citalopram), Luvox (fluvoxamine maleate, generic), approved for pediatric OCD <sup>29</sup>		A recent public health advisory from the FDA cautions that patients beginning treatment with antidepressant medication—or having their dose adjusted up or down—should be closely observed for any worsening of the illness, as well as agitation, irritability, suicidality (suicidal thinking or behavior), and any unusual changes in behavior. <sup>11</sup>
Anafranil (clomipramine), approved for pediatric OCD <sup>30</sup>		

## Psychotropic Drugs and Children

### References, cont.

- <sup>31</sup> BuSpar [package insert]. Princeton, NJ: Bristol-Myers Squibb Company; 2000.
- <sup>32</sup> Wellbutrin [package insert]. Research Triangle Park, NC: GlaxoSmithKline; 2002.
- <sup>33</sup> National Library of Medicine Medline Plus. Propranolol (Inderal) Drug Information. 2003. Accessed at <http://www.nlm.nih.gov/medlineplus/druginfo/medmaster/a682607.html>
- <sup>34</sup> Effexor [package insert]. Philadelphia, PA: Wyeth Laboratories, Inc; 2001.
- <sup>35</sup> Risperdal [package insert]. Titusville, NJ: Janssen Pharmaceutica Products, Inc. 2003.
- <sup>36</sup> National Institute of Mental Health: *Child and Adolescent Bipolar Disorder*. Bethesda, MD: NIMH; 2000. Pub. #00-4778.
- <sup>37</sup> Depakote [package insert]. North Chicago, IL: Abbott Laboratories; 2003.
- <sup>38</sup> Spearing M. National Institute of Mental Health. *Eating Disorders*. Bethesda, MD: NIMH; 2001. Pub. #01-4901.

Drug	Symptoms *	What To Watch For **
<b>Other psychotropic drugs used to manage ADD/ADHD, anxiety, or depression</b>		
BuSpar (buspirone)	Symptoms of anxiety: shakiness, jumpiness, trembling, tension, muscle aches, fatigability; inability to relax, twitching, fidgeting, restlessness, easy to startle. Also sweating, heart pounding; apprehensiveness; vigilance; Generalized Anxiety Disorder (GAD). <sup>31</sup>	Dizziness, nausea, headache, nervousness, lightheadedness, and excitement; slowness or sedative effect. <sup>31</sup>  Agitation, anxiety, insomnia; hypertension; possible hallucinations or delusions. Weight loss. Dose-related risk of seizure. <sup>32</sup>
Wellbutrin, Zyban (bupropion)	Depression, as defined above <sup>32</sup>	
Inderal (propranolol)	Anxiety, nervous tension; panic attacks. Aggressive behavior	Dizziness, insomnia, excessive tiredness, upset stomach, vomiting, rash, diarrhea; difficulty breathing, sore throat, unusual bleeding, swelling of feet or hands, slow heartbeat, chest pain. <sup>33</sup>
Effexor (venlafaxine)	Depression, as defined above	Dizziness, drowsiness; trouble with sleep, difficulty breathing, cold hands / feet, hallucinations, irregular heartbeat; hypertension. In rare cases, fever, depression. <sup>21, 34</sup>
<b>Atypical Antipsychotics used in psychotic disorders and dementia</b>		
Risperdal (risperidone), Clozaril (clozapine), Zyprexa (olanzapine), Seroquel (quetiapine)	Indicated for schizophrenia, bipolar disorder, mania; the drugs have not been tested in children but may be prescribed off-label for certain cases with multiple conditions occurring together.	Hyperglycemia, diabetes mellitus; hypotension; cognitive and motor impairments. Rare: serious cardiac and neuromuscular effects. <sup>35</sup>
<b>Mood Stabilizers used for bipolar disorder and mania</b>		
Lithobid, Lithostat (lithium carbonate); Depakote, Depakene (valproate)	Severe changes in mood—extremely irritable to overly silly—overly inflated self-esteem; increased energy, decreased need for sleep; talkativeness, distractibility; hypersexuality; increased goal-directed activity or agitation. <sup>36</sup>	Nausea, drowsiness, dizziness, vomiting, abdominal pain; headache; tremor. Severe abdominal pain, nausea, and vomiting may be symptomatic of rare but severe pancreatitis and liver disease. <sup>37</sup>  Do not take aspirin with Depakote.
<b>Drugs used with eating disorders, specifically bulimia nervosa and binge-eating disorder; occasionally in anorexia nervosa, after weight regain</b>		
Prozac (fluoxetine)  Other SSRIs or SNRIs may be used	<b>Bulimia nervosa</b> —Recurrent episodes of binge eating, followed by forced purging through self-induced vomiting, or use of laxatives, diuretics, enemas, or other medications; fasting; excessive exercise. <sup>38</sup>  <b>Binge-eating disorder</b> —Uncontrolled eating (often rapidly and in great quantities) without forced purging or compensating behavior. <sup>38</sup>  <b>Anorexia nervosa</b> —Abnormal restriction of eating due to intense fear of gaining weight or becoming fat; resistance to maintaining weight at or above a minimally normal weight for the age and height. <sup>38</sup>	Denial of illness, refusal to maintain treatment; may require hospitalization. <sup>38</sup>  Side effects: Impaired judgment, thinking, motor skills; anxiety, nervousness, insomnia; mania; agitation; decreased appetite; rash or hives; seizure; thoughts of suicide, attempted suicide, or actual suicide. <sup>11, 25</sup>  In anorexia, psychotropic medication used only after weight regain established. <sup>38</sup>

## Psychotropic Drugs and Children

### References, cont.

- <sup>14</sup> Ayd F. *Lexicon of Psychiatry, Neurology, and the Neurosciences*. 1995. Baltimore: Williams & Wilkins.
- <sup>15</sup> US General Accounting Office. *Attention Disorder Drugs: Few incidents of diversion or abuse by schools*. 2001. GAO Report 01-1011. Accessed at <http://www.gpoaccess.gov/gaoreports/search.html>
- <sup>16</sup> Brener ND, Burstein GR, DuShaw ML, Vernon ME, Wheeler L, Robinson J. Health Services: Results from the School Health Policies and Programs Study 2000. *J Sch Health*. 2001;71(7):294-303.
- <sup>17</sup> Johnston LD, O'Malley PM, Bachman JG, Schulenberg JE. *Ecstasy use falls for second year in a row, overall teen drug use drops* [press release]. Ann Arbor: University of Michigan News and Information Services; December 19, 2003. Accessed at <http://www.monitoringthefuture.org>, June 4, 2004.
- <sup>18</sup> AAP Policy Statement—Guidelines for the Administration of Medication in School. *Pediatrics*. 2003;112(3):697-699.

### The Five Rights of medication administration

- The **right** patient
- Receives the **right** drug
- In the **right** dose
- By the **right** route
- At the **right** time.

## Schools and Medication Administration

- 37 states and the District of Columbia have statutes, regulations, and/or mandatory or recommended policies addressing medication administration at school.<sup>15</sup>
- A US General Accounting Office survey reported that 90% of the schools it had surveyed received district regulations or policies regarding the administration of prescription medications.<sup>15</sup>
- Most schools report keeping medications in a locked space.<sup>15</sup> 74% of schools report having a medical supply cabinet with a lock.<sup>16</sup> A recent study found that 96% of schools report that students are observed when ADHD medications are administered.<sup>15</sup> In 2003, the annual prevalence of illegal use of Ritalin was reported as 2.6% among 8th graders, 4.1% among 10th graders, and 4.0% among 12th graders.<sup>17</sup>
- In response to Congressional concerns regarding the diversion or abuse of stimulant medications (e.g., Ritalin) in school, a federal agency conducted a study and concluded that schools had identified few incidents of abuse or diversion.<sup>15</sup>

### Who Dispenses Medications at School?<sup>15</sup>

Personnel	Percent approved to administer attention disorder medication*	Percent most often administering attention disorder medications**
Nurse	75	59
Other health care personnel	13	7
Principal	32	2
Teacher	12	2
Other, non-health care personnel	51	28
Students self-administer	6	1

\* The column does not total 100% because more than one person may be approved to dispense medication

\*\* The column total does not equal 100% because of rounding.

### Role of Schools: What parents and school staff need to know<sup>1, 18</sup>

- Know the policies of your state and local governments as well as school board regarding the administration of medications in school, whether psychotropic medication or other.
- Learn about the drugs being administered to students—at home and at school—whether school staff are doing the dosing or not.
- Get to know the resources on pediatric antidepressants offered by the US FDA, especially those available on the FDA Web site, and be aware of public health advisories issued by the agency. This information is available at <http://www.fda.gov/cder/drug/antidepressants/default.htm>.
- Make yourself aware of the possible side effects of the drugs being administered; learn to recognize symptoms of missed doses or overdose.
- Have an emergency plan for each student taking psychotropic medications, in case there is ever a need to use one.

### References, cont.

- <sup>39</sup> US Food and Drug Administration. FDA Proposed Medication Guide: About using antidepressants in children or teenagers. October 21, 2004. Accessed at <http://www.fda.gov/cder/drug/antidepressants/SSRIMedicationGuide.htm>, November 10, 2004.

## Role of Schools: What school staff needs to do <sup>1, 11, 18, 39</sup>

- Keep medications in a locked cabinet (or a locked refrigerator) in a secure place.
- Require that medications be delivered to school in the original prescription container, bearing the student's name, the dosing and frequency, the physician's name, a copy of the package insert, and a copy of the MedGuide, now to be included with all prescriptions for antidepressants.
- Ask parents to notify the school when dosing begins, when any changes or adjustments are made to dosing, or when medication is changed or discontinued. These are the times when the child or adolescent is most likely to experience changes or additional effects of the medication.
- Whenever possible, talk with the prescribing physician directly, to maximize accuracy. If you observe any of the behavioral warning signs—worsening illness, or agitation, irritability, suicidality, and unusual changes in behavior—contact the physician or parent immediately.
- Keep careful records of all administration of medication. Some schools use a signature and log form, others track administration with a computer program.
- Safeguard the privacy of students and protect them from any stigma that may be associated with the administration of medications during school hours.

## Resources

**The American Academy of Child and Adolescent Psychiatry**  
3615 Wisconsin Avenue, NW  
Washington, DC 20016-3007  
202-966-7300  
[www.aacap.org](http://www.aacap.org)

**Bright Futures**  
The American Academy of Pediatrics  
141 Northwest Point Boulevard  
Elk Grove Village, IL 60007-1098  
847-434-4000  
<http://brightfutures.aap.org/web/>

**American Psychiatric Association**  
1000 Wilson Boulevard, Suite 1825  
Arlington, VA 22207-3901  
703-907-7300  
[www.psych.org/](http://www.psych.org/)

**The American Psychiatric Nurses Association**  
1555 Wilson Blvd., Suite 515  
Arlington, VA 22209  
703-243-2443  
[www.apna.org](http://www.apna.org)

**American Psychological Association**  
750 First Street, NE  
Washington, DC 20002-4242  
800-374-2721  
800-964-2000  
[www.apa.org](http://www.apa.org)

**Attention Deficit Information Network**  
475 Hillside Avenue  
Needham, MA 02194  
781-455-9895  
[www.addinfonetwork.org](http://www.addinfonetwork.org)

**Center for Health and Health Care in Schools**  
The George Washington University  
School of Public Health and Health Services  
1350 Connecticut Ave., NW, Suite 505  
Washington, DC 20036  
202-466-3396  
[www.healthinschools.org](http://www.healthinschools.org)

**Healthy Youth Program**  
Centers for Disease Control and Prevention  
1600 Clifton Road  
Atlanta, Georgia 30333  
800-311-3435  
404-639-3534  
<http://www.cdc.gov/HealthyYouth/index.htm>

**Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)**  
8181 Professional Place, Suite 201  
Landover, MD 20785  
800-233-4050  
[www.chadd.org](http://www.chadd.org)

**Learning Disabilities Association of America**  
4156 Library Road  
Pittsburgh, PA 15234  
412-341-1515  
[www.lidaamerica.org](http://www.lidaamerica.org)

**National Association of School Nurses**  
1416 Park Street, Suite A  
Castle Rock, CO 80109  
866-627-6767  
303-663-2329  
[www.nasn.org](http://www.nasn.org)

**National Attention Deficit Disorder Association (ADDA)**  
1788 Second Street, Suite 200  
Highland Park, IL 60035  
847-432-2332  
[www.add.org](http://www.add.org)

**National Center for Learning Disabilities**  
381 Park Avenue South, Suite 1401  
New York, NY 10016  
888-575-7373  
212-545-7510  
[www.ld.org](http://www.ld.org)

**National Information Center and Youth with Disabilities (NICHY)**  
P.O. Box 1492  
Washington, DC 20013  
800-695-0285  
[www.nichcy.org](http://www.nichcy.org)

**National Institute of Mental Health (NIMH)**  
6001 Executive Boulevard  
Room 8184, MSC 9663  
Bethesda, MD 20892-9663  
301-443-4513  
[www.nimh.nih.gov](http://www.nimh.nih.gov)

**US Department of Education**  
400 Maryland Avenue, SVV  
Washington, DC 20202-0498  
800-872-5327  
[www.ed.gov](http://www.ed.gov)

**US Food and Drug Administration**  
Center for Drug Evaluation and Research  
5600 Fishers Lane  
Rockville MD 20857-0001  
888-INFO-FDA (888-463-6332)  
<http://www.fda.gov/cder/drug/antidepressants/default.htm>

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