
EDITORIAL

The Psychiatric Drugging of Toddlers

In February 2000, a research study and an editorial published in the *Journal of the American Medical Association (JAMA)* aroused the nation about the psychiatric medicating of very young children. The report by Maryland researchers led by Julie Zito examined prescription rates for psychiatric drugs for 2- to 4-year-old toddlers. The researchers found an average threefold increase in prescriptions of stimulant drugs, especially Ritalin® (methylphenidate), for these tiny tots from 1990 to 1995. Prescriptions for Prozac-like antidepressants had also escalated. No results were reported for post-1995, but in the current prodrug environment, prescriptions to toddlers have almost certainly continued to escalate.

Ritalin is not FDA-approved for children under the age of 6, and antidepressants are not approved for children or youth of any age. Therefore, giving these psychiatric medications to these children is considered an "off label" use and indeed is unsupported by research or clinical experience. Instead, studies show that stimulants cause especially severe adverse reactions in young children (Breggin, 2000d). As Zito and her colleagues (2000) correctly observed, the adverse effects of Ritalin® and Prozac®-like drugs "for preschool children are more pronounced than for older youths" (p. 1008). Fluoxetine (Prozac®) can have dangerous effects in children of all ages (Jain, Birmaher, Garcia, Al-Shabbout, and Ryan, 1992; King, Riddle, Chappell, Hardin et al., 1991; reviewed in Breggin, 2000a), including the production of serious abnormal mental states and behaviors in up to 50% of treated children (Riddle, King, Hardin, Scahill et al., 1990/1991).

The Zito study also reported that these small children were being given the antihypertension agent, clonidine, in order to quiet them through its sedative effects. Clonidine was also being given to the children to counteract the stimulation of Ritalin®. As the researchers observed, clonidine, especially in combination with stimulants, can cause potentially fatal heart problems. Rapid withdrawal from clonidine can also cause hypertensive crises.

The report in *JAMA* was accompanied by a remarkable editorial written by Harvard Medical School psychiatrist Joseph T. Coyle. Coyle (2000) expressed concern that "1% to 1.5% of all children 2 to 4 years old enrolled in these programs currently are receiving stimulants, antidepressants, or antipsychotic

medication" (p. 1059). He concluded, "These disturbing prescription practices suggest a growing crisis in mental health services to children and demand more thorough investigation" (p. 1060).

Three of the four child populations studied were on Medicaid, leading Coyle to voice concern that children in poverty are being especially exposed to the escalation in drugging. Populations of poor children are, of course, likely to include disproportionately large numbers of children from minority groups, such as African Americans and Hispanics.

Coyle challenged the validity and reliability of psychiatric diagnoses in such small children. He personally surveyed a group of well-respected physicians and most reported that they rarely or never prescribed these psychiatric drugs for such young children.

In his editorial, Coyle went on to make a point that I have been emphasizing for many years: Psychiatric drugs bathe the brains of children with agents that threaten the normal development of the brain. Coyle declared, "Given that there is no empirical evidence to support psychotropic drug treatment in very young children and that there are valid concerns that such treatment could have deleterious effects on the developing brain, the reasons for these troubling changes in practice need to be identified" (p. 1060).

Young children are not the only ones with growing, vulnerable brains. New research confirms that the teen and young adult brain continues to grow as well. According to Jay Giedd of the National Institute of Mental Health, "Maturation [of the brain] does not stop at age 10, but continues into the teen years and even the 20's. What is most interesting is that you get a second wave of overproduction of gray matter, something that was thought to happen only in the first 18 months of life" (quoted in Begley, 2000, p. 58).

The continued growth of the teenager's brain is good news. It is never too late to help young men and women to make major, lasting improvements in their ability to master their lives. Parents, teachers, and counselors should never give up on the young people in their care. But the continued growth of the teenage and young adult brain should also raise warning flags. We should be as concerned about drugging teenagers as we are about drugging toddlers.

DAMAGE CONTROL AT THE WHITE HOUSE

The Zito and associates and the Coyle editorial aroused immense public concern about the psychiatric drugging of very young children. Hillary Clinton was actively involved in her political campaign for U.S. Senator from New York State. In an editorial in the previous issue of *Ethical Human Sciences and Services* (Breggin, 2000c) and elsewhere (Breggin, 2000a), I have criticized Mrs. Clinton for pushing biological psychiatry and medication on America's children at the June 1999 White House Conference on Mental Health. Now she seemed to perform a complete turnabout from her previous advocacy of psychiatric drugs for children. She received positive publicity for raising concerns about the drugging of preschool children. (Unfortunately, she continued to call stimulants a "godsend" for many children.) She claimed to have held a small conference with professionals concerned about the issue. This was more likely a damage control meeting of the relevant Clinton appointees, including National Institute of Mental Health (NIMH) director

Steven Hyman, Surgeon General David Satcher, and Commissioner of the Food and Drug Administration (FDA) Jane Henney, as well as the President of the American Psychiatric Association, Allan Tasman (Grinfeld, 2000).

In response to Hillary Clinton's "concerns," NIMH announced plans for massive experimentation on preschoolers. NIMH director Hyman said his institute would spend \$5 million over the next five years to "study whether Ritalin is safe and effective in treating *preschoolers* with the impulsive, aggressive behavior traits known as attention deficit hyperactivity disorder . . . In the study, Hyman said, *hundreds* of boys and girls at research centers around the country will receive Ritalin, behavior therapy or some combination of the two" (Pear, 2000, p. A16, italics added).

Hillary Clinton's endorsement of the new research on children was greeted by many as a positive advance. After all, she was encouraging "science" and "research." In fact, Mrs. Clinton had enabled NIMH to carry out ethically unconscionable and scientifically unjustified research on the very young.

Previous to Mrs. Clinton's encouragement, NIMH would have been afraid of media and public outrage over plans to expose hundreds of 2- to 4-year-old children to psychiatric drugs. The First Lady's endorsement put an aura of respectability around this new expression of technological child abuse.

According to child psychiatrist Laurence Greenhill, government plans for clinical trials on toddlers were already underway before Hillary Clinton's public endorsement. Greenhill observed, "The media made it look like a knee-jerk that came out of thin air, but we've been working on putting together a Ritalin study for more than two years" (Grinfeld, 2000). But they had been doing so under the cover of silence until Mrs. Clinton's endorsement. She ennobled plans already in the works by the nation's most avid drug advocates.

AN ASSAULT ON THE YOUNGEST OF YOUNG CHILDREN

The government should not be allowed to go ahead with psychiatric drug trials involving toddlers. First, the research on stimulants and antidepressants for young children already indicates their harmful effects. Second, as it did in its study of stimulants for older children (Breggin, 2000b), NIMH will surely skew the research to come out in favor of drugging children. Anything else would affront the interests of the drug companies, organized psychiatry, and the government. Third, encouraged by the White House and NIMH, the FDA will feel heartened to endorse similar research on small children by drug companies. Ever eager to expand their markets, pharmaceutical companies will seize the opportunity to begin testing their products on preschoolers.

The FDA Drug Modernization Act of 1997 requires drug companies to test their products on children starting in 2002. This legislation was another Clinton political maneuver touted as beneficial to America's children. The argument went this way: Since many psychiatric drugs are prescribed for children without proper testing or FDA approval, a benevolent government would require that drug companies test their new drugs on children to see if the agents are safe and effective.

In reality, this legislation is a blessing for the drug companies, creating a non-competitive level playing field for them. Instead of individual companies increasing their expenses and taking risks by testing their drugs on children,

all of them will be required to do so. Meanwhile, drug company-directed and funded studies can almost always find ways to demonstrate the supposed safety and efficacy of their products. With the additional Clinton initiative for testing on toddlers, the FDA and the drug companies will be able to target, and eventually market to the youngest of the young children.

Stopping NIMH's proposed drug research on preschoolers should be a top priority of all individuals and organizations concerned about the rights and well-being of children in America. If unopposed, NIMH's project will not only damage the hundreds of children in the actual clinical trials, inevitably it will lead to a further escalation of drugging 2- to 4-year-olds throughout the nation.

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