

Providers Prescribing Psychotropic Medications to Military Connected Children and Youth

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INTRODUCTION

- Mental, emotional, developmental, and behavioral (MEDB) disorder diagnoses have increased over the past two decades.
- Increase in MEDB diagnoses necessitates a multimodal approach, including pharmacological treatments.
- Rising pediatric MEDB diagnoses coupled with severe specialist shortages shift burden of care to emergency and primary providers.
- This study aimed to provide a comprehensive understanding of psychotropic prescribing patterns among military-connected children and youth.

METHODS

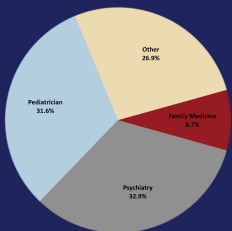
- Design:** Retrospective observational study; data extracted from MHS data repository
- Setting:** Military treatment facilities and civilian care
- Study Population:** 3 to 17 year-olds, seen between January 2018 - March 2023
- Main outcome:** Psychotropic medication prescription percentage by provider type
- Statistical Tests:** Descriptive statistics, Poisson regression

DISCLAIMER

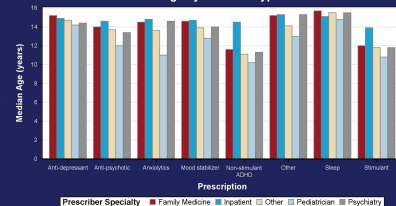
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- **Most psychotropic medications were prescribed by non-psychiatrists.**
- **Pediatricians primarily manage younger patients and ADHD.**
- **Family physicians primarily manage older youth and most non-ADHD medication classes.**
- **Psychiatrists had the fewest outpatient visits but highest prescription rates.**

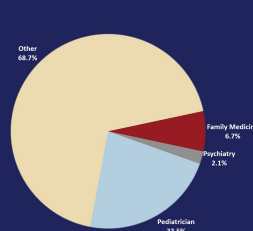
Prescriptions Distribution by Specialty



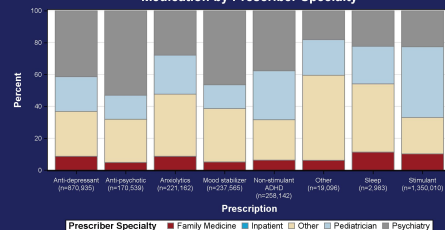
Patient Median Age by Provider Type and Medication



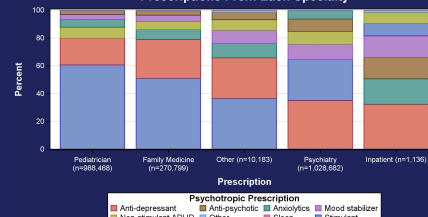
Total Number of Visits by Specialty



Medication by Prescriber Specialty



Prescriptions From Each Specialty



RESULTS

Rate Ratio of Psychotropic Prescribing by Other Specialties vs. Pediatrics

Medication Type	Family Medicine	Psychiatry	Inpatient	Other
All	0.92 [0.92, 0.93]*	11.19 [11.16, 11.22]*	0.10 [0.10, 0.11]*	0.28 [0.28, 0.28]*
Non-stimulant ADHD	0.69 [0.68, 0.70]*	13.19 [13.06, 13.31]*	0.11 [0.09, 0.14]*	0.27 [0.26, 0.27]*
Stimulant	0.78 [0.77, 0.78]*	5.47 [5.45, 5.49]*	0.02 [0.01, 0.02]*	0.17 [0.17, 0.17]*
Anti-psychotic	1.07 [1.04, 1.10]*	37.77 [37.25, 38.30]*	0.67 [0.58, 0.78]*	0.59 [0.58, 0.60]*
Mood stabilizer	1.15 [1.13, 1.17]*	33.36 [32.96, 33.76]*	0.49 [0.43, 0.57]*	0.73 [0.72, 0.74]*
Anxiolytics	1.19 [1.17, 1.21]*	12.22 [12.08, 12.37]*	0.35 [0.31, 0.40]*	0.52 [0.52, 0.53]*
Anti-depressant	1.34 [1.33, 1.35]*	20.44 [20.33, 20.56]*	0.19 [0.17, 0.21]*	0.42 [0.42, 0.43]*
Sleep	1.62 [1.42, 1.84]*	10.17 [9.15, 11.31]*	0.29 [0.07, 1.14]	0.60 [0.54, 0.65]*
Other	0.92 [0.86, 0.98]**	8.72 [8.33, 9.11]*	0.37 [0.23, 0.60]*	0.78 [0.75, 0.81]*

* p < .0001

** p < 0.05

CONCLUSIONS

- 67% of psychotropic medications were prescribed by non-psychiatrists, among which primary care prescribed 60%.
- Stimulants, antidepressants, and non-stimulant ADHD medication were the top 3 most prescribed psychotropic medications in the MHS.
- Family medicine overall had lower rates of psychotropic prescriptions than pediatricians but higher rates of non-ADHD medication classes and older patients.
- Pediatrics had the highest number of psychotropic prescriptions after psychiatrists and the lowest median age of patients.
- Psychiatrists had significantly higher rates of all psychotropic prescriptions than pediatricians.
- Prescription differences across provider types emphasize the need for targeted training, standardized clinical decision support, and expanded psychosocial interventions.