



Trends is published regularly throughout the school year by **Cornerstone Day School** as a service to New Jersey school professionals. Each issue highlights one important topic with practical applications for those working with students with emotional problems.

TRENDS

TYPES OF PSYCHIATRIC MEDICATIONS AND SIDE EFFECTS

Approximately 1 in 10 children aged 5-17 take psychiatric medication. These medications can play a key role in supporting children's mental health needs when prescribed appropriately, especially when combined with talk therapy and educational supports. While psychiatric medications typically do not cure underlying conditions, they can improve school functioning and help set the stage for behavioral and academic interventions to be more effective.

The three most commonly prescribed types of psychiatric medications for this age group are ADHD medications, antidepressants, and antipsychotics. Understanding these medications and their potential side effects can help you as a school provider better support students in your care, especially since many parents believe teachers should be aware of their child's psychiatric treatment.

ADHD medications

ADHD medications include stimulants (e.g., Adderall) and non-stimulants (e.g., Strattera). Stimulants are the most widely used and are considered the first-line treatment, often producing noticeable improvements in focus and reducing hyperactivity in the classroom. Long-acting stimulants are taken once

in the morning and last 6–16 hours, while short-acting stimulants last up to 4 hours. Stimulant medications act quickly—sometimes within 30 minutes—while non-stimulants may take weeks to show an effect.

Common side effects of stimulants include stomach upset, decreased appetite, headaches, and insomnia. Occasionally, children may exhibit a “zombie-like” effect, appearing hyperfocused or withdrawn, which could indicate the dose is too high. Personality changes, such as flattened mood or increased withdrawal, may also impact peer interactions and classroom behavior.

Antidepressant Medications

Despite their name, antidepressants are prescribed for more than just depression. In children and adolescents, they are often used to treat anxiety disorders, ADHD, eating disorders, and other conditions.

Selective serotonin reuptake inhibitors (SSRIs) like fluoxetine (Prozac) are the most commonly prescribed antidepressants for youth, with effects typically appearing after 2–4 weeks.

Common side effects of SSRIs include dry mouth, stomach upset, nausea, and increased appetite. However, a potentially serious side effect is serotonin syndrome, which can occur when SSRIs are combined with other substances that elevate serotonin levels. Symptoms include confusion, agitation, and muscle twitching and require immediate medical attention, as they may indicate ‘serotonin syndrome’.

Antipsychotic medications

Antipsychotic medications are sometimes prescribed for psychotic symptoms such as delusions or hallucinations, which may emerge in teenage years. They are also used to treat irritability in autism,

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MEDICATIONS AND SIDE EFFECTS

bipolar disorder, Tourette's disorder, and aggressive behavior. Examples include aripiprazole, risperidone, and olanzapine, which are FDA-approved for certain conditions in children and adolescents.

Common side effects of antipsychotics include dry mouth, constipation, drowsiness, and weight gain. Rare but serious side effects, such as neuroleptic malignant syndrome (characterized by severe muscle rigidity and fever), require immediate medical attention.

Key considerations for school providers

As a school provider, understanding how psychiatric medications can affect students' behavior and learning is essential. Side effects like drowsiness, restlessness, or concentration challenges may require accommodations in a student's Individualized Education Plan (IEP). For instance:

- Frequent breaks may be needed during long tests.

- Access to water and restrooms can help manage dry mouth and gastrointestinal side effects.
- Students may have different "peak and valley" times for cognition. For example, the effects of ADHD stimulants often wear off in the afternoon. Scheduling adjustments for challenging tasks may be necessary to account for cognitive dips. Adjustments to the academic environment, such as adjusting lighting in the afternoon, can also address medication fluctuations.

Documenting changes in behavior, mood, or academic performance can provide valuable insights to share with parents and healthcare providers. Such observations should always begin before the medication is started to have a good 'baseline'. This information can help guide adjustments to medication and dosage, which often require trial and error over weeks or months.

Although school staff should not recommend specific medications or medication adjustments, you can play an important role by encouraging families to consult the appropriate medical provider when concerns arise. Clear communication with caregivers is key, as teachers often spend more time observing students than anyone else. Sharing this information should be done objectively without offering advice about medications. E.g.:

- "I've noticed that Jamie seems to struggle with focus more in the afternoons than in the mornings. Is there a specific way I can support them during this time?"
- "Sam has been more withdrawn than usual during group activities. Do you think this might relate to their medication, or should we explore other factors?"

In addition to these recommendations, teachers and other personnel should be aware of school protocols for medication administration at school.



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