PREDICTORS OF POLYPHARMACY AND OFF-LABEL PRESCRIBING OF

PSYCHOTROPIC MEDICATIONS:

A NATIONAL SURVEY OF CHILD PSYCHIATRISTS

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## ABSTRACT

In the current study we used a national survey of child psychiatrists to examine typical prescribing practices for children with anxiety, depression, and disruptive behavior disorders from a social judgment theory perspective. We examined the extent to which polypharmacy and off-label prescribing occur in routine practice and the degree to which child characteristics, child psychiatrist characteristics, and medication availability may influence these prescribing practices. We found that child psychiatrists most often prescribed medications that were FDA approved for both age and problem type, and were progressively less likely to choose medications without approval for either age or problem type, and without approval for both age and problem type. We also found that prescribing multiple concomitant medications was the norm. We employed best subsets regression to determine the best subset of theoretically relevant predictors to explain polypharmacy and off-label prescribing. The single best-fitting, theoretically sound model predicting polypharmacy and off-label prescribing of medications included just one predictor variable: total number of diagnoses. These findings suggest that comorbidity is an important issue in the pharmacotherapy of children with mental health disorders that must be addressed in future clinical trials.