

The solution may be a problem

OPELDOUSAS, LOUISIANA

Experts alarmed by ranks of young children taking potent psychiatric drugs

BY DUFF WILSON

At 18 months, Kyle Warren started taking a daily antipsychotic drug on the orders of a pediatrician trying to quell the boy's severe temper tantrums.

Thus began a troubled toddler's journey from one doctor to another, from one diagnosis to another, involving even more drugs. Autism, bipolar disorder, hyperactivity, insomnia, oppositional defiant disorder. The boy's daily pill regimen multiplied: the antipsychotic Risperdal, the antidepressant Prozac, two sleeping medicines and one for attention-deficit disorder. All by the time he was 3.

He was sedated, drooling and overweight from the side effects of the antipsychotic medicine. Although his mother, Brandy Warren, had been at her "wit's end" when she resorted to the drug treatment, she began to worry about Kyle's altered personality.

"All I had was a medicated little boy," Ms. Warren said. "I didn't have my son. It's like, you'd look into his eyes, and you would just see just blankness."

Today, Kyle, 6, is in his fourth week of first grade, scoring high marks on his first tests. He is rambunctious and much thinner. Weaned off the drugs through a program affiliated with Tulane University in New Orleans that is aimed at helping low-income families whose children have mental health problems, Kyle now laughs easily and teases his family.

Ms. Warren and Kyle's new doctors point to his remarkable progress — and a more common diagnosis for children of attention-deficit hyperactivity disorder — as proof that he should have



DUFF WILSON FOR THE NEW YORK TIMES

Toys bearing the name of an antipsychotic drug at the office of Kyle Warren's psychiatrist.

ty in New York found a doubling of the rate of prescribing antipsychotic drugs for privately insured 2- to 5-year-olds from 2000 to 2007. Only 40 percent of them had received a proper mental health assessment, violating practice standards from the American Academy of Child and Adolescent Psychiatry.

"There are too many children getting on too many of these drugs too soon," said Dr. Mark Olfson, professor of clinical psychiatry and lead researcher in the government-financed study.

Such treatments are needed, some doctors say, to help children with severe problems stay safe and in school. In 2006, the F.D.A. did approve treating children as young as 5 with Risperdal if they had autistic disorder and aggressive behavior, self-injury tendencies, tantrums or severe mood swings. Two other drugs, Seroquel from AstraZeneca and Abilify from Bristol-Myers Squibb,

Even the most reluctant prescribers encounter a marketing juggernaut that has made antipsychotics America's top-selling class of drugs by revenue, \$14.6 billion last year, with prominent promotions aimed at treating children. In the waiting room of Kyle's original child psychiatrist, children played with toy bricks stamped with the word Risperdal, made by Johnson & Johnson. It has since lost its patent on the drug and stopped handing out the toys.

Kyle was rescued from his medicated state through a program called Early Childhood Supports and Services, estab-

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lished in Louisiana through a confluence of like-minded child psychiatrists at Tulane University, Louisiana State Univer-

Dr. Edgardo R. Concepcion, the New Orleans child psychiatrist to treat Kyle, said he believed the drugs could help manic depression, or bipolar disorder in little children. "It's not easy to do this and prescribe this heavy medication," he said in an interview. "But when they come to me, I have no choice. I have to help this family, this mother, I have no choice."

Kyle was a healthy baby physically but was afraid of some things. He spent hours lining up toys. When upset, he screamed, threw objects, even hit his head on the wall or floor — not uncommon for toddlers, but frightening. When his behavior worsened after his brother was born, Ms. Warren turned to a pediatrician, Dr. Martin J. deGravelle. "Within five minutes of sitting with him, he looked at me and said, 'He has autism, there's no doubt about it,'" Ms. Warren said.

Dr. deGravelle's clinic notes say Kyle was hyperactive, was prone to tantrums, spoke only three words and "does not interact well with strangers." He prescribed Risperdal. "Kyle at the time was very aggressive and easily agitated, so you try to find medication that can make him more easily controlled, because you can't reason with an 18-month-old," Dr. deGravelle said in a phone interview.

But Kyle was not autistic, according to several later evaluations, including one that Dr. deGravelle arranged with a neurologist. Kyle did not have the autistic child's core deficit of social interaction, Dr. Gleason said. Instead, he craved attention from his mother. "He had trouble communicating," Dr. Gleason said. "He didn't have people to listen to him."

After the neurologist review, the diagnosis changed to "oppositional defiant disorder," and the Risperdal continued.

Kyle's third birthday photo shows a pink-cheeked boy who had ballooned to 49 pounds, or 22 kilograms. Obesity and diabetes are childhood risks of antipsychotics. Kyle smiles at the camera. He is sedated. "His shell was there, but



CHILDREN OF THE NEW YORK TIMES

Kyle Warren, 6, who was taken off antipsychotic drugs he started when he was just 18 months old, at his home in Louisiana. Over 500,000 children and adolescents are taking such drugs.