



# When to Manage Moods with Medication

by Kay Kosak Abrams, Ph.D.

## Dear Dr. Kay:

Our 9-year-old is dependent and anxious. She cannot concentrate in class. She spends hours avoiding homework. As a young child, Emily had tantrums daily; now, she becomes hyper and is unable to fall asleep at night. She also has many fears and responds to any new situation with fits of hysteria.

We were recently referred to a child psychiatrist for an evaluation for medication, but we are afraid to try medication. Can you please offer us any wisdom about when to manage moods with medication?

## Dear Parent:

When symptoms involving mood regulation are significant, behavioral change is next to impossible. Psychiatrists and many pediatricians are medical doctors who specialize in medication intervention with respect to relieving mental health symptoms.

While most of us accept the fact that a child may need medicine for allergies or diabetes, we discount the fact that brain chemistry affects her thinking and her mood.

Medication is one component for relieving debilitating symptoms of anxiety, depression or attention



deficits, such as impulsivity. When symptoms are significant, children may be less able to engage and reason. Children may become insecure or withdrawn socially in order to avoid situations that trigger discomfort. Sleeping and eating problems may occur, as well as difficulties with concentration. If such symptoms are persistent, it may be time to think

about a trial of medication for the sake of relieving symptoms and improving mental health.

Here are the most common questions and concerns that often arise when parents are facing a decision about whether to try medication:

## *Aren't children today being overmedicated?*

We are turning to medication with greater confidence and, thus, with greater frequency, than ever before. Medical professionals know more today about the biochemistry of mood and behavioral management. Consequently, we are looking to medication as one part of comprehensive intervention.

Most children who experience overwhelming feelings of fear or anger know they cannot manage their behavior consistently. They may feel inadequate and helpless or even responsible for their loss of control.

Medication should not be a first resort, but one factor in an overall behavioral and medical plan to help a child function optimally. Using medication is for the child whose self-esteem and sense of mastery are being jeopardized by her symptoms. Often, the family functioning is impaired as well.

## *We do not want to give our child the message that she can solve her problems with a pill.*

Why are we so surprised that a chemical might be necessary if our child has inherited too much or too little of a particular neurotransmitter in the brain?

Many individuals who do not have medication and who suffer

from anxiety and depression turn to prescription drugs, alcohol, promiscuity or gambling as a means of coping with emotional and behavioral disorders.

Assistance for mood regulation is no different than assistance for allergies, diabetes or cholesterol. Your child can learn the difference between a medicine that is intended to benefit her mood versus reckless drug use.

### **What about long-term effects?**

The lack of data on effectiveness and long-term effects is the greatest source of reservation on behalf of parents facing the decision of whether to medicate.

One day, we will hopefully have a more specific measure for deficits

in brain chemistry that result in emotional instability. We will also have more data about the effects of medication taken long-term.

If medication is wrong, you will know it. It is not possible for a stimulant medication, for example, to work effectively for someone who is not truly clinically hyperactive and impulsive. Similarly, without depression, an antidepressant will make a person excessively sleepy.

Medication either works or it needs to be used in combination with another medication for optimal effect.

We do know that once a child is feeling more capable and less vulnerable, there is a greater chance to develop social and emotional competence. This, in turn, may lead to her eventual capacity to manage stress without medication.

### **Do you think we are just trying to find a quick fix?**

Medication enables a person to engage in the process of changing behaviors and thought patterns. Medication alone is rarely the only answer, although when symptoms of a mood disorder are greatly relieved, a person may become more able to be resourceful, both socially and emotionally.

### **I was an outrageous kid and I did not use any medication.**

Ask yourself how you accommodated and what price you paid along the way. Examine all factors, including social, economic or cultural, that may be different for your child. Look at the challenges she faces academically and socially.

We all have a choice to downsize to a lifestyle that may be less stressful. In this manner, some children with predispositions to anxiety or depression may benefit by exhibiting a reduction of symptoms when there is a reduction of stress in their lives. A calmer child is naturally more able to be resourceful and turn to creative accommodations in the face of less stress.

### **Will her personality change?**

This perception is only accurate for individuals exhibiting mania during the course of a mood disorder. So, excessive hyperactivity and sense of expansiveness, sleeplessness and even bouts of creativity may be subdued by medication. Bipolar mood disorders are, in fact, most difficult to

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## **Is Your Child Worried, Clingy, Irritable or Frustrated?**

**If so, he/she may suffer from an anxiety disorder.**

NIMH would like to talk to you about participation in an ongoing anxiety disorder study for children and adolescents.

#### **Anxiety symptoms can also include:**

- Withdrawal from activities and social events
- Unexplained headaches, stomach aches, or muscle tension
- Ongoing self doubts and/or fears about the future

#### **Participation includes:**

- Medical evaluations • Psychotherapy or treatment medication
- Brain imaging • Outpatient visits over 8 weeks at the NIH Clinical Center

#### **Participants must:**

- Be 8-17 years old • Be otherwise medically healthy
- Not be taking any psychiatric medications

**Thorough evaluation & participation provided free of charge.  
Travel reimbursement available.**

**For more information call: 301-496-5645 (TTY: 1-866-411-1010)**

**<http://patientinfo.nimh.nih.gov> or for other studies: [www.clinicaltrials.gov](http://www.clinicaltrials.gov)**



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treat because it is hard for the individual to give up the "highs" in favor of eliminating the "lows."

### ***Will she ever be able to come off the medication?***

Without a doubt, there is a context to the expression of mental health disorders. Perhaps our culture promotes happiness, immediate gratification and workaholic tendencies. We believe in autonomy and achievement. These factors play a role in our expectations and subsequent moods, thereby exacerbating the incidence of depression and anxiety.

It is possible for some individuals who have mood disorders to come off of medication, depending on the severity of symptoms and motivation to engage in behavioral and cognitive changes.

However, a person with severe

obsessive-compulsive disorder, a bipolar disorder or a thought disorder,

### **Many people experience anxiety or depression in varying forms and to varying degrees, adults and children alike.**

such as schizophrenia, must stabilize on medication long-term in order to function.

### ***What are the side effects?***

Communicating the side effects of medication is the job of the trained physician, preferably a psychiatrist or psycho-pharmacologist. At present, finding the right medication is both an art and a science. Rapid changes are also happening on the market. You need to trust your physician and be in close communication. Seek a doctor who has time to answer your questions.

See your physician on a regular basis until your child has the optimal ben-

efit of medication. Do not manage your child's medication yourself, and do not take a child off medication without the supervision of a trained professional.

### ***Conclusion***

In summary, many people experience anxiety or depression in varying forms and to varying degrees, adults and children alike. Mood disorders are inheritable, so "The apple does not fall far from the tree." Psychologists base a referral for medication on severity of symptoms. It is simply impossible to examine

copying behaviors or change thought patterns in the face of a significant mood disorder.

With respect to Emily, who presents with a complexity of symptoms, I encourage you and your husband to continue to educate yourselves about the biogenetic origins of mood disorders, attention deficits and sensory integration disorder.

To gain accurate information, review medical sites and journals, as well as published studies, rather than relying upon the sensationalizing stories in the media. Continue to consult a mental health professional whom you trust as you venture forward to empower Emily to manage her symptoms.

Kay Abrams is a clinical psychologist in private practice. Her "Parenting With Confidence" Coffeehouse meets on the fourth Thursday of each month at Congregation Beth El. For more information, visit her website, [www.kayabrams.com](http://www.kayabrams.com).



# Does Your Child Have ADHD?

If so, your child may be able to participate in a National Institute of Mental Health study of Attention Deficit Hyperactivity Disorder (ADHD) in children and adolescents. The study is conducted at the NIH Clinical Center in Bethesda, Maryland.

### **All participants must:**

- Be between ages 8 and 17
- Be medically healthy
- Have Attention Deficit Hyperactivity Disorder (ADHD)

Researchers at the NIMH want to learn more about how the brain works to control behavior in children who have Attention Deficit Hyperactivity Disorder (ADHD). Functional magnetic resonance imaging (fMRI) and/or computer tasks are used to study how the brain works.

**Financial compensation and transportation assistance will be provided**

Please call: **301-594-8705**  
(TTY: 1-866-411-1010)



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