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Proof Is Scant on Psychiatric Drug Mix for Young

By GARDINER HARRIS
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Correction Appended

Their rooms are a mess, their trophies line the walls, and both have profiles on [MySpace.com](#). Stephen and Jacob Meszaros seem like typical teenagers until their mother offers a glimpse into the family's medicine cabinet.



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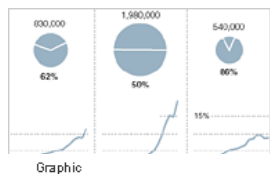
Fabrizio Costantini for The New York Times
Jacob Meszaros, 14, of Sharpsville, Pa., is one of the 1.6 million children in the United States taking more than one psychiatric drug in 2005.

Troubled Children *The Prescription Maze*

This is the third in a series of articles about the increasing number of children whose problems are diagnosed as serious mental disorders. The earlier articles examined one family's experience and the uncertainty of diagnosis. Later articles look at the transition to adulthood, the role of parents and the marketing of drugs for children.

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Multimedia



Bottles of psychiatric medications fill the shelves. Stephen, 15, takes the antidepressants Zoloft and Desyrel for [depression](#), the anticonvulsant Lamictal to moderate his moods and the stimulant Focalin XR to improve concentration. Jacob, 14, takes Focalin XR for concentration, the anticonvulsant Depakote to moderate his moods, the antipsychotic Risperdal to reduce anger and the antihypertensive Catapres to induce sleep.

Over the last three years, each boy has been prescribed 28 different psychiatric drugs.

"Sometimes, when you look at all the drugs they've taken, you wonder, 'Wow, did I really do this to my kids?'" said their mother, Tricia Kehoe of Sharpsville, Pa. "But I've seen them without the meds, and there's a major difference."

There is little doubt that some psychiatric medicines, taken by themselves, work well in children. For example, dozens of studies have shown that stimulants improve attentiveness. A handful of other psychiatric drugs have proven effective against childhood obsessive compulsive disorder, among other problems.

But a growing number of children and teenagers in the United States are taking not just a single drug for discrete psychiatric difficulties but combinations of powerful and even life-threatening medications to treat a dizzying array of problems.

Last year in the United States, about 1.6 million children and teenagers — 280,000 of them under age 10 — were given at least two psychiatric drugs in combination,

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Psychiatric Medicines and Children

according to an analysis performed by Medco Health Solutions at the request of The New York Times. More than 500,000 were prescribed at least three psychiatric drugs. More than 160,000 got at least four medications together, the analysis found.

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Fabrizio Costantini for The New York Times
"We always debate meds," said Billy Igafo-Te'o. Mr. Igafo-Te'o is the father of Michael Igafo-Te'o, 12, who takes four drugs and has damaged their home so often that they no longer repair it.

Many psychiatrists and parents believe that such drug combinations, often referred to as drug cocktails, help. But there is virtually no scientific evidence to justify this multiplication of pills, researchers say. A few studies have shown that a combination of two drugs can be helpful in adult patients, but the evidence in children is scant. And there is no evidence at all — "zero," "zip," "nil," experts said — that combining three or more drugs is appropriate or even effective in children or adults.

"There are not any good scientific data to support the widespread use of these medicines in children, particularly in young children where the scientific data are even more scarce," said Dr. Thomas R. Insel, director of the National Institute of Mental Health.

Psychiatrists who prescribe drug combinations say that the ability to mix and match medications improves their chances of being able to help children who are seriously, even desperately, ill.

Dr. Joseph Biederman, a professor of psychiatry at Harvard, said that doctors commonly used multiple medicines to treat [heart disease](#), [diabetes](#), [cancer](#) and [AIDS](#). "Child psychiatry is not any different," Dr. Biederman said. "These drugs have revolutionized how we treat severe psychopathology in children."

The controversy leaves parents in a terrible bind. Desperate to help, many agonize over whether to medicate their children.

Mothers and fathers sometimes disagree, with the dispute straining or even ending marriages. Since some psychiatric drugs can cause worrisome physical effects, parents say that they must on occasion make a terrifying choice between their child's physical health and his [mental health](#).

The parents interviewed for this article told their stories, they said, in hopes of gaining greater acceptance for their children and themselves. Nearly all recalled being in a store when their child threw a tantrum and feeling that onlookers branded them as bad parents. They also said they hoped to help others negotiate what many said were unequal and often fraught relationships with psychiatrists.

"We struggled so much, made so many mistakes and felt so stigmatized, I hope our story can make it easier for others," said Jacquie Erickson of Anchorage. Her daughter, Kaitlyn Johnston, 10, has taken psychiatric drugs since she turned 5 for diagnoses that include [bipolar disorder](#).

On Shaky Ground

Stimulants like Ritalin are by far the most commonly prescribed psychiatric medicines in children. But doctors routinely pair stimulants with antidepressants, antipsychotics and anticonvulsants, even though some of these medications can cause serious side effects, have few proven pediatric psychiatric benefits and lack clear evidence about how they interact or influence mental and physical development.

Last year, the [Food and Drug Administration](#) required drug makers to warn on their labels that antidepressants can cause suicidal thoughts and behavior in some children. Anticonvulsant drugs carry warnings about liver and pancreas damage and fatal skin rashes. The side effects of antipsychotic medicines can include rapid weight gain, diabetes, irreversible tics and, in elderly patients with dementia, sudden death. When drugs are combined, these risks compound.

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Correction: December 13, 2006

A front-page article on Nov. 23 about the increasing use of combinations of psychiatric drugs in children misidentified the patients referred to by Dr. Gary Sachs, director of a Massachusetts General Hospital clinic for research on bipolar disorders, when he estimated that half of them had the wrong diagnosis when they came to the clinic and said they often did well on fewer drugs. He said the patients were adults — not children.

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