

## Use of Psychiatric Services and Psychotropics in Children with Atopic Dermatitis

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**Abstract :** Atopic dermatitis (AD) is a chronic inflammatory skin condition with a prevalence of 9.6 million in children under the age of 18 in the US, 3.2 million of those suffer severe AD. AD has significant effects on the quality of life and psychiatric comorbidity in affected patients. We sought to quantify the use of psychotropic medications and mental health services in children. We used longitudinal claims data from commercially insured patients in the US between 2003 and 2016 to identify children aged 18 or younger with a diagnosis of AD associated with an outpatient or inpatient encounter. A 180-day enrollment period was required before the first diagnosis of AD. Among those diagnosed, we computed the use of psychiatric services and dispensing of psychotropic medications during the following 6 months. Among 1.6 million children <18 years with a diagnosis of AD, most were infants (0-1 years: 17.6%), babies (1-2 years: 12.2%) and young children (2-4 years: 15.4). 5.1% were in age group 16-18 years. Among younger children 50% of patients were female, after the age of 14 about 60% were female. In 16-18 years olds 6.4% had at least one claim with a recorded psychopathology during the 6-month baseline period; 4.6% had depression, 3.3% anxiety, 0.3% panic disorder, 0.6% psychotic disorder, 0.1% anorexia. During the 6 months following the physician diagnosis of AD, 66% used high-potency topical corticosteroids, 3.5% used an SSRI, 0.3% used an SNRI, 1.2% used a tricyclic antidepressant, 1.4% used an antipsychotic medication, and 5.2% used an anxiolytic agent. 4.4% had an outpatient visit with a psychiatrist and 0.1% had been hospitalized with a psychiatric diagnosis. In 14-16 years olds, 4.7% had at least one claim with a recorded psychopathology during the 6-month baseline period; 3.3% had depression, 2.5% anxiety, 0.2% panic disorder, 0.5% psychotic disorder, 0.1% anorexia. During the 6 months following the physician diagnosis of AD, 68% used high-potency topical corticosteroids, 4.6% used an SSRI, 0.6% used an SNRI, 1.5% used a tricyclic antidepressant, 1.4% used an antipsychotic medication, and 4.6% used an anxiolytic agent. 4.7% had an outpatient visit with a psychiatrist and 0.1% had been hospitalized with a psychiatric diagnosis. In 12-14 years olds, 3.3% had at least one claim with a recorded psychopathology during the 6-month baseline period; 1.9% had depression, 2.2% anxiety, 0.1% panic disorder, 0.7% psychotic disorder, 0.0% anorexia. During the 6 months following the physician diagnosis of AD, 67% used high-potency topical corticosteroids, 2.1% used an SSRI, 0.1% used an SNRI, 0.7% used a tricyclic antidepressant, 0.9 % used an antipsychotic medication, and 4.1% used an anxiolytic agent. 3.8% had an outpatient visit with a psychiatrist and 0.05% had been hospitalized with a psychiatric diagnosis. In younger children psychopathologies were decreasingly common: 10-12: 2.8%; 8-10: 2.3%; 6-8: 1.3%; 4-6: 0.6%. In conclusion, there is substantial psychiatric comorbidity among children, <18 years old, with diagnosed atopic dermatitis in a US commercially insured population. Meaningful psychiatric medication use (>3%) starts as early as 12 years old.

**Keywords :** pediatric atopic dermatitis, psychotropic medication use, psychiatric comorbidity, claims database

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