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Research Subcommittee Research Review

Research Summary: Lee, T. G., Walker, S. C., & Bishop, A. S. (2016). The impact of psychiatric practice guidelines on medication costs and youth aggression in a juvenile justice residential treatment program. *Psychiatric services, 67*(2), 214-220.

Overview – There is growing concern about the high rates of psychotropic medication prescriptions for youth in the juvenile justice system. There is no indication about what the rates “should” be for these youth. A counter argument to reducing prescriptions is that it will result in increased aggression. This study looked at the impact of psychiatric practice guidelines on medication expenditures and behavior within state run juvenile justice facilities. This study shows that reducing expenditures did not result in an increase of aggression.

Method – Data were collected from three state-run juvenile justice facilities in Washington. One of the three facilities employed new practice guidelines and the other two were used as comparison. All three used the same pharmacy protocols and treatment models, only the psychiatric practice guidelines differed. There were differences in population. The facility with the new guidelines had the most acute population presenting with the most complex psychiatric needs. The study could not look at actual prescriptions, and so used expenditures on psychotropic medication to examine changes based on the practice guidelines. Aggression was measured using a scale created by the facilities.

Results – The practice guidelines did result in a reduction in psychotropic expenditures when compared to the other two facilities. These reductions in costs were not associated with increases in aggression.

Discussion – This study’s results are consistent with the notion that it is possible to reduce the costs of psychotropic medication without it leading to increases in aggression, which is one of the main reasons facilities might be hesitant to change their prescribing practices. However, the study had many limitations – the sample was limited in time scope, specificity, and had missing data. None of the information could be analyzed at the individual level. Prescription rates could not be measured. There was no way to link changes in prescribing for individuals to that individual’s behavior. There was no way to measure appropriateness of prescriptions. There were many differences between facilities. Findings may not be generalizable.

Reviewer comments – There are so many limitations to this study it is hard to really feel like the findings say much of anything for the field. It definitely opens the door for future studies, as there were no major negative effects of reducing expenditures on psychotropic medications, but any facility interested in making changes to reduce the use of psychotropic medications should carefully and proactively study the effects of medication changes on the individual level instead of trying to examine it in a post-hoc fashion.

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