
**In-person**  
March 13-16, 2024


**Virtual**  
May - July 31, 2024

## 45th National Conference on Pediatric Health Care

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### Shaping Futures: Unveiling the Latest Updates in Pediatric Psychiatry

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Experts in pediatrics, Advocates for children. 1

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## Speaker Disclosure

- I have nothing to disclose


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## Learning Objectives

- Identify and describe the significant updates in diagnostic criteria for pediatric psychiatric disorders, including the impact of the revised edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) on classification and identification of mental health conditions in children.
- Evaluate the advancements in treatment modalities for pediatric psychiatric disorders, including psychopharmacological interventions and evidence-based therapies.
- Describe the emerging research trends in pediatric psychiatry, particularly in understanding the neurobiological underpinnings of psychiatric disorders in children and analyze the potential applications of this knowledge in early intervention and prevention strategies.


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## Overview

- Review updates to the Diagnostic and Statistical Manual (DSM-5-TR)
  - Updated 2022
- Discuss the AACAP Major and Persistent Depressive Disorders Clinical Practice Guideline
  - Updated in 2023
- Review new pediatric drugs on the market in 2022 - 2024
- Consider the emerging rules around telehealth for Pediatric Psychiatry

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## Updates to the DSM-5-TR

March 2022

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### Diagnostic and Statistical Manual of Mental Disorders DSM-5-Text Revision

- Published March 2022
- Added one new disorder (prolonged grief disorder) and minor revised criteria updates to 70 disorders
- The text revision did not include major changes to the criteria sets or to other DSM-5 constructs



APA, 2022

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### Attention to Culture, Racism, and Discrimination in DSM-5-TR

- 2 committees thoroughly reviewed the DSM-5
  - Cross-Cutting Review Committee on Cultural Issues
  - Ethnoracial Equity and Inclusion Work Group
- Racialized **IS** used
- Ethnoracial **IS** used
- Latinx **IS** used
- Minority and “non-white” **ARE NOT** used
- Caucasian **IS NOT** used
- Statistics were updated as available



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### Attention to Culture, Racism, and Discrimination in DSM-5-TR

- Added disclaimers/notes to inform reader of higher incidence of diagnosis in certain cultural groups
- Considers risk of misdiagnosis when evaluating individuals from socially oppressed ethnoracial groups
- Terms: “Cultural contexts” or “Cultural backgrounds” to avoid overgeneralization (vs. culture)
- Identifies specific “Concepts of Distress”
  - Cultural idiom of distress ☹️
  - Cultural explanation or perceived cause
  - Cultural syndrome

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## Prolonged Grief Disorder

### DSM-5-TR Criteria

- Death of a person close to the bereaved (at least 12 months for adults, at least 6 months for children/adolescents)
- Intense yearning and/or preoccupation with thoughts of deceased nearly everyday for at least one month
- At least 3 of the following symptoms present most days:
  - Identity Disruption
  - Marked sense of disbelief about death
  - Avoidance of reminders
  - Intense emotional pain
  - Difficulty reintegrating into relationships/activities
  - Emotional numbness
  - Feeling life is meaningless
  - Intense loneliness
- Disturbance causes significant distress
- Duration/Severity of symptoms CLEARLY exceeds expected norms.
- Symptoms not better explained by other mental/medical condition

APA, 2022

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## Prolonged Grief Disorder

### **Why was this diagnosis added to the DSM-5-TR?**

- Common standard to distinguish normal grief from clinically significant, debilitating grief

**7-10% of bereaved adults progress to PGD**

**About 10% of youths bereaving experience PGD symptoms**

### Risk Factors

- Older Adults
- History of depression or bipolar disorder
- Caregivers (especially if caring for partner)
- If experienced depression before loss (greater risk)
- Sudden death or traumatic circumstances

### Prolonged Grief Disorder Screening Tool for children/adolescents

- Traumatic Grief Inventory - Kids - Clinician Administered (TGI-K-CA)

APA, 2022; Van Dijk et al., 2013; Sruhan et al., 2022

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## Unspecified Mood Disorder

### **• Summary of the change:**

- Restores the diagnosis of Unspecified Mood Disorder, which was known as Mood Disorder Not Otherwise Specified (NOS) in the DSM-IV

### **• Pearls for Providers:**

- That makes DSM-5-TR more compatible with both ICD-10-CM as well as ICD-11
- "More accurate and less stigma-prone diagnosis for these kinds of mixed presentations"
- Used when the clinician chooses not to specify the reason that the criteria are not met for a specific depressive disorder

APA, 2022

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## Neurodevelopmental Disorders Changes in DSM-5-TR

### **• Autism Spectrum Disorder**

- **Summary of the change:** Criterion A now says "as manifested by all of the following"
- **Pearls for Providers:** Kids need to meet ALL of deficits in social communication and interaction for a dx

### **• Intellectual Disability**

- **Summary of the change:** "Intellectual developmental disorder" is used alongside "intellectual disability" to align with WHO terminology
- **Pearls for Providers:** Revised criteria emphasize that diagnosis should not be strictly tied to an IQ score range of 65-75

APA, 2022

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### Eating Disorder Changes in DSM-5-TR

- **Summary of the change:** Removed “as manifested by persistent failure to meet appropriate nutritional and/or energy needs”
- **Pearls for Providers:** Kids no longer need to meet that nuanced criterion. Can just be an eating disturbance with marked interference with psychosocial functioning

APA, 2022

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### Social Anxiety Disorder Changes in DSM-5-TR

- “social phobia” removed from social anxiety disorder

APA, 2022

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### Trauma and Stressor-Related Disorder Changes in DSM-5-TR

- **Summary of the change:** Removed from Criterion A.2 that “witnessing” a traumatic event does not include events in the media for kids 6 and younger as it is already explicitly stated that it must occur to them or be witnessed in person
- **Pearls for Providers:** Still need to “witness” the event in-person

APA, 2022

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### Gender Dysphoria Changes in DSM-5-TR

- **Summary of the change:** Entire disorder was updated to use culturally-sensitive language
- **Pearls for Providers:** Use the appropriate language

Culturally-sensitive Terms 🗨️	Outdated Terms 🗨️
Experienced gender	Desired gender
Gender affirming medical procedure	Cross-sex medical procedure
Gender affirming hormone treatment	Cross-sex hormone treatment
Individual assigned male at birth	Natal male
Individual assigned female at birth	Natal female
Differences in sex development	Disorders of sex development

APA, 2022

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## Suicidal and Nonsuicidal Self-Injury Behaviors Changes in DSM-5-TR

- Current Suicidal Behavior
  - **T14.91A** Initial encounter: If suicidal behavior is part of the initial encounter with the clinical presentation (ED or active tx)
  - **T14.91D** Subsequent encounter: If suicidal behavior is part of subsequent encounters with the clinical presentation (already received active tx and now in routine care)
  - **Z91.51** History of Suicidal Behavior
- Nonsuicidal Self-Injury
  - **R45.88** Current Nonsuicidal Self-Injury: If behavior is part of clinical presentation
  - **Z91.52** History of Nonsuicidal Self-Injury: If behavior has occurred during the individual's lifetime

APA, 2022

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## Future Considerations

- Attenuated Psychosis Syndrome
- Depressive Episodes with Short-Duration Hypomania
- Caffeine Use Disorder
- Internet Gaming
- Neurobehavioral Disorder Associated with Prenatal Alcohol Exposure
- Suicidal Behavior Disorder
- Nonsuicidal Self-Injury Disorder

APA, 2022

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## Updates to Pediatric Clinical Practice Guidelines

AACAP MDD May 2023

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American Academy of Child and Adolescent Psychiatry  
*Clinical Practice Guideline for the Assessment and Treatment of Children and Adolescents With Major and Persistent Depressive Disorders*

- *Major and Persistent*
- **Primary Aim:** Summarize empirically based guidance about the psychosocial and psychopharmacologic treatment of these disorders
- **Doesn't cover:** very young children, subsyndromal depression, and prevention of depressive

Walter et al., 2023

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## Identification

- Screen youth 12-18 provided you can appropriately diagnose and treat with evidence-based care
  - Patient Health Questionnaire-9 (PHQ-9)
  - Telehealth: PHQ-2
  - Pediatric Symptom Checklist (PSC)
  - Telehealth: Short Mood and Feelings Questionnaire (SMFQ), which does not include suicidality items, to be followed by
  - Well child: Long Mood and Feelings Questionnaire (LMFQ)
  - Level 1 Cross-Cutting Symptoms Measures

Walter et al., 2023

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## Treatment

1. AACAP suggests (2I) that cognitive-behavioral therapy and interpersonal therapy could be offered to adolescents and children with major depressive disorder or persistent depressive disorder.
2. AACAP suggests (2I) that selective serotonin reuptake inhibitor medication (except paroxetine), preferably fluoxetine, could be offered to adolescents and children with major depressive disorder.
3. AACAP suggests (2I) that combination treatment (cognitive-behavioral therapy plus fluoxetine) could be offered to adolescents and children with major depressive disorder.
4. AACAP suggests (2C) that continued fluoxetine alone or cognitive-behavioral therapy plus continued fluoxetine could be offered to adolescents and children responding to acute treatment with fluoxetine to prevent relapse/recurrence of major depressive disorder.

Walter et al., 2023

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## What Liz thinks is interesting about the *Clinical Practice Guideline for the Assessment and Treatment of Children and Adolescents With Major and Persistent Depressive Disorders*

- Mentions updates in research on vulnerabilities for depression, including "stressful or traumatic circumstances in the family (particularly emotional abuse and untuned/unsupportive parenting styles (eg, passive/withdrawn or discordant)), to societal issues such as poverty, income inequality, racial/ethnic38 and other forms of discrimination, and acculturation stress".
- While prevalence of MDD has gone up in youth its hard to tell if its due to a true increase OR "The extent to which 21st century sociocultural changes have contributed to the apparent increase in prevalence, or whether the increase is due to heightened awareness, improved identification, or other factors"
- Notes that an evaluation may take more than one session
- There is a preschool structured interview
  - Does require training to use
- Defined what CBT needs to look like
- It specifically called out Fluoxetine as the best SSRI for kids
- Found that the "pooled absolute rates for suicidal ideation across all antidepressant classes and the MDD indication in one analysis have been reported to be 3% for youth treated with an antidepressant and 2% for youth treated with a placebo".
  - When will we get rid of the black box warning?
- Focus on measurement based care (using surveys and tools like PHQ-9, Vanderbilt, SCARED)

Walter et al., 2023

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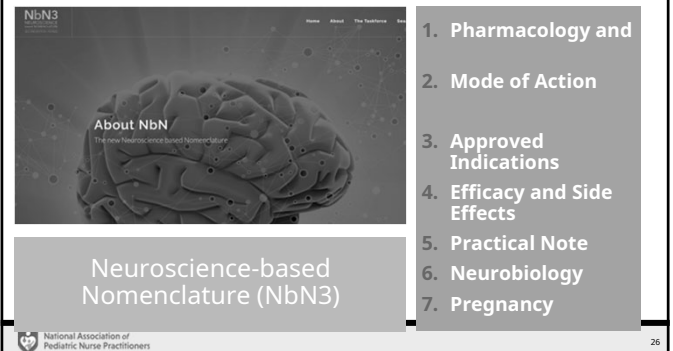
## Psychiatric Medication Updates

2022-2024

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## Can You Distinguish The Names Of Ikea Products From Antidepressants?

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**About NbN3**  
The new Neuroscience-based Nomenclature

**Neuroscience-based Nomenclature (NbN3)**

1. Pharmacology and
2. Mode of Action
3. Approved Indications
4. Efficacy and Side Effects
5. Practical Note
6. Neurobiology
7. Pregnancy

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## FDA New Drug Approval Process

- Approval Process:
  - Data on the drug's effects have been reviewed by Center for Drug Evaluation and Research (CDER), and the drug is determined to provide benefits that outweigh its known and potential risks for the intended population
    - Analysis of the target condition and available treatments
    - Assessment of benefits and risks from clinical data
      - Typically 2 well design positive RCTs
    - Strategies for managing risks

FDA, 2022

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## FDA Drug Approval Categories

<b>First-in class</b>	These drugs have mechanisms of action different from those of existing therapies
<b>Drugs for rare diseases</b>	Target rare diseases (diseases that affect fewer than 200,000 people in the U.S.)
<b>Fast Track</b>	Speeds development and review of new drugs and biologics by increasing the level of communication between FDA and drug developers
<b>Priority Review</b>	The drug treats a serious condition and, if approved, would provide a significant improvement in safety or effectiveness of the treatment, diagnosis, or prevention of the serious condition (6 months)
<b>Breakthrough Therapy</b>	A process designed to expedite the development and review of drugs which may demonstrate substantial improvement over available therapy.

FDA, 2022

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## FDA **New** Drug Approvals 2023 in Psychiatry

- First-in class
  - Daybue (trofinetide) for Rett Syndrome 3/10/23
- Drugs for rare diseases
  - Daybue (trofinetide)
- Fast Track:
  - Zurzuvae (zuranolone) for postpartum depression 8/4/23
- Priority Review:
  - Zurzuvae (zuranolone)

CDER, 2024

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## FDA **New** Drug Approvals 2023 in Psychiatry

- Zurzuvae (zuranolone)
  - For *Postpartum Depression*
  - 50 mg PO qpm x 14 days
    - Give with fat containing food
  - Synthetic analogue of allopregnanolone- which rises during pregnancy and falls after delivery
    - Neuroscience Based Nomenclature (NBN): GABA PAM (GABA-A receptor, neurosteroid site)
  - Rapid onset, but we aren't sure how long it works
  - Also consider that many women with postpartum depression also have chronic mood disorders
  - Breastfeeding?

CDER, 2024; Aiken, 2023, 2024

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## FDA **New** Drug Approvals 2023 in Psychiatry

- Exxua (Gepirone)
  - For *Major Depressive Disorder* in ages 18+
  - 18.2 mg -> 36.3 mg -> 54.5 mg -> 72.6 mg
  - NBN: Serotonin 5-HT1A partial agonist (similar to buspirone)
  - Developed in 1986, rejected by FDA in 2002, 2004, and 2012
    - Two positive trials, deemed "adequate and well-controlled"
    - Three failed trials, deemed "uninformative"
    - Seven negative trials

CDER, 2024; Firth, 2015

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## New Indications and Dosage Forms for 2023

- 1/13/23
  - Risperidone (Rykindo LA) long acting injectable dose IM q2w with only 1 week oral overlap needed
- 2/17/23
  - Deutetrabenazine (Auspedo XR) Extended release tablets for Tardive Dyskinesia and chorea associated with Huntington's Disease
  - NBN: Vesicular monoamine transporter 2 (VMAT2)
- 3/29/23
  - Naloxone (Narcan- B/N/vv) OTC for opioid overdose
  - NBN: Opioid antagonist
- 4/28/23
  - Arripiprazole (Abilify Asimtuflil) long acting injectable IM q2months with 2 week overlap
- 5/10/23
  - Brexpiprazole (Rexulti) First drug to be approved for agitation associated with dementia due to Alzheimer's disease
  - NBN: Dopamine, serotonin receptor partial agonist (D2, 5-HT1A) receptor antagonist (5-HT2A)
- 5/23/23
  - Buprenorphine (Buprenorphine) long-acting subcutaneous injectable form of buprenorphine indicated for opiate use disorder
  - NBN: mu partial agonist and kappa antagonist
- 8/28/23
  - Risperidone (Lizedy LA) long acting injectable SQ 1-2 months that does not need an oral loading dose or overlap

Drugs.com, 2023; Naguy, 2023

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## New Indications and Dosage Forms for 2022

- 1/6/22
  - Brexpiprazole (Rexulti) for Schizophrenia in ages 13-17
  - NBN: Dopamine, serotonin receptor partial agonist (D2, 5-HT1A) receptor antagonist (5-HT2A)
- 3/23/22
  - Dextroamphetamine transdermal (Xelstrym) first amphetamine patch to be approved for ADHD ages 6 and older
  - NBN: Dopamine, norepinephrine reuptake inhibitor (DAT, NET), releaser (DA, NE)
- 4/25/22
  - Lumateperone (Caplyta) new dosage recommendations for patients concomitantly taking strong or moderate CYP3A4 inhibitors
  - NBN: Serotonin 5-HT2A receptor antagonist and has a stronger affinity for these receptors compared to D2 (dopamine) receptors
- 4/29/22
  - Viloxazine (Qelbree) expanded to ages 18+
  - NBN: Norepinephrine reuptake inhibitor
- 12/16/22
  - Vraylar (cariprazine) as an Adjunctive Treatment for Major Depressive Disorder in 18+
  - NBN: Dopamine, serotonin receptor partial agonist (D3/2, 5-HT1A), receptor antagonist (5-HT2B)

Drugs.com, 2022

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## Drugs that became generic in 2023

- Latuda (Lurasidone)
- Vyvanse (Lisdexamfetamine)
- Amphetamine (Adzenys XR-ODT)
- Naltrexone for Extended-Release Injectable Suspension (Vivitrol)

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## Stimulant shortages of .... 2022, 2023, 2024

**DEA, Drug Manufacturers Trade Blame for Generic Adderall, Vyvanse Shortages**

As the generic Adderall shortage extends to Vyvanse and Ritalin, the DEA says it has taken steps to increase ADHD medication production and transparency while drug manufacturers claim the federal agency's production updates are causing the treatment crisis.

By Rebecca Dwyer for Newsweek | Updated on December 9, 2023

December 8, 2023

The nationwide shortage of Adderall (amphetamine/dextroamphetamine) has triggered a domino effect, forcing patients and providers to turn to generic alternatives. However, the generic versions of Vyvanse and Ritalin are also in short supply, leaving many patients without their prescribed medication.

"We, who lack executive function skills, are forced to struggle with managing the acquisition of the one thing that helps us function. One thing I know for a fact is that those who do not have ADD are incapable of understanding what it is we go through. It is a travesty."

**The ADHD Medication Shortage: Here's What Clinicians Can Do for Patients**

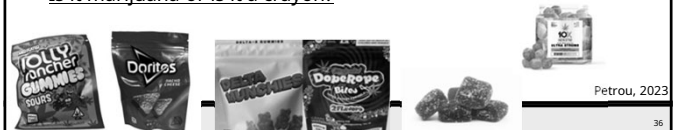
By Kristine M. Smith, MD, MPH, MSc | December 9, 2023

The limited availability of these medications has been linked to various factors, including manufacturing delays and below-quota production of amphetamine products that has resulted in a shortage of at least 1 billion doses.<sup>1</sup> In addition, there has been an unprecedented increase in the number of Adderall prescriptions that reportedly exceeds the number of individuals with a formal ADHD diagnosis.<sup>2</sup>

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## Cannabis Approval anywhere? Nope

- Increasing medical and recreational approvals means kids are exposed to it more
- More frequent and long term use puts kids at risk for depression, anxiety, psychosis and suicide
- Poison control- overdoses because kids think an edible is candy
- Is it marijuana or is it a crayon?



Petrou, 2023

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## Telehealth for Mental Health

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## Telehealth in Pediatric Psychiatry by the Numbers

- Kalmin et al, 2023
  - During the pandemic (up to Aug 2022) in-person mental health services declined by 42% while telehealth services increased by 3027%
    - Overall this meant a 13% increase in TOTAL mental health services
  - By 8/2022 in-person services returned to 75% of their pre-pandemic rates
    - But telehealth use was still up 2300% compared to pre-pandemic
  - Mental health service utilization increased by 21.7% and mental health spending increase 26.1%

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## Drug Enforcement Agency (DEA) Updates

- Early October 2023, telemedicine flexibilities granted during the pandemic were extended until 12/31/24
  1. Patients can be prescribed schedules II-V controlled substances without a prior in-person examination
  2. DEA registration in one state allows prescription of controlled substances in any state
- Major concern: Requirement of 1<sup>st</sup> visit to be in-person
- 38,000 comments were received!
- DEA anticipates new rules to come Fall 2024

"The full set of telemedicine flexibilities regarding prescription of controlled medications as were in place during the COVID-19 PHE, through December 31, 2024. This extension authorizes all DEA-registered practitioners to prescribe schedule II-V controlled medications via telemedicine through December 31, 2024, whether or not the patient and practitioner established a telemedicine relationship on or before November 11, 2023."

Second Temporary Extension of COVID-19 Telemedicine  
Flexibilities for Prescription of Controlled Medications (2023)

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## Telehealth Changes

- Penalties for using non-HIPAA compliant teleconference platforms can be imposed again
  - Don't use facetime!
- Waiver of geographical and originating site of service limitations was removed via the Consolidated Appropriations Act of 2023

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## Resources

- [DSM-5-TR Fact Sheets Changes in the New Edition](#)
- [FDA New Drug Therapy Approvals 2023](#)
- [Second Temporary Extension of COVID-19 Telemedicine Flexibilities for Prescription of Controlled Medications](#)

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Questions?

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