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Military kids taking more psychiatric drugs

Prescriptions increase as families struggle with repeated deployments

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Before his father deployed to Iraq, Daniel Radenz was a well-adjusted fifth-grader earning straight A's and B's in school near Fort Hood, Texas.

But shortly after Army Lt. Col. Blaine Radenz left home in June 2008, his 11-year-old son became withdrawn and anxious. His grades at school slipped and his mother noticed mood swings. The child's longtime pediatrician referred him for counseling.

A psychiatrist at Fort Hood's Darnall Army Medical Center prescribed the antidepressant Celexa. Daniel also saw a psychologist there. Doctors added to and changed Daniel's drug regimen, but his problems grew worse, said his mother, Tricia Radenz.

Daniel started cutting himself and once used his own blood to write "the end" on a bathroom wall at school. One day in band class, he began hallucinating and ran into the hall, where teachers found him crouched and hitting and scratching his face.

On June 9, 2009, Daniel hanged himself from a bunk bed in his home.

"I really feel the drugs played a significant role in Daniel's death," said Tricia Radenz, a 41-year-old emergency-room nurse.

It's impossible to know precisely why a 12-year-old chose to take his own life. But the boy's problems — and the use of powerful psychiatric drugs to treat them — highlight a concern for a growing number of military families who are struggling with the impact of long, frequent deployments on their children left at home.

The use of psychiatric medications by military children is on the rise. Overall, in 2009, more than 300,000 prescriptions for psychiatric drugs were provided to children under 18 who are Tricare beneficiaries.

That's up 18 percent since 2005, according to data provided to Military Times — a period when the under-18 population increased by less than 1 percent. And some drug categories have shown even higher rates of increase — antipsychotic drugs are up about 50 percent and anti-anxiety drugs are up about 40 percent.

That mirrors a similar trend in the active-duty force, which has seen [a 76 percent increase in prescriptions for psychiatric medications](#) since the start of the war in Afghanistan.

Dr. Patricia Lester, a psychiatrist at University of California, Los Angeles, said the rise in drug use among children tracks with studies she and others have done showing how repeated deployments are taking a toll on military kids.

"There is a consistent story coming out showing that these kids have more distress," Lester said. "And it's not just the period of deployment. It appears to be during re-integration as well."

Two studies link parents' deployments to their children's lower academic achievement scores, and to increased mental and behavioral health problems.

In one study, Rand Corp. researchers matched soldiers' records with children's academic achievement records and found lower scores among military children whose parents were cumulatively deployed for 19 months or more since 2001.

In the mental health study, led by a professor of pediatrics at the Uniformed Services University of the Health Sciences, researchers found that when a parent was deployed, outpatient visits among children ages 3 to 8 for pediatric behavioral disorders rose 18 percent, and for stress disorders by 19 percent, compared with military children whose parents were not deployed.

Prescription psychiatric drugs can help treat some of those behavioral disorders. But many of those drugs come with potential side effects, Lester said.

"Whenever one is prescribing medication, there is a risk-benefit analysis that has to occur, and the parents and patient need to be included in that," Lester said.

Suicide risks

Tricia Radenz said nobody ever warned her about the suicide risks associated with the drugs her son was taking.

"The psychiatrist never once told me Celexa was a risk. He said he'd had great success with this drug," Radenz said in an interview.

"Any antidepressant carries the warning, but I didn't find out the seriousness until after he died," she said.

Celexa, along with Wellbutrin, which Daniel was also taking at the time of his death, carry "black box" warnings from the Food and Drug Administration — the FDA's most serious warning — about increased risks for suicidal thoughts and behavior.

Moreover, neither drug is recommended for children, although doctors may legally prescribe them after determining that they may benefit individual patients.

Experts say any medication should be matched with intensive therapy or counseling as a way to monitor for side effects and treat underlying problems that drugs cannot address.

Radenz said Daniel saw the psychologist and psychiatrist once or twice a month. She said the psychiatry department didn't respond to her pleas for help when she called after Daniel had cut himself at school and used his blood to write on the bathroom wall.

The mother left a phone message with the psychiatry department, with details about what had happened, asking that someone call back for an appointment. Nobody returned her call, she said.

"I was essentially staying with him 24/7," Radenz said. "I was outside the bathroom if he was in there. He was sleeping with me."

She said that after she was unable to get help from the child psychiatry department, she emailed her husband in desperation, and he came home from Iraq on emergency leave May 25.

Daniel was thrilled to see his father. For days as the family spent time together, Radenz said, Daniel laughed and joked and said many times: "I'm so glad Dad is home."

Daniel's father went to the local clinic and asked why his wife's phone calls had not been returned, even by June 1. He told them he was on emergency leave because of his son's decline.

The clinic staff apologized, Tricia Radenz said, and explained that no one was checking the answering machine because the staff was overwhelmed.

Her son's death a week later "was completely preventable, had he received competent care instead of being herded through the system like a piece of cattle at an auction," she said. "I want someone held accountable, and I don't want anyone to ever have to go through this again."

Officials at Darnall Army Medical Center said they conducted an investigation into Daniel's treatment, but a spokeswoman declined to disclose any of its findings. However, the spokeswoman said, "rest assured that all medical treatment was thoroughly evaluated" and "any lessons learned as a result of that review have been incorporated into our practices here at Fort Hood."

Tricia Radenz knows nothing can bring her son back.

"But why can't they say they were wrong? That they've made changes? All I want is to know they've corrected their process that cost me my son."

"No other family should ever have to endure the agony my family suffers daily. My husband made more than the 'ultimate sacrifice' ... he sacrificed his son to serve."

'This keeps him safe'

Not all families have such tragic experiences. Some families see psychiatric drugs as a life saver.

One Army wife and mother of a 12-year-old boy said the medications her son takes are the only thing keeping him out of an institution. Diagnosed with bipolar disorder, the child is a stable seventh-grader who takes five different medications every day.

"This keeps him at home. This keeps him safe," said the mother, who spoke with Military Times about her son's treatment but asked not to be identified.

The wife of a Special Forces soldier who has deployed often during the past decade, the mother said her child's problems typically get worse, if only temporarily, after his father goes overseas.

"When my husband leaves, the first seven days, seven to 11 days, are very hard on him. He's very sad. He's withdrawn. He rages more frequently. But once we get past that period of time, he is the same as he always is."

The family's frequent moves have taken a toll on her son. His problems first surfaced when they moved to Japan when the child was 6. And the move back, at age 9, led to an attempted suicide and his initial diagnosis of early-onset bipolar disorder.

"That was the hardest move we've ever gone through," the mother recalled. "It was the loss of his friends. He said, 'My world was taken away from me.'"

Over the past five years, doctors have prescribed 34 different drugs for the boy, she said.

"You just have to find the right combination. The problem is that it takes so long. The

doctors say, ‘Let’s try this one. Let’s try that one. Let’s make this one a little stronger.’ It’s craziness,” she said.

Her child’s current drugs include Abilify, an antipsychotic; Wellbutrin, an antidepressant; Adderall, a stimulant; Tegretol, an anticonvulsant; and Clonidine, a sedative.

Her son sees an off-base civilian therapist once a week and receives better care and treatment than he did from the on-base counselors, she said. In addition, he also sees an on-base psychiatrist who typically sees the child for about 15 minutes and focuses on medication.

“He doesn’t really know much about my son; he just gives out medications. He relies on the parents. He’s asking me: ‘What kind of medications is he on?’ I’m like, ‘You’re the doctor, shouldn’t you know? Look at the file.’ ”

The mother is happy to say her son experiences few side effects these days. But she said she has “long-term concerns. Will he become dependent on these antidepressants and antipsychotics because his young brain has been soaked in them for so many years? My priority now is to keep my son stable so he’s not suicidal.”

That view is familiar to many experts.

“Many members of the pediatric psychiatric community are concerned about the increases [in the use of psychiatric drugs]. They have concerns about the side effects and the lack of data showing their effectiveness of those medications in children,” said Josephine Johnston, a researcher with the Hastings Center, a New York-based research group.

“It’s just not as simple as you want it to be,” Johnston said. “You can tell a story about how imperfect these drugs are, or how the system doesn’t provide the kind of integrated care that many families want. But the truth is, it’s hard for these families to find anything that works really well.”

Staff writer [Brendan McGarry](#) contributed to this report.