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Many More Children on Medication

by Stephanie Desmon

(BaltimoreSun) Hundreds of thousands more children are taking medications for chronic diseases, with a huge spike over a four-year period in the number given drugs to treat conditions once seen primarily in adults and now linked to what has become an epidemic of childhood obesity.

In a study appearing today in the journal *Pediatrics*, researchers saw surges in the number of U.S. children taking prescription medicines for diabetes and asthma, with smaller increases in those taking drugs for high blood pressure or high cholesterol. All of those conditions, to varying degrees, have been associated with obesity.



Though doctors have been seeing the trend in their practices, "the rate of rise is what's surprising," said Dr. Donna R. Halloran, a pediatrician at St. Louis University in Missouri and one of the study's authors.

The study found a doubling in the number of children taking medication for type 2 diabetes, with the largest increases seen among pre-teen and teenage girls. The number of asthma prescriptions was up nearly 47 percent.

The findings come from a study of 3 million privately insured children that was designed to be a nationally representative sample. The researchers used the sample to measure increases from 2002 to 2005 in the number of children taking various medicines but did not estimate how many youngsters nationally were on the medications.

There is nothing inherently wrong with giving medication to children with chronic diseases, doctors say, especially when the drugs are shown to be safe and effective. The increase in children receiving asthma medication appears to be partly because more children have asthma, but also because new guidelines recommend using medication in more cases.

The use of cholesterol medication for children appears to have become more accepted as well. The American Academy of Pediatrics recommended last summer the use of statins to lower cholesterol in children as young as 8.

Meanwhile, the federal Centers for Disease Control and Prevention say the number of children with type 2 diabetes is on the rise, but officials do not have estimates for how much. Type 2 diabetes, which used to be called adult-onset diabetes, begins when the body develops resistance to insulin and can no longer use it properly. Eventually, the body can no longer produce sufficient amounts of insulin to regulate blood sugar.

Still, there is an increasing unease in some circles that doctors are prescribing medication without exhausting nonpharmacological options.

"There are concerns that we're moving too quickly to drug therapy," said Emily R. Cox, a researcher at Express Scripts, a St. Louis-based pharmacy benefits management company, and lead author of the study. "We don't know that drug therapy is best for some of these conditions."

Cox and her colleagues looked at the rates of medication among children ages 5 to 19. They did not look at

all medication use, but focused on drugs for high blood pressure, diabetes, cholesterol, asthma, depression and attention-deficit disorders.

Since the study used figures from commercial insurance providers, it did not include the uninsured or those covered by programs for low-income children. Other studies have shown that the urban poor have some of the highest rates of childhood obesity in the United States.

According to the study, antidepressant use was essentially flat, though the numbers have gone down significantly among children under 10. Attention-deficit medication, the proper use of which has long been debated, rose 40 percent, with the largest increase among girls taking medicine for a set of disorders traditionally seen more in boys.

In raw numbers, the number of children on diabetes medication is relatively small, but the findings included one of the more surprising trends, a large number of girls on the drugs. The number of girls ages 10 to 14 on the medication rose 166 percent, and the figure for those ages 15 to 19 rose 133 percent.

One expert said those numbers cannot be accounted for by rises in child diabetes or by a secondary use of one of the drugs, metformin, to treat polycystic ovary syndrome.

"It's definitely not due to a doubling of type 2 diabetes in children, because type 2 diabetes has not doubled in children and we have data on that," said Dr. Silva Arslanian, an endocrinologist at the Children's Hospital of Pittsburgh, who was not involved in the study.

She said overweight children regularly come into the hospital's Weight Management and Wellness Center on metformin, having been told that they have diabetes, but tests of their blood sugar turn out normal. Arslanian said she believes that some doctors are using metformin, which can lead to appetite loss, as a diet pill - an "inappropriate" use.

"Management of obesity is very frustrating," she said. "We talk about lifestyle changes, but how many of us are successful in changing lifestyle when the environment is so toxic? When you give somebody a medication, the psychology of the patient is, 'The medication is doing the job, so I don't need to change the way I'm eating or moving or drinking.'"

Dr. Debra R. Counts, head of pediatric endocrinology at the University of Maryland School of Medicine, said she does not think that diabetes drugs are being improperly prescribed. She said more children are taking diabetes medication because more children have diabetes. And even though more boys are becoming obese than girls, she said, studies show that girls are more likely to develop diabetes.

"Most pediatricians try not to prescribe medication unless it's indicated," she said.

Another reason that more children are being given medications could be that more drugs have been approved for pediatric use in recent years. In the past, doctors in some cases had prescribed the drugs anyway, but many feel more confident now, knowing that proper studies have been done in children.

Medication is not by itself a solution in many cases, especially when it comes to diseases like type 2 diabetes and hypertension, which are most closely linked to obesity, doctors said. Lifestyle changes have to begin as early as possible, Counts said, sometimes even in toddler years.

She noted recent recommendations that overweight 1-year-olds be given low-fat milk as opposed to whole milk. Doctors used to believe that babies needed the fat in whole milk for their brains to properly develop and recommended whole milk until a child's second birthday.

"We get a lot of kids referred to us. The problem is, we have no magic," Counts said. "The whole family needs to eat healthier and get more active and turn off the TV. ... By the time people are teenagers, it's hard to change them."