ABSTRACT

Title: Psychotropic medication and mental health service usage in pediatric patients with inflammatory bowel disease (IBD).

Background: Inflammatory bowel disease (IBD) is a chronic autoimmune disorder characterized by a dysregulated response to microbiota in the gastrointestinal tract. 25% of IBD patients are diagnosed before the age of 20, meaning that about 80,000 American children are living with IBD. Previous studies have found that pediatric IBD patients suffer from depressive and anxiety disorders at a higher rate than other children. Although approximately 3% of all adolescents take antidepressants, it is possible that IBD patients are more likely to take these medications. Previous research has found that psychiatric disorders are undertreated in the adult IBD population, so this problem may also impact the pediatric IBD population.

Objective: The purpose of this project was to assess the frequency of psychotropic medication and mental health service usage in the pediatric IBD population at the University of Rochester Medical Center (URMC).

Methods: A retrospective chart review was conducted for pediatric IBD patients \((N = 400)\) who were seen at URMC between 2016 and 2019. Patient information, including sex (57% male), IBD type (78% Crohn’s disease), and age at diagnosis \((M = 11.5 \text{ years})\), was gathered from eRecord. Patients were excluded if clinical notes could not confirm their IBD diagnosis or if they only visited URMC once. Patient medication lists were reviewed for psychotropic medications, and drugs being used to treat ADHD, ADD, and chronic migraines were excluded. Mental health services within the psychiatry, behavioral health, pediatric psychology, adolescent medicine, and social work departments were briefly reviewed and recorded. Frequencies and descriptive statistics were calculated using SPSS.

Results: Anxiety and depression are the most common disorders (23% and 14%, respectively) in this population and are most frequently treated with SSRIs (22%). URMC’s pediatric IBD patients take antidepressants and other psychotropic drugs at a higher rate (28.5%) compared to other children their age. 75% of mental health service and psychotropic medication use in this population began after being diagnosed with IBD, suggesting that IBD may contribute to the development of psychopathology. Additionally, 43% of patients taking psychotropic medications did not receive mental health services.

Conclusions: Based on these results, there are high levels of anxiety and depression in children with IBD, and their treatment often starts after their initial IBD diagnosis. Antidepressants, primarily SSRIs, are used most often to treat these disorders, and a large portion of these patients are not seeking the help of a mental health provider. Taken together, these findings suggest that more anxiety and depression screening is needed for pediatric IBD patients at URMC and that mental health services are being underutilized in the pediatric IBD population. Future directions include developing mental health screening measures specifically for pediatric IBD patients. Prospective, longitudinal studies are needed to examine whether preemptive mental health interventions lessen the risk of developing psychopathology as an IBD patient.