

RESEARCH SUMMARY:

Young Children With ASD Who Have Medicaid Insurance are More Likely to be Prescribed Atypical Antipsychotics and Alpha Agonists Than Those With Private Insurance

Many children with autism spectrum disorder (ASD) are prescribed medication to help them control their behaviors or emotions. In this study, we used data from the electronic health record at three DBPNet sites to determine the factors that led developmental-behavioral pediatricians (DBPs) to prescribe these types of medications for children with ASD.

We found that DBPs were more likely to prescribe medications for behavior or emotions in children with ASD when the child was older and when the child had behavioral diagnoses in addition to ASD. We found that the type of insurance the child had (Medicaid vs. private insurance) was related to a difference in prescribing medication for behavior and emotions in young children, but not older children. Specifically, 3- to 5-year-old children with Medicaid were more likely to be prescribed medication for behavior and emotions than were 3- to 5-year-old children with private insurance. The types of medications that were more likely to be prescribed to young children with ASD who had Medicaid insurance were atypical antipsychotics and alpha agonists. This study did not determine why there is this disparity in prescribing these medications to young children with ASD. Multiple factors could contribute including: differences in when the groups seek healthcare, differences in behavioral expectations between groups, differences in access or quality of behavioral and educational treatments for ASD, physician bias in prescribing practices, and lower cost access to pharmacologic treatments in Medicaid than private insurance among others.

Reference:

Jackel C, Shults J, Wiley S, Meinzen-Derr J, Augustyn M, Blum NJ. Factors associated with developmental behavioral pediatricians prescribing psychotropic medication to children with autism spectrum disorder: A DBPNet study. *Journal of Developmental and Behavioral Pediatrics*. 2017 Oct;38(8):584-592. PMID: 28816917