

were investigated over the period 2006–2013. An ecological design was used to assess the impact of the socio-economical and health resource characteristics of the zone of residence ($n = 96$ administrative subdivisions of French territory) on antipsychotic prescribing rates. The pattern of antipsychotic prescribing was explored in a cohort of youths newly treated with antipsychotics.

Results Over the period 2006–2013, antipsychotic dispensing rates were globally stable in persons aged 0–25 years (4.8 per 1000 in 2006 and 4.9 per 1000 in 2013). First-generation antipsychotic dispensing rates decreased from 3.1 to 2.6 per 1000 (OR = 0.96, 95% CI = 0.94–0.98), while second-generation antipsychotic dispensing rates increased from 2.7 to 3.4 per 1000 (OR = 1.03, 95% CI = 1.01–1.05). Antipsychotic prescribing rates were impacted by health resource characteristics of the zone of residence in children aged 10 years and under and by socio-economical characteristics in those aged 16–20 years. In all the age groups, antipsychotics were principally started by hospital practitioners (47%) and general practitioners (34%). The rates of psychostimulants concomitantly prescribed with antipsychotics were lower than 5%.

Conclusion Rates of youths exposed to second-generation antipsychotics are still rising. The impact of environmental characteristics on antipsychotics prescribing and appropriateness of these prescriptions in youths should be further investigated.

Keywords Antipsychotic; Use; Children; Adolescents

Disclosure of interest M. Tournier a reçu des honoraires comme orateur par Janssen, BMS, AstraZeneca.

H. Verdoux, E. Pambrun, S. Cortaredona, P. Verger declare that they have no competing interest.

Further reading

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S1B

Facteurs cliniques et sociaux associés à la prescription de médicaments ciblant le TDA/H dans la cohorte québécoise ELDEQ

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Contexte L'influence de la comorbidité psychiatrique et de l'environnement social sur la prescription médicamenteuse du trouble déficit de l'attention/hyperactivité (TDA/H) reste mal comprise.

Objectif Évaluer l'effet des facteurs comportementaux et sociaux sur la prescription de médicaments ciblant le TDA/H.

Méthodes Les données de la cohorte de naissance Étude Longitudinale du Développement des Enfants du Québec (ELDEQ) ont été analysées par des modèles de survie avec variables dépendantes

du temps. L'échantillon ($n = 1920$) a été évalué de l'âge de 5 mois à 10 ans. Des mesures des symptômes psychiatriques de l'enfant et des variables de l'environnement social étaient disponibles pendant tout le suivi de la cohorte et ont permis d'étudier les facteurs comportementaux et sociaux associés à la prescription de médicaments ciblant le TDA/H.

Résultats De l'âge de 3,5 ans à 10 ans, 0,2 à 8,6% des enfants de l'échantillon ont été exposés à des médicaments ciblant le TDA/H. L'hyperactivité-inattention était le facteur le plus fortement associé à cette exposition (*hazard ratio* [HR] = 2,75, IC95 % 2,35–3,22). Parmi les variables sociales étudiées, un bas niveau éducatif maternel augmentait le risque d'usage de médicament (HR = 2,09, IC95 % 1,38–3,18) alors que le statut d'immigrant diminuait ce risque (HR = 0,40, IC95 % 0,17–0,92).

Conclusions Au-delà des symptômes du TDA/H, la probabilité de recevoir un traitement pour le TDA/H était influencée par des variables sociales et non par d'autres variables cliniques ou par les pratiques parentales. Ces résultats soulignent la nécessité d'améliorer les interventions globales du TDA/H, notamment les interventions psychoéducatives.

Mots clés Trouble déficit de l'attention hyperactivité ; Traitement pharmacologique ; Enfant ; Facteurs cliniques ; Facteurs sociaux

Déclaration de liens d'intérêts Les auteurs déclarent ne pas avoir de liens d'intérêts.

Pour en savoir plus

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S1C

Antidepressants and risk of suicide or self-harm in Canadian youth: A study involving common data models in Quebec and British Columbia

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Introduction The use of antidepressants (AD) in children and adolescents has become controversial due to a possible increased risk of suicide, revised evidence about effectiveness, and growing usage. Several studies have been conducted through healthcare databases, mainly restricted to hospitalized cases.

Objective To evaluate the rate of self-harm among children (10–14 years) and adolescents (15–19 years) who use AD and to compare rates between classes of AD, using a common data model.

Methods A retrospective cohort study was conducted in children and adolescents, age 10–19, members of the Quebec (QC) public drug plan or residents of British Columbia (BC), and who received a new AD treatment in 1997–2008 (QC) and 1997–2006 (BC). Self-harm (fatal or non-fatal) was the main outcome. Data sources consisted of prescription, medical services, and hospitalization