



SEDATIVE USE IN CHILDREN

Introduction

Insomnia in pediatric patients has not been well-defined and studies of pharmacologic therapy are lacking. Although largely made up of industry consultants, a 2004 consensus panel has defined pediatric insomnia as “repeated difficulty with sleep initiation, duration, consolidation, or quality that occurs despite age-appropriate time and opportunity for sleep and results in daytime functional impairment for the child and/or family.”¹ An abbreviated drug utilization evaluation of OHP pharmacy claims (FFS claims only) has been conducted to describe the use of sedative/hypnotics in children 12 years of age and younger.

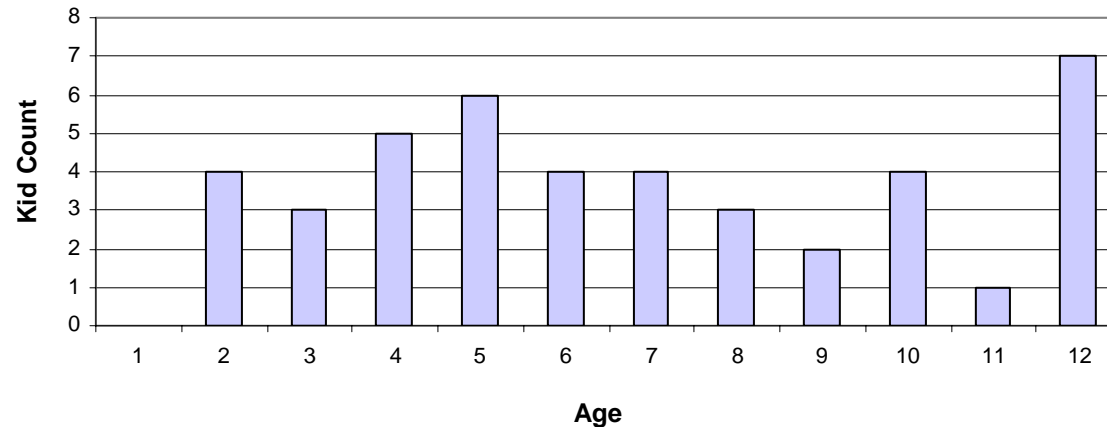
Claim Review

Children 12 Years and Under on Class 47 Sedatives (excluding diphenhydramine)

January - June,
2006

	<=12 yrs.	All ages	Kids as pct of tot.	All Kids Eligible	As pct of Elig. Kids
Patients:	43	2,752	1.6%	168,647	0.03%
Claims:	106	7,437	1.4%		

Count of Patients by Age





Drug Use Research & Management Program

Oregon State University, 2611 SW 3rd Ave. Marquam II, Suite 280Z, Portland, Oregon 97201-4952

Phone 503-494-9954 | Fax 503-494-1082

Drug	Kids	Avg. Day Supply	Claim Count
AMBIEN	6	26	14
AMBIEN CR	1	30	4
CHLORAL HYDRATE	19	24	45
LORAZEPAM	5	1	25
LUNESTA	1	30	2
MIDAZOLAM HCL	4	1	5
SONATA	1	10	1
TRIAZOLAM	9	4	10

Summary of Findings

- <1% of all children on the OHP received a sedative/hypnotic medication in the first 6 months of 2006.
- The majority of claims were for chloral hydrate.
- The most frequent diagnoses for the 43 children were quadriplegia, infantile cerebral palsy, infantile autism, and convulsions.
- Between July 2005 and June 2006 there were 55 children with a medical claim listing insomnia as a diagnosis. Of these, only 4 received a sedative/hypnotic between January and June 2006.

Conclusion

The prevalence of sedative/hypnotic use in children 12 years and younger is very low and their use does not appear to correspond with a diagnosis of insomnia. This does not appear to be an issue that requires further intervention at this time.

Reference

1. Mindell JA, Emslie G, Blumer J, et al. Pharmacologic management of insomnia in children and adolescents: consensus statement. *Pediatrics*. 2006;117:e1223-e1232.