

DQ 2

Dr. A. Locke & Cohorts 2

One of the issues surrounding prescribing psychopharmacological medication to children and adolescents between the ages of 5-17 is the question of the full maturity of the brain prior to administering medication. According to Barron (2021), the young brain of a child continues to grow up until the age of 20, and when drugs are given to children and adolescents prior to set age guidelines, they can have a tremendous consequence such alteration of neuronal activity. The safety and effectiveness of drugs is in question because of the lack of knowledge of its effectiveness in children and adolescents when administered prior to the age of 20. Other concerns are the lack of public education and there's an ethical concern who has the authority to describe psychotropic medication, including the type, amount, and duration for the children and recipient of reimbursement. There is a need for increased clinical trials among children and adolescents of various ages to evaluate the effectiveness of the drug.

Some of the factors that may cause a mental relapse for post addictive patients are loneliness, lying, bargaining, emotional and /or physical stress, low self-esteem, and the expectancy of responsibility of the person.

Each person who is prescribed medication for depression, must be evaluated separately. It's recommended improve the effectiveness of an antidepressant, prior to administration a blood sample should be taken to determine what type of metabolizer a patient was. (Barron, S. (2021). This would allow a much more informed decision in regard for best therapeutic dosage for patient, resulting in less side effects.

Barron, S. (2021). Psychopharmacology. In Diener, B. R., & Diener, E., (Eds), *Noba textbook series: Psychology*. Champaign, IL: DEF publishers. Retrieved from <http://noba.to/umx6f2t8>

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