

# Complex behavior problems in children and youth: treatment options

Use this decision aid to help you and your healthcare professional talk about how to treat complex behavior problems in youth ages 5 to 18. These problems include being unable to control anger, aggression, or hyperactivity, and may be related to the following diagnoses: oppositional defiant disorder, disruptive behavioral disorder, disruptive mood dysregulation disorder, post-traumatic stress disorder (PTSD), attention-deficit hyperactivity disorder (ADHD), or depression.

It is best to use other treatments like behavioral therapy before trying medication. Not all medications listed have Food and Drug Administration (FDA) approval, so please check with your healthcare professional.

Frequently Asked Questions ↓	Behavioral therapy	Stimulant medication	Non-stimulant ADHD medication	Antidepressant medication	Atypical antipsychotic medication
<b>What does this treatment involve?</b>	Weekly, 1-hour visits for up to 6 months. Parents learn positive ways to manage child's behaviors.	30 to 90 minute evaluation and monthly visits. Child usually takes medication for 1 year.	30 to 90 minute evaluation and monthly visits. Child usually takes medication for 1 year.	30 to 90 minute evaluation and monthly visits. Child usually takes medication for 1 year.	30 to 90 minute evaluation and monthly visits. Child usually takes medication for 1 year. This medication is only used for extreme aggression.
<b>What options might be offered?</b>	Parent Child Interaction Therapy, Positive Parenting Program, Incredible Years, and others	Methylphenidate (Concerta, Ritalin) and amphetamines (Adderall)	Alpha-agonists, such as clonidine (Catapres) and guanfacine (Intuniv), and non-stimulant atomoxetine (Strattera)	Fluoxetine (Prozac), sertraline (Zoloft), escitalopram (Lexapro), and venlafaxine (Effexor)	Risperidone (Risperdal), quetiapine (Seroquel), and aripiprazole (Abilify)
<b>How well does this treatment work?</b>	About 60 out of every 100 children (60%) have fewer behavior problems in a few months.	Up to 90 out of every 100 children (90%) are less hyperactive and impulsive in a week or less.	Up to 80 out of every 100 children (80%) are less hyperactive, impulsive, and aggressive in a few weeks.	About 60 out of every 100 children (60%) are less moody and sad in a few weeks.	About 80 out of every 100 children (80%) are less moody and have fewer behavior problems in a few weeks.
<b>What are some problems with this treatment?</b>	Behavior change may take a few months.  Behavioral therapies may not be available in all areas.	- 25 out of every 100 children (25%) are less hungry and have sleep problems. - 6 out of every 100 children (6%) have a higher heart rate. - 3 out of every 100 children (3%) have higher blood pressure. - Very rarely, children have heart problems that can cause death (3 out of every 100,000 children, 0.003%). Children should be screened for heart problems before being given medication.  Long-term effects and side effects are not known.	- <b>Alpha-agonists:</b> 30 out of every 100 children (30%) feel sleepy. 40 out of every 100 children (40%) feel dizzy. - <b>Atomoxetine (Strattera):</b> 15 out of every 100 children (15%) have problems falling asleep. 10 out of every 100 children (10%) have higher blood pressure. 10 out of every 100 children (10%) feel sleepy. Rarely, children think about self-harm or suicide (about 4 out of every 1,000 children, 0.4%) . Very rarely, serious liver problems occur.  Long-term effects and side effects are not known.	- 10 out of every 100 children (10%) have sleep problems, feel drowsy, or have trouble waking. - 4 out of every 100 children (4%) gain weight. - 4 out of every 100 children (4%) think about self-harm or suicide.  Long-term effects and side effects are not known.	- Most children gain weight, usually between 8 and 32 pounds per year. - 60 out of every 100 children (60%) feel sleepy. - 30 out of every 100 children (30%) have abnormal movements. - 20 out of every 100 children (20%) have higher cholesterol. - 3 out of every 100 children (3%) have higher blood sugar levels. - <b>Risperidone (Risperdal):</b> 40 out of every 100 children (40%) have higher levels of the hormone prolactin.  Long-term effects and side effects are not known.

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