

Antipsychotic dispensing in children in Norway before, during and after the pandemic



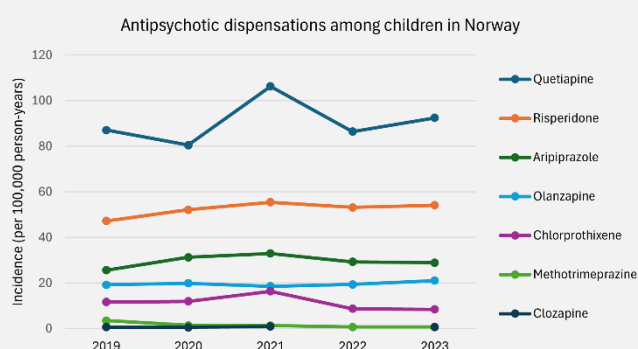
Antipsychotic drugs are used to manage psychiatric disorder. They are classified into typical and atypical antipsychotics with different recommendations for their use. This DARWIN EU® drug utilization study aimed to quantify antipsychotic prescribing in children and adolescents over time. Also, it aimed to describe demographics and clinical characteristics of first-time users. Here, we highlight results for Norway.

Study overview

- Design: Population-level cohort study in Croatia, Denmark, Germany, Netherlands, Norway, and Spain.
- Population: Children/adolescents (1-18 years) in Norway (2019-2023) with ≥ 1 year of prior observable data (N = 311,330).
- Exposure: Dispensed antipsychotic (ATC: N05A).
- Characterize first-time antipsychotic initiation among children (≥ 1 year of prior history and no prior exposure) by dose and duration, stratified by age and sex.

Antipsychotic utilization by children in Norway

- Overall antipsychotic yearly prevalence in Norway increased from 2020, with a peak in 2021. It reached 0.37% in 2023, placing it in the mid-range across databases (0.31%-0.91%).
- The pandemic appeared to have little impact on utilization patterns. A possible decline in typical antipsychotic use was observed in Norway, but the numbers were low.

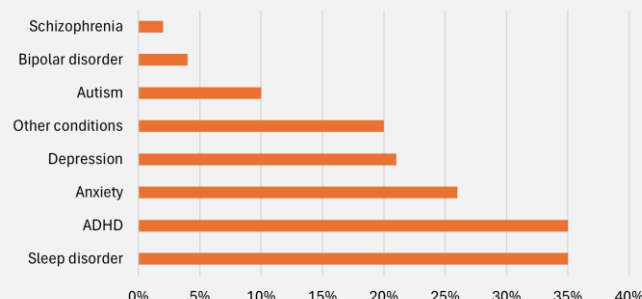


- Most initiators started using quetiapine (50.2%), followed by risperidone (32.5%), and aripiprazole (17.3%).

Patient characteristics of first-time antipsychotic initiators in Norway

- The mean age at initiation was 14.8 years.
- The majority were 12–18 years (82.1%).
- Little difference in sex was present (girls: 52.7%).
- Most common clinical indications were sleep disorders and ADHD. For 20% of users, no indication for antipsychotic use was identified.

Conditions recorded in new antipsychotic users (all time)



- Treatment patterns varied by substance: Quetiapine had a very short and tightly clustered duration (median 7 days, Q25–Q75 7–7) and dose (median 22.32 mg; 22.32–22.32). Risperidone (median 21 days, 7–46; median dose 0.40 mg; 0.33–0.92) and aripiprazole (median 38 days, 19–94; median dose 4.91 mg; 4.67–4.91) showed longer and more variable use.

Data & Methods notes

- Prescribing indications were approximated using predefined recorded conditions in the year before initiation (assessed as 365 to 31 days prior).
- Some potential indications were not available in Norway (e.g. aggression, conduct disorder).

How was this useful?

The study summarized pediatric antipsychotic utilization in Norway by describing time trends and characterizing new users, including starting dose and treatment duration at initiation. Compared to the other databases, Norway was in the mid-range of pediatric antipsychotic prevalence in 2023. Sleep disorders and ADHD were the most common related indications in Norway. Overall, the findings provide a Norwegian benchmark to support surveillance of prescribing patterns including potential off-label use.

Access to the full report

[DARWIN EU® - Antipsychotic prescribing in children in Europe: a descriptive analysis of trends and patient characteristics](#)

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