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Objectives

- Gender disparities in the diagnosis and treatment of psychiatric disorders are well-documented; however, data specific to children are sparse.
- This study investigates these disparities, focusing on the prescription patterns of psychiatric medications among children and adolescents.

Methods

- Using the TriNetX multi-institutional database, we analyzed children aged 3 to 18 years, divided into female and male cohorts.
- Psychiatric diagnoses were identified using ICD-10 codes.
- Prescription patterns of different psychiatric medications were assessed.

Results

- The study included 7.8 million female and 8.6 million male children.
- Anxiety was diagnosed in 330,621 females and 251,335 males; depression in 216,379 females and 131,145 males; psychosis in 6199 females and 6478 males; mood disorders in 10,665 females and 8113 males; and insomnia in 114,146 females and 139,358 males.
- For anxiety, SSRIs were prescribed more to females (28.4%) than males (23.8%), as well as anxiolytics, including buspirone, benzodiazepines, and hydroxyzine (15.1% vs 12.5%) ($p < .001$).
- In depression, SSRI/SNRI prescriptions were higher in females (37.7%) than males (32.1%) ($p < .001$).
- Non-SSRI antidepressants also followed a similar trend (4.9% vs 4.4%) ($p < .001$).
- For ADHD, stimulant use was nearly equal (40.2% females vs 41.2% males) ($p < .001$), while non-stimulants were more common in males (22.4% vs 19.6%) ($p < .001$).

Results

- Antipsychotic prescriptions for psychosis were similar (43.1% females, 43.4% males) ($p = .6883$).
- For mood disorders, antipsychotic use was 38.1% in females and 38.8% in males ($p = .356$), and mood stabilizers were prescribed to 19.1% of both genders ($p = .972$). Sedative prescriptions for insomnia were slightly higher in females (18.9% vs 18.1%) ($p < .001$).

Conclusion

- This study highlights significant gender disparities in psychiatric medication prescriptions among children and adolescents.
- Females are more likely to be prescribed SSRIs, anxiolytics, and antidepressants, whereas males receive more nonstimulants for ADHD.
- These findings underscore the need for further research to ensure equitable treatment across genders.