Parents navigating their child's healthcare journey, especially when complex needs such as autism or epilepsy are involved, often face confusing and sometimes conflicting information. One question that frequently arises is whether an **adult specialist** can legally and ethically prescribe medications for a child. This blog post aims to shed light on this issue, clarifying the *specialist competence*, *paediatric prescribing rules*, and *under-18 safeguards* embedded within UK healthcare regulations and guidelines, including those from the **National Institute for Health and Care Excellence (NICE)** and the **General Medical Council (GMC)**.

Understanding Specialist Competence and Paediatric Prescribing Rules

Before we delve into the finer points of who can prescribe what, it's crucial to understand that prescribing is not simply about writing a prescription. It is a clinical decision made within the bounds of a prescriber's competence, the patient's needs, and rigorous safety safeguards, especially for children under 18.

What Does the GMC Say About Prescribing?

The General Medical Council (GMC), which regulates doctors in the UK, states clearly in its guidance that prescribing should only be done if the prescriber has:

- adequate training and knowledge about the patient's age group and condition
- access to full medical records and history
- the ability to monitor the effects and any side effects of the medication

For children, who have different pharmacokinetics and sensitivities compared to adults, additional caution is mandated.

Is It Okay for an Adult Specialist to Prescribe for a Child?

In principle, a clinician can prescribe for anyone if they have appropriate competence and understanding of the patient profile. However, in practice, medical professionals generally only prescribe for the population they specialize in. An adult neurologist, for example, typically treats adults but could prescribe for a child if:

1. they have paediatric expertise or collaborate with a paediatrician

2. there is no suitable paediatric specialist available
3. they adhere strictly to paediatric dosing and safety guidelines

That said, under-18 safeguards are rigorous, and both the **GMC** and **NICE guidelines** emphasize specialist competence.

Autism vs Co-occurring Conditions: What Is Being Treated?

It is vital to distinguish between autism itself and any co-occurring conditions when considering prescriptions. Autism is a neurodevelopmental condition characterized by differences in social communication and restrictive behaviors, but it is not, in itself, a condition treated with medication.

Medications and Autism: What Does NICE Recommend?

The NICE guidance on autism states clearly that no medication is recommended specifically for autism's core features. Instead, medications may be prescribed to manage *associated symptoms or co-occurring mental health conditions*, for example:

- severe irritability
- anxiety disorders
- attention deficit hyperactivity disorder (ADHD)
- epilepsy (co-occurring seizure disorders)
- catatonia (rare cases)

The key point is whether the medication addresses a diagnosable co-occurring condition or a challenging symptom, not the autism diagnosis alone.

Watch Out for "Treatment" Claims

If a clinician, especially one without paediatric experience, offers medication described as "treating autism" itself, this should be a red flag. This kind of claim is not supported by NICE and frequently lacks a solid evidence base.

Focus on Narrow Epilepsy Indications: Dravet Syndrome & Lennox-Gastaut Syndrome

Some medications are licensed for narrow epilepsy indications in children, including severe forms like:

- **Dravet syndrome**: a rare genetic epilepsy with frequent seizures starting in infancy
- **Lennox-Gastaut syndrome**: a severe childhood epilepsy characterized by multiple seizure types and developmental delay

For these and similar diagnoses, NICE has issued technology appraisals recommending specific treatments, including certain formulations of cannabinoids like *cannabidiol*. But these approvals come with stringent criteria:

Condition Medication Prescribing Restrictions Dravet syndrome Cannabidiol (Epidyolex®) Under specialist supervision; children usually under paediatric neurologist care Lennox-Gastaut syndrome Cannabidiol (Epidyolex®) Only in cases resistant to other treatments, prescribed by specialists with epilepsy expertise

These treatments are not valid outside their licensed use, and cautious assessment of benefit-risk is essential.

Evidence Limits and Placebo Effects in Paediatric Prescribing

When parents hear that a medication might “help” or “calm” their child, it feels hopeful — but anecdotal or subjective reports without scientific measurement can mislead.

The Importance of Evidence-Based Medicine

NICE guidance is grounded in systematic reviews of all available evidence. It weighs not just benefits but also risks, side effects, and long-term safety. In paediatrics, the bar is especially high to avoid unproven off-label use.

Placebo Effects and Measurement Plans

Many symptoms like “behavioural challenges” or “irritability” are difficult to quantify objectively. Good prescribing practice involves:

- clear baseline assessment
- regular monitoring with standardized outcome measures
- trial discontinuation if no real improvement is demonstrable

Claims such as “the child seems calmer” without formal monitoring risk placebo effect biases or natural symptom fluctuation being mistaken for treatment success.

Key Takeaways: Your Checklist Before Accepting Prescribing from an Adult Specialist

1. **Confirm specialist competence:** Does the prescriber have paediatric experience or collaborate with paediatric clinicians?

   releaf autism medical cannabis
2. **Clarify what’s being treated:** Is medication for a co-occurring condition (e.g., epilepsy) or autism itself?
3. **Check if the treatment is NICE-recommended:** Use the NICE guidance library to verify indications.
4. **Understand under-18 safeguards:** Ensure dosing, monitoring, and consent procedures meet child-specific standards.
5. **Request a clear monitoring plan:** How will effectiveness and side effects be measured?
6. **Be cautious about off-label prescribing:** Ask about evidence for benefit vs risks, especially for novel or controversial treatments.

Final Thoughts

Having an adult specialist offer to prescribe medication for your child is not inherently wrong, but it requires close scrutiny. The **GMC** mandates prescribers only treat within their competence, and **NICE** provides guidance setting paediatric standards. Medications for children with autism must target co-occurring symptoms or conditions, not autism itself, and treatments like cannabidiol are reserved for very specific epilepsy syndromes with strong evidence backing.

Always ask for a full explanation, check NICE’s reputable guidance, and ensure there is a proper clinical and monitoring plan before agreeing to prescriptions. Your child’s safety and the appropriateness of treatment are paramount.

If in doubt, seeking a second opinion from a paediatric specialist or a multidisciplinary team can provide reassurance and ensure your child's care adheres to the highest standards.

For more detailed guidance, explore these official resources:

- NICE guidance on autism (NG142)
- GMC Guidance on Prescribing
- NICE Technology Appraisal for Cannabidiol in Epilepsy (TA588)