FDA Warnings & Antidepressants

The FDA (Food and Drug Administration) has been closely reviewing the results of antidepressant studies in children since the first report, in June 2003, of an increased risk for suicide with Paxil. In March 2004, the FDA issued several warnings about the use of 10 different antidepressants in children. The warnings verify that there is much we do not know and that the risk of suicide has not been studied and is not fully known. The FDA warns physicians about prescribing antidepressants to children and it warns parents about watching for signs of suicide.

The 10 medicines on the list from the FDA warning include the following: Prozac (fluoxetine), Zoloft (sertraline), Paxil (paroxetine), Luvox (fluvoxamine), Celexa (citalopram), Lexapro (escitalopram), Wellbutrin (bupropion), Effexor (velafaxine), Serzone (nefazodone) and Remeron (mirtazapine). Trazodone is another antidepressant that may be used to treat depression; however this medication was not included in the 2003 FDA study. Prozac is the only medicine that is FDA approved for the treatment of depression in children and adolescents.

Though the new antidepressants are well tolerated by most adolescents and children, there are some uncommon side effects that might be associated with erratic behavior. It is these uncommon side effects that the FDA is studying to see if these might suggest a greater risk for suicide. Anxiety, agitation, panic attacks, insomnia, irritability, hostility, impulsivity, akathisia (severe restlessness), hypomania, and mania have all been reported, though rare. The question at hand is, are these symptoms precursors to suicide behavior. It has been known that sometimes the antidepressants may induce symptoms of bipolar disorder, though rare this could be the symptoms that might bring on suicide behavior. These questions will be studied in the future.

In the past there has been concern about suicide and antidepressants. Even before the release of Prozac this has been known. Because many people with depression have no energy to do anything, as they improve with antidepressants they become more capable of doing things. As their depression is improving, they might be at greater risk for suicide. This has been known for many years. It has not been seen with the newer agents until now.

Nearly 1 out of 10 youngsters become depressed at some point in time. In 2001, there were 1.8 million suicide attempts in adolescents and children under 19. This is a statistic from the Columbia University researchers. 1 in 10 children attempt suicide before they finish high school, most are not serious attempts. There is some scientific evidence that over the last 10 years since the newer antidepressants have come on the market that the overall suicide rate in the United States has dropped by one third. 11
million prescriptions for these antidepressants were written for children and adolescents since they have become available.

In the past many insurance companies have discouraged using counseling for depression because the new antidepressant worked quicker. Because of that, physicians are used to treating depression with medicines and not encouraging or demanding counseling/therapy. This is no longer the case. To be treated with antidepressants now, it is imperative that one see a therapist/counselor to have an ongoing assessment of suicide intent.

Antidepressant therapy is used for many things other than depression. It can be used for anxiety, bulimia, anorexia and obsessive compulsive disorder. Some children that these medicines to treat some behaviors of autism, Aspergers or selective mutism. If this is the case with your child or adolescent, you should discuss this with your doctor to ensure that your child is safe to continue taking this medicine. Some children take some antidepressants for ADD, especially Wellbutrin. Again, if this is the case, talk to your physician to decide what is best for your child. Some children might take an antidepressant for sleep disturbance, especially Remeron. The issue is the same, talk to your physician and see if it is safe to continue.

It is important to talk with your physician. You should not just stop these medicines quickly, if that is your decision. You should wean these medicines as your physician directs you to do.

This warning will most likely pass and the use will be allowed by the FDA, but until they have the studies to back up the safety and the knowledge about suicide and these medicines, it is best to be cautious.

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