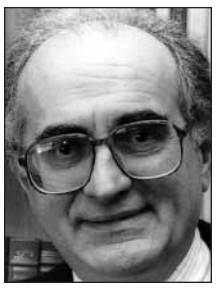
Antidepressants Raise Suicide Risk, Data Show

BY MARY ANN MOON
Contributing Writer

Antidepressants modestly heighten the risk of suicide in pediatric patients, according to Dr. Tarek A. Hammad and his associates at the Food and Drug Administration's Center for Drug Evaluation and Research in Rockville, Md.

Noting the longstanding concern that these drugs may induce rather than avert suicidality in children and adolescents, the FDA did a metaanalysis of 23 placebo-controlled clinical trials run by the drug manufacturers and 1 placebo-controlled multicenter trial performed by the National Institute of Mental Health. Among the 4,582 subjects, there were 109 suicide-related events in the manufacturers' trials and 11 in the NIMH trial.



Adverse effects 'are often detectable with close clinical follow-up and' support.

DR. BALDESSARINI

Data on fluoxetine, sertraline, paroxetine, fluvoxamine, citalopram, bupropion, extended-release venlafaxine, nefazodone, and mirtazapine were pooled and assessed. Most of the studies were done in the late 1990s and ran from 4 to 16 weeks. Thus, this analysis focused on short-term risks and did not address possible suicidality beyond 16 weeks of treatment (Arch. Gen. Psychiatry 2006;63:332-9).

The antidepressants were used to treat major depressive disorder in only 16 of the trials. Other indications included obsessive-compulsive disorder (four trials), generalized anxiety disorder (two trials), social anxiety disorder (one trial), and ADHD (one trial).

The overall relative risk of suicidal ideation or behavior was 1.95, and it was consistent across the studies. The investigators characterized this rise in risk as statistically robust but modest. Its implications for clinical practice remain unclear, Dr. Hammad and his associates noted.

"It is important to be clear that the FDA has not contraindicated any of the antidepressant drugs for pediatric use. Instead, the new labeling warns of the risk of suicidality and encourages prescribers to balance this risk with clinical need. The FDA recognizes that depression and other psychiatric disorders in pediatric patients can have significant consequences if not appropriately treated," the investigators said.

Although there were no completed suicides among the subjects, that finding "does not provide much reassurance regarding a small increase in the risk of suicide because this sample is not large enough to detect such an effect," they said.

It is possible that treatment increased the reporting of suicidality rather than suicidality itself, since the drugs often are given in the hope of increasing pediatric patients' verbalization and communication with others. It is also possible that patients assigned to active drug therapy experienced other adverse events that were not induced by the placebo and which drew clinical attention to them and resulted in better assessment for suicidality, the FDA investigators noted.

Some evidence from other sources seems to belie their findings, they added. The rate of adolescent suicide has declined in recent years, and some data suggest that this decrease correlates with an increasing number of prescriptions for antidepressants. Moreover, autopsy studies have failed to find evidence of antidepressant use in most adolescent suicide victims, even those who had been prescribed the drugs.

In an editorial comment accompanying this report, Dr. Ross J. Baldessarini and his associates at McLean Hospital in Belmont, Mass., noted that, when adverse effects do occur in pediatric patients treated with antidepressants, "they are often detectable with close clinical follow-up and psychological support, especially early in treatment, as recommended in recent Food and Drug Administration clinical advisories.

"Moreover, they may be reversed with appropriately modified treatment, including removal of antidepressant drugs and adding agents likely to reduce agitation and aggression (antipsychotic, antimanic, anxiolytic drugs), as well as close follow-up" (Arch. Gen. Psychiatry 2006;63:246-8). ■

Depression Contagion: Parents Can Affect Children

BY HEIDI SPLETE
Senior Writer

WASHINGTON — The role of parental depression is not a consistent, equivalent risk factor for youth depression, Benjamin L. Hankin, Ph.D., said at the annual meeting of the Association for Behavioral and Cognitive Therapies.

KATHRYN DALES

Parental depression can affect children in two main ways, Dr. Hankin noted. First, children can be exposed to such high levels of stress as a result of parental depression that the children's normal coping skills are unable to handle the initial stress and the children therefore develop depressive symptoms when confronted with additional outside stressors.

Second, depressed parents model poor skills for coping with stress, which leaves the child susceptible to depressive symptoms in the face of additional stress.

The extent to which parental depression is a risk factor for youth depression depends on the contextual domain of the stressor, said Dr. Hankin of the University of South Carolina, Columbia.

Dr. Hankin and his associates conducted a longitudinal study that included 421 8th and 10th grade students from 18 suburban high schools in Chicago. About 55% were female and 87% were white. The youth were evaluated at baseline, 6 months, and 12 months.

The results were based on reports from both the parents and the youths. The data included self-report questionnaires and a 7-day reporting of events at each of the three measurement times using a daily diary in which the youth recorded the worst events of each day. Entries ranged from dropping books in the hallway and receiving poor test grades to fighting with a girlfriend or being kicked out of school.

The researchers analyzed the responses and divided the events into categories of interpersonal stressors, such as family, romantic, peer, and athletic. Parental depressive symptoms interacted with youth stressors to increase the odds of depression in the youth when the interpersonal stressors fell into the family or romantic categories, Dr. Hankin said.

In addition, parental depressive symptoms contributed to poor coping skills among youth. These poor coping skills, when combined with stressors in the family or romantic categories, left the youth more vulnerable to depressive symptoms, Dr. Hankin said. The results were consistent with the limited studies on depressive symptoms in youths whose parents are depressed.

In general, children of depressed parents are at increased risk of psychopathology resulting from internalizing disorders such as depression and anxiety and externalizing disorders such as oppositional disorder and aggression. Children with depressed parents are also more likely to demonstrate impairment in situations concerning school, social competency, and self-esteem.

In addition, the stress caused by a parent's depression disrupts the quality of the parent and child interaction. Such stress also limits the ability of the parent to be available to the child to mitigate the child's daily stressors, Dr. Hankin said. ■

Children With Anxiety, Depression More Likely to Use Ecstasy

BY JOHN R. BELL
Associate Editor

Anxiety and depression increase a child's likelihood of eventually using ecstasy, according to the findings of a longitudinal investigation.

Anja C. Huizink, Ph.D., and coinvestigators at Erasmus Medical Center in Rotterdam, the Netherlands, interviewed 1,580 individuals who had been participating in an ongoing investigation that had begun 14 years earlier in one Dutch province. They hypothesized that behavioral and emotional problems in children or adolescents would be associated with later use of ectasy, clinically known as 3,4-methylenedioxymethamphetamine (MDMA).

Participants were initially assessed in 1983 with the Child Behavior Checklist, a 120-question survey aimed at probing into mood disorders, including anxiety and depression. The 1997 follow-up analysis included 76% of the initial group of 2,076 individuals.

Mean patient age in 1983 was 10 years (range 4-17 years) and 25 years at study follow-up in 1997. There were slightly more female than male participants.

A total of 98 participants (6.2%) reported ever using ectasy. MDMA use was more prevalent among those with deviant scores on the "anxious or depressed" scale of the child behavior checklist in 1983 (hazard ratio 2.22).

There were no associations between MDMA use and the other scales. The authors noted that their study showed this association in both sexes, in contrast to previous studies showing the association only for females.

Ecstasy, they noted, would be attractive to those suffering anxiety and depression because of its euphoric and relaxing effects. However, they added, "It has been found … that in the long run, exposure to MDMA may result in increased depressive symptoms" borne of neurotoxic effects. Thus, depression might be a cause and an effect of using MDMA. "Links between emotional problems and MDMA use may run in both directions," they said.

Other documented risk factors for ectasy use include drug use among peers, a "desire to party," novelty seeking, and bad parenting practices.

The authors concluded that results support the idea that there is a temporal pathway linking childhood anxiety and depression to MDMA use. Future research should focus on children with such symptoms to better understand how psychological factors play into MDMA use. ■