Antidepressant Study May Resolve Suicide Concerns

BY ALICIA AULT
Associate Editor

Psychiatrists say a new study should help convince the public that newer antidepressants do not appear to be associated with a risk of suicide.

In the study of about 60,000 enrollees at Group Health Cooperative (GHC), a nonprofit health care system based in Seattle, the risk of suicide fell by 60% in the first month after treatment began and continued to drop in the next 5 months (Am. J. Psychiatry 2006;163:41-7). The risk of suicide was highest in the month before treatment.

Looking at patients both before and after treatment gives a clearer look at the whole picture, said Dr. Greg Simon, the study's lead investigator, who noted that no other study has examined suicide risk before a patient began treatment. "If you didn't look at the months before treatment, the risk after treatment would look very high," Dr. Simon said in an interview.

He said the study seems to debunk the idea that starting a medication somehow leads a depressed person to act out suicidal behaviors more aggressively than before treatment.

Dr. Darrel Regier, director of the American Psychiatric Association's research division, said one of the study's strengths was its examination of patients before medication started. And because it was observational, it included people with more severe mental disorders, who are normally excluded from randomized trials, he said.

The study "confirms that people who are partially treated are going to have a higher risk of suicide, and the longer they are in treatment, the risk of suicide decreases, which is the opposite of what you would see if the risk of the medication was greater than the illness," Dr. Regier said in an interview. The GHC result "shows the opposite: The risk of the illness was far greater than the risk of treatment," he said.

Dr. Simon emphasized, however, that the observational study could not definitively answer whether the decline in suicide was directly attributable to a medication. "It's quite probable that the risk might go down when people get placebo, because they are starting treatment," he said.

But to truly gauge a medication's particular effects would require a clinical trial with 300,000 patients, "and that will never occur," he said. The study did, however, address the risk of dying by suicide—something the Food and Drug Administration could not do with the data it used as the basis for its black box warning on use of antidepressants in adolescents because so few were studied in those trials, he said.

Dr. Simon and his coinvestigators at Harvard Medical School and Brigham and Women's Hospital, Boston, acknowledged other limitations of the study, including the possible underestimation of suicide risk before treatment and overestimation in the first month after starting because of misclassifications in prescription and hospitalization records.

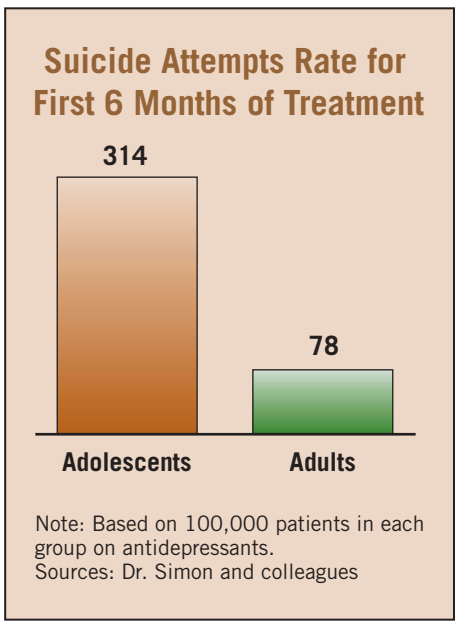
Both Dr. Regier and Dr. David Fassler agreed, however, that the study was important because it took all comers and examined patients of all ages treated in real world settings.

"From my perspective, the findings are consistent with previous reports" that newer antidepressants are not associated with higher rates of suicide, said Dr. Fassler, a child and adolescent psychiatrist in Burlington, Vt.

"What we really need are more long-term studies with real world samples," added Dr. Fassler, also of the University of Vermont, Burlington.

Dr. Simon and his colleagues examined pharmacy records and computerized records from GHC physicians, as well as hospital discharge data and mortality records. They found 65,103 members—70% female—who were treated for depression during the 10.5-year study period. The mean age at time of prescription was 44 years, but ranged from 5 to 105.

They examined several issues: risk of death by suicide and serious suicide attempt during acute-phase treatment with antidepressants, increased risk of death by suicide or serious suicide attempt during the month after starting, and the possibility that newer drugs were associated with a higher risk of death than were older antidepressants.



Overall, the researchers found that the rate of attempts in the first 6 months of treatment was 78 per 100,000 in adults and 314 per 100,000 in adolescents.

The higher rate in adolescents does not come as a surprise, explained Dr. Fassler, who noted that, according to the Centers for Disease Control and Prevention, 1 in 6 adolescents thinks about suicide each year, and by the end of high school, 1 in 10 has made an attempt.

Over the last decade, the rate of adolescent suicide has actually declined by one-third. However, he said, "I'm quite concerned that we could start to see a reversal in that very encouraging trend" if there is reduced access to "appropriate and effective treatment."

That may be occurring with the increased concern about antidepressants over the last few years, and especially after the addition of black box warnings in early 2005, Dr. Fassler said.

The study was funded by the National Institute of Mental Health. Dr. Simon has received a research grant from Eli Lilly & Co., and consulting fees related to a Pfizer program. A coauthor, Dr. Philip Wang, has provided expert testimony on paroxetine (Paxil) and suicide risk. ■

Parental Mood Disorder Packs a One-Two Punch for Children

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.

Parental depression affects children in two main ways, Dr. Hankin noted. First, children can be exposed to such high levels of stress due to parental depression that the children's normal coping skills cannot handle the initial stress and hence they 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 associates conducted a longitudinal study of 421 8th- and 10th-grade students from 18 suburban Chicago high schools. 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.

Parental depressive symptoms also 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.

—Heidi Splete

For Teens Who Are 'Best Pals,' Depression Can Be Catching

WASHINGTON — Depression in a best friend was significantly associated with the development of depressive symptoms in adolescents under conditions of social anxiety, Mitchell Prinstein, Ph.D., said at the annual meeting of the Association for Behavioral and Cognitive Therapies.

Peer relationships during adolescence are characterized by high levels of emotional disclosure and intimacy. Adolescents often use feedback from peers, and their perceived standing among peers is a primary source of their own identity, said Dr. Prinstein of the University of North Carolina, Chapel Hill.

Previous research has shown that adolescents and their friends have remarkably similar characteristics, both concurrently and longitudinally.

Adolescents are likely to choose friends with similar social and psychological characteristics, attitudes, and behavior preferences, and previous research has shown that exposure to these friends extends these similar attitudes and behaviors longitudinally.

Dr. Prinstein and his colleagues studied 100 community-dwelling adolescents, each of whom chose a friend who was also in the data set. No friend was allowed to be selected more than once. The mean age was 16 years at baseline, and 60% were female.

Among girls, a best friend's depression as reported by that friend was associated with depression in the primary adolescent under conditions of social anxiety. Among boys, a lesser level of friendship intimacy was associated with a greater level of association between a best friend's depression and the development of depressive symptoms in the primary adolescent. Among both girls and boys, the higher the level of the best friend's popularity, as rated by peers, the stronger the association between depression in that best friend and the development of depressive symptoms in the primary adolescent.

The results support previous studies of the relevance of peer contagion as a potential contributor to depression in adolescents. "Interventions should not seek to detach teens from relationships, but [should] work to influence adolescent resilience by moderating factors such as anxiety," Dr. Prinstein said. "Getting adolescents to change who their friends are is generally unsuccessful."

—Heidi Splete