

## Children and SSRI Antidepressants: Information for Parents

by David Fassler, M.D.

In recent months, there have been numerous media reports concerning the use of SSRI antidepressants in the treatment of childhood and adolescent depression. Next month, the Food and Drug Administration will be holding hearings to review all of the research currently available. Here's a summary of the information and the current thinking regarding the use of these medications:

1. Childhood and adolescent depression are very real illnesses which affect between 3% and 5% of all young people.
2. Many children and adolescents who struggle with depression have thoughts about hurting themselves, and each year over 500,000 young people attempt suicide.
3. Approximately 2,000 children and adolescents actually die as a result of a suicide attempt each year. This number has declined steadily in recent years.
4. Thoughts about suicide are not uncommon, especially during the teenage years. In fact, according to the Centers for Disease Control and Prevention, 1 adolescent in 6 thinks about suicide each year. Fortunately, the overwhelming majority of young people who have suicidal thoughts do not actually commit suicide.
5. Children and adolescents with signs and symptoms of depression need a comprehensive evaluation and an accurate diagnosis. Depression is not always an easy disorder to recognize. In addition, many of these young people will also have signs and symptoms of a second psychiatric condition. An accurate diagnosis is essential to the development of an appropriate and effective treatment plan.
6. Treatment needs to be individualized to the needs of the child and family. Treatment will often include individual therapy. It may also include family therapy or work with the child's school. Medication, including SSRI antidepressants, can also be an important component of treatment, but medication alone is rarely an appropriate intervention for complex child psychiatric disorders like depression.
7. All treatments have potential risks and benefits. Parents need and deserve access to as much information as possible in order to make fully informed decisions about treatment options.
8. A review of all the studies currently available suggests that the use of SSRI antidepressants may increase the risk of certain suicide related thoughts and/or behaviors in some children and adolescents, however the data is far from clear. For example, the same data indicates that there is no significant increase in the "worsening or emergence of suicidal symptoms". Nonetheless, it is important and appropriate for parents and patients to receive comprehensive information informing them that such a reaction, although unlikely, is a potential risk with any of these medications.
9. It is important to emphasize that in all of the studies which have been reviewed to date, involving some 5,000 children and adolescents, there have been no actual suicides.

10. Every suicide is a tragedy, and any increased risk of suicidal thoughts or behaviors, no matter how small, must be taken very seriously. However, based on the data currently available, most clinicians believe that for children and adolescents who suffer from depression, the potential benefit of these medications far outweighs the risk.
11. Children and adolescents who are taking antidepressant medication should be monitored closely by a physician, especially early in the course of treatment, or when medications are being changed or dosages adjusted.
12. There is general clinical consensus that all of the SSRI antidepressants are effective for some, but not all children and adolescents. However, at this point in time, there is more evidence demonstrating the efficacy of fluoxetine (Prozac) than there is for the other medications in this class. For this reason, it is reasonable for physicians to consider fluoxetine as a “first line” treatment for childhood and adolescent depression.
13. Research also indicates that between 30% and 40% of children and adolescents with depression will not respond to an initial medication. However, many of these young people will ultimately respond to a different medication. Therefore, it is important for physicians to be able to utilize the full range of medications in this class.
14. Not all young people with depression need to be treated with medication. In particular, research suggests that many children and adolescents with milder cases of depression respond well to psychotherapy. This is another reason why it is so important to get a comprehensive evaluation and to carefully consider the full range of treatment options.
15. Research also suggests that certain psychotherapeutic interventions, including, but not limited to cognitive behavioral therapy (CBT), may enhance the effectiveness of medication, and may help reduce the risk of suicidal thoughts and/or behaviors.
16. Without treatment, the consequences of childhood and adolescent depression are extremely serious. Children are likely to have ongoing problems in school, at home and with their friends. 40% will go on to have a second episode of depression within two years. They are also at increased risk for substance abuse, eating disorders and adolescent pregnancy. Research indicates that over half will eventually attempt suicide, and at least 7% will ultimately die as a result. Overall, it has been estimated that depression increases the risk of a first suicide attempt by at least 14 fold.
17. Parents need to be advocates for their children. They should ask lots of questions about the diagnosis and any proposed course of treatment. If they’re not satisfied with the answers or the information they receive, they should seek a second opinion.
18. Above all, parents should not hesitate to seek treatment for children or adolescents who suffer from depression. The good news is that we really can help most of these kids. The real tragedy is that there are so many young people who don’t get the appropriate and effective treatment that they need and deserve.

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