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#### About

#### AZ Psychopharmacology Update

- To bring clinicians the latest information regarding the use of psychiatric medications in a brief format for quick reading
- To stay up-to-date on the latest FDA changes and guidelines
- To discuss new treatments

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- Antidepressant use in children and adolescents
- Teen suicide rate climbs significantly since FDA black box warnings in 2004
- FDA's Antidepressant Medication Guide

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# AZ Psychopharmacology Update

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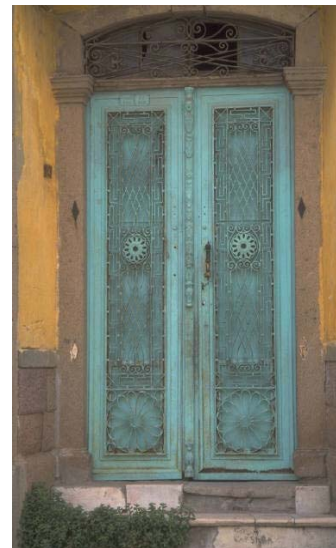
## Update: Antidepressant Use and Suicidality in Children and Adolescents

Antidepressant induced suicidality continues to be a controversial issue in the treatment of pediatric depression. Since the FDA's black box warnings in 2004, physicians have been faced with quite a challenge when it comes to treating depression in youth. Nobody has felt this strain more than pediatricians, family physicians, and general practitioners who are unfortunately on the "front lines" in the treatment of depression. With a 2% placebo vs. 4% active drug increase in "suicidal thinking" from the original FDA meta-analysis, with no completed suicides, the FDA "class effect warnings" has led to a dramatic decrease in prescriptions for all the antidepressants. Thus in Fall of 2007, what should a provider do and what is the current state of evidence regarding suicide and antidepressant use?

In the April 18th issue of JAMA (2007), a meta-analysis out of the Western Psychiatric Institute in Pittsburgh reviewed all the literature that existed prior

to the FDA warnings in 2004, including 2 additional large clinical trials for pediatric depression as well as all the literature studying antidepressants for anxiety disorders such as OCD. Pooled together, this meta-analysis included 7 additional studies compared to the original FDA meta-analysis.

The results, while not inconsistent with the FDA's meta-analysis, did show the Risk Ratio (RR=1.7) and the Risk Difference (RD=0.7) to be smaller than the FDA's original data. Thus, the pooled random-effects RD of suicidality for each diagnostic indication was less than 1% in this meta-analysis. It appears that there is a small, but negligible, increase in treatment associated emergent suicidality with the antidepressants in this age group. When comparing this to "no medication treatment" in the clinical setting, the risks of emergent suicidality are not known.



**The door to the safe treatment of depression in children and adolescents is through psycho-education and frequent follow up visits. These two modalities can help reduce the small risk of treatment emergent suicidality associated with the use of antidepressants. This, in conjunction with psychotherapy, can help treat major depression in youth as safe as possible.**

## CDC: Teen Suicide Rate climbs for the first time in 15 years

The latest data from the CDC reports that the suicide rate among children and adolescents less than 20 years of age has climbed by 18% in the year 2004 (the latest CDC reported data). This is an abrupt change that followed a 28% reduction in suicide for the previous 14 straight years since 1990. This is an alarming statistic since the FDA black box warnings came into effect that same year (2004), leading to a dramatic

reduction in prescriptions written for antidepressants by physicians. Of note, Prozac (Fluoxetine) was FDA approved for adults in 1987. Upon Prozac's arrival, it had been widely prescribed for youth "off label" prior to the FDA approval for children and adolescents in 2003.

## Safe Prescriber Treatment Tips

- 1- Give parents the FDA Antidepressant Medication Guide when prescribing to children and adolescents. This can be downloaded at FDA.gov or [www.AZChildPsych.com](http://www.AZChildPsych.com)
- 2- Ensure proper follow-up and referral for psychotherapy. See FDA guidelines at FDA.gov or [www.AZChildPsych.com](http://www.AZChildPsych.com)
- 3- Provide education about expected side effects for medications