THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF PSYCHIATRISTS

THE ROYAL AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS

The Royal Australasian College of Physicians

# CLINICAL GUIDANCE ON THE USE OF ANTIDEPRESSANT MEDICATIONS IN CHILDREN AND ADOLESCENTS MARCH 2005

## *Purpose*

This statement is addressed to prescribers, especially general practitioners, and is intended to provide clinical guidance on the use of Selective Serotonin Reuptake Inhibitors (SSRIs) when treating children and adolescents. While treatment of psychiatric and developmental disorders in children may include multiple modalities of therapy, this statement is focussed on medication.

## *Background*

A recent re-analysis by the FDA of adverse events reported in trials of antidepressants in children and adolescents[i] concluded that the risk of treatment-emergent suicidal thinking or behaviour was increased in patients on active drug (up to 4%) compared to those taking placebo (up to 2%). There may be an interactional effect between medication and the underlying condition, since the effect is more marked in depression than in anxiety disorders[ii]. There may also be an age effect, with adolescents more affected than pre-adolescents. However, there are insufficient data to make conclusions on these factors at this point. It is important to note that there have been no completed suicides in any clinical trial subject. Further, there is indirect evidence to suggest that, at a general population level, the use of SSRIs may have been associated with a reduction in overall suicides.[iii]

We believe it is important that children and adolescents continue to have access to these medications. As with any prescribing decision, the potential risks need to be balanced against the potential benefits, and should take into account evidence from controlled trial data, as well as the particular clinical circumstances of the individual patient.

Major depressive disorder is a serious condition which is both debilitating and potentially lethal in its own right. Psychosocial development may be compromised by untreated depressive illness. Untreated depression is associated with significant rates of suicidal ideation and behaviour, and with completed suicide. Not treating depression is more likely to result in harm than is appropriate use of antidepressants.

We support and endorse the contents of the Australian Adverse Drug Reactions Advisory Committee's revised statement of 15 October 2004 on the use of SSRI antidepressants in children and adolescents[iv]. In New Zealand, Medsafe have issued a similar statement which is in broad general agreement with the advice from ADRAC. These statements outline rational clinical practice given the current knowledge base, and include:

1. Any SSRI use in adolescents with Major Depressive Disorder (MDD) should be undertaken only within the context of comprehensive management of the patient.