

October 15, 2004

TO: All families considering treatment for their children.

RE: Antidepressants

Today the FDA announced their decision to label with a black box warning all antidepressants for use in children and adolescents. This decision comes after recommendation from a divided committee and the American Academy of Child & Adolescent Psychiatry who recommended against this warning, for fear that it will do more harm (prevent children from receiving the help they need) than good (prevent potential suicides which may occur due to using these drugs). Antidepressants, particularly SSRI's (Prozac, Zoloft, etc). have done much good in saving lives and may be at the heart of the reversal of the rising suicide rate of teens, which slowed in the 90's when these medicines gained widespread use. Nevertheless it is better to be safe than sorry and so here are the facts, which every family should consider before using medications in children and youth.

1. The FDA studied 4400 patients in 24 trials and found no suicides.
2. Increased suicidal thinking occurred in 4% of those on medicines but in only 2% of those on placebo.
3. The parent must balance the risk of increased suicidal thinking on medicines with the worsening of depression and suicidal thinking, which often occur without medicines.
4. Only Prozac (fluoxetine) is approved for use in children for depression, but this does not mean it is the only one that is safe and effective. Side effects may dictate the need for a different SSRI.
5. Prozac, Zoloft, Luvox, and Anafranil are approved for the treatment of OCD in children and so may be better choices than those not approved for children.
6. When medicines are used, children should be closely observed for irritability, agitation, suicidality, and unusual changes in their normal behavior. If these symptoms do occur it is often in the first several months.
7. Monitoring should include daily observation by families and caregivers, and frequent contact with the physician.
8. Counseling, cognitive behavioral therapy, supportive therapy, and other therapies may be considered before using medicines.
9. If there are other questions please contact our clinic or your physician for additional information.

Sincerely,

P. Brent Petersen M.D.
Chairman, Department of Child Psychiatry
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