No Association Seen Between Suicide, SSRIs Among Children in Sweden

BY MICHELE G. SULLIVAN
Mid-Atlantic Bureau

STOCKHOLM — In Sweden, there is no evidence of an association between suicide and the use of selective serotonin reuptake inhibitors among children or adolescents; instead, these drugs appear to be associated with a decreased risk of suicide compared with tricyclic antidepressants (TCA), said Dr. Gøran Isacsson, M.D., at the annual congress of the European College of Neuropsychopharmacology.

Dr. Isacsson compared the toxicologic results of 14,857 suicides that occurred from 1992 to 2000 with those of 26,422 natural or accidental deaths during the same period.

His analysis indicated a decreased association with suicide for three serotonin reuptake inhibitors (SSRIs): fluoxetine (relative risk 0.91), paroxetine (RR 0.87), and citalopram (RR 0.76). Sertraline showed a slightly increased association with suicide (RR 1.05), while fluvoxamine showed a significantly increased association (RR 3.04).

“This increased risk can probably be explained by the fact that fluvoxamine was the first SSRI introduced in Sweden and was prescribed for patients who didn’t respond to other medications,” Dr. Isacsson suggested.

The association between SSRIs and suicide was even lower among children and adolescents, he said. There were 54 suicides among children under 15 years old. Of those children, seven were taking antidepressants: five, a tricyclic antidepressant; one, venlafaxine; and one, mianserin. “None of these children were taking an SSRI—the most commonly prescribed antidepressant in this age group,” Dr. Isacsson said.

There were 356 suicides among children aged 15-19 years; 13 children had been taking an antidepressant, but only 6 of that group had been taking an SSRI. “This increased risk is not significant when compared to the controls,” he said.

Notes: Based on an analysis of data from the National Ambulatory Medical Care Survey. An SSRI is a selective serotonin reuptake inhibitor.

Sources: Linda M. Hobson, Washington State University, Pullman; Neal Ryan, M.D., of the Western Psychiatric Institute and Clinic in Pittsburgh.

SELECTIVE SEROTONIN REUPTAKE INHIBITORS AMONG CHILDREN IN SWEDEN

Mark Olfson, M.D., of Columbia University, New York, is not optimistic about the prospects for this type of research: “For the foreseeable future, I believe the pharmaceutical industry is going to view this whole area as radioactive and stay away from it.”

He does, however, think that this kind of research is necessary. “We need to think more critically about the findings in the context of risks and benefits. So, paradoxically, now is the time that we need more information about what are the benefits of SSRIs in kids.”

Future research should focus on which subgroups of patients are at higher risk and when in the course of treatment they are at higher risk. One strategy would be to monitor depressed children closely for short periods of SSRI therapy, looking for somatic subjective dysphoria, changes in attention, changes in impulsivity, or other indicators of suicidality, Dr. Olfson said.

It’s also important to look at the bigger public health picture, Dr. Olfson said. “We need to be clear about the possible risks of suicide ideation and the suicide attempts that were the subject of the randomized controlled trials analyses and actual suicide or serial suicide attempts that we encounter in practice.”

The rates of suicidal ideation and suicide attempts in a normal adolescent population also need to be considered. According to the Centers for Disease Control and Prevention’s 2003 National Youth Risk Behavior Survey, 16.9% of normal adolescents in grades 9-12 had seriously considered attempting suicide in the previous 12 months and 8.5% had attempted suicide at least once in that time period.

Those numbers stand in sharp contrast to the considerably small numbers of kids who show up in emergency rooms and hospitals after actual suicide attempts, Dr. Olfson said.