Antidepressants Raise Suicide Risk, Data Show

BY MARY ANN MOON
Contributing Writer

A ntitidepressants modestly heighten the risk of suicide in pediatric patients, according to Dr. Taner A. Hammad, who investigated, and his associates at the Food and Drug Administration’s Center for Drug Evaluation and Research in Rockville, Md.

Noting the longstanding concern that these drugs may induce rather than avert suicidality in children and adolescents, the FDA did a meta-analysis of 23 placebo-controlled clinical trials run by the drug manufacturers and 1 placebo-controlled multicenter trial performed by the National Institute of Men- tal Health. Among the 4,582 subjects, there were 109 suicide-related events in the manufacturers’ trials and 11 in the NIMH trial.

Data on fluoxetine, sertraline, paroxetine, fluvoxamine, citalopram, bupropion, exten- sived-release venlafaxine, nefazodone, and mirtazapine were pooled and assessed. Most of the studies were done in the late 1990s and ran from 4 to 16 weeks. Thus, this analysis focused on short-term risks and did not address possible suicidality beyond 16 weeks of treat- ment (Arch. Gen. Psychiatry 2006;63:332-9).

The antidepressants were used to treat major depressive disorder in only 16 of the tri- als. Other indications included obsessive-compulsive disorder (four trials), generalized anxiety disorder (two trials), social anxiety disorder (one trial), and ADHD (one trial).

The overall relative risk of suicidal ideation or behavior was 1.95, and it was consistent across the studies. The investigators characterized this rise in risk as statistically robust but modest. Its implications for clinical prac- tice remain unclear, Dr. Hammad and his associates noted.

“It is important to be clear that the FDA has not contrived any of the antidepressant drugs for pediatric use. Instead, the new labeling warns of the risk of suicidality and encourages prescribers to balance the risk with clinical need. The FDA recognized that depression and other psychiatric disorders in pediatric patients can have significant consequences if not appropriately treated,” the investigators said.

Although there were no completed suicides among the subjects, that finding “does not provide much reassurance regarding a small increase in the risk of suicide because this sample is not large enough to detect such an effect,” they said.

It is possible that treatment increased the reporting of suicidal ideation rather than suicidal- ity itself, since the drugs often are given in the hope of increasing pediatric patients’ verbalization and communication with others. It is also possible that patients assigned to ac- tive drug therapy experienced other adverse events that were not induced by the placebo and which drew clinical attention to them and resulted in better assessment for suicidality, the FDA investigators noted.

Some evidence from other sources seems to belie their findings, they added. The rate of adolescent suicide has declined in recent years, and some data suggest that this de- crease correlates with an increasing number of prescriptions for antidepressants. Moreover, autopsy studies have failed to find evi- dence of antidepressant use in most adoles- cent suicide victims, even those who had been prescribed the drugs.

In an editorial comment accompanying this report, Dr. Ross J. Baldessarini and his associates at McLean Hospital in Belmont, Mass., noted that, when adverse effects do occur in pediatric patients treated with anti- depressants, “they are often detectable with close clinical follow-up and psychological support, especially early in treatment, as recommended in recent food and Drug Admin- istration clinical advisories.”

Moreover, they may be reversed with ap- propriately modified treatment, including re- moval of antidepressant drugs and adding agents likely to reduce agitation and ag- gression (antipsychotic, anxiolytic, anxiolyt- ic drugs), as well as close follow-up” (Arch. Gen. Psychiatry 2006;63:246-8).

Depression Contagion: Parents Can Affect Children

BY HEIDI SPLETE
Senior Writer

WASHINGTON — The role of parental depression is not a consistent, equivalent risk factor for youth de- pression, Benjamin L. Hankin, Ph.D., said at the annual meeting of the Associa- tion for Behavioral and Cognitive Therapies.

Parental de- pression can affect chil- dren in two main ways, Dr. Hankin noted. First, chil- dren can be ex- posed to such high levels of stress as a result of parental depression that the children’s nor- mal coping skills are unable to han- dle the initial stress and the chil- dren therefore de- velop depressive symptoms when confronted with additional outside stressors.

Second, depressed parents model poor skills for coping with stress, which leaves the child susceptible to depressive symptoms in the face of additional stress.

The extent to which parental de- pression is a risk factor for youth de- pression depends on the contextual domain of the stessor, said Dr. Han- kin of the University of South Carolina, Columbia.

Dr. Hankin and his associates con- ducted a longitudinal study that in- cluded 421 8th and 10th grade stu- dents from 18 suburban high schools in Chicago. About 55% were female and 85% were white. The youth were evaluated at baseline, 6 months, and 12 months.

The results were based on reports from both the parents and the youths. The data included self-report ques- tionnaires and a 7-day reporting of events at each of the three measure- ment times using a daily diary in which the youths recorded the worst events of each day. Entries ranged from drop- ping books in the hallway and receiving poor test grades to fighting with a girlfriend or being kicked out of school.

The researchers analyzed the re- sponses and divided the events into categories of interpersonal stressors, such as family, ro- mantic, peer, and athletic. Parental depressive symp- toms interacted with youth stres- sors to increase the odds of de- pression in the youth when the interpersonal stressors fell into the family or ro- mantic categories, Dr. Hankin said.

In addition, parental depres- sive symptoms contributed to poor coping skills among youth. These poor coping skills, when combined with stressors in the family or romantic categories, left the youth more vulnerable to depres- sive symptoms, Dr. Hankin said.

The results were consistent with the limit- ed studies on depressive symptoms in youths whose parents are depressed.

In general, children of depressed parents are at increased risk of psy- chopathology resulting from internaliz- ing disorders such as depression and anxiety and externalizing disorders such as oppositional disorder and ag- gression. Children with depressed par- ents are also more likely to demon- strate impairment in situations concerning school, social competency, and self-esteem.

In addition, the stress caused by a parent’s depression disrupts the qual- ity of the parent and child interaction. Such stress also limits the ability of the parent to be available to the child to mitigate the child’s daily stressors, Dr. Hankin said.

Children With Anxiety, Depression More Likely to Use Ecstasy

BY JOHN R. BELL
Associate Editor

A nxiety and depression increase a child’s likelihood of eventually using ecstasy, according to the findings of a longitudi- nal investigation of Anja C. Huizink, Ph.D., and coinvestigators at Erasmus Med- ical Center in Rotterdam, the Netherlands, interviewed 1,380 individuals who had been participat- ing in an ongoing investi- gation that had begun 14 years earlier in one Dutch province.

They hypothesized that behav- ioral and emotional problems in children or adolescents would be associated with later use of ecstasy, clinically known as 3,4- methylenedioxyamphetamine (MDMA).

Participants were initially as- signed to the “Child Be- havior Checklist,” a 120-question survey aimed at probing into mood disorders, including anxiety and depression. Follow-up assessment included 76% of the initial group of 2,076 individuals.

Mean patient age in 1983 was 10 years (range 4-17 years) and 25 years at study follow-up in 1997. There were slightly more female than male participants. A total of 98 participants (6.2%) reported ever using ecstasy. MDMA use was more preva- lent among those with deviant behavior on the “anxious or de- pressed” scale of the child be- havior checklist in 1983 (hazard ratio 2.22).

There were no associations be- tween MDMA use and the other scales. The authors noted that their study showed this associa- tion in both sexes, in contrast to previous studies showing the as- sociation only for females.

Ecstasy, they noted, would be attractive to those suffering anx- iety and depression because of its euphoric and relaxing effects. However, they added, “It has been found that in the long- run, exposure to MDMA may re- sult in increased depressive symptoms” borne of neurotox- ic effects. Thus, MDMA exposure might be a cause and an effect of using MDMA. “Links between emotional problems and MDMA use may run in both directions,” they said.

Other documented risk factors for ecstasy use include drug use among peers, a “desire to party,” novelty seeking, and bad parent- ing practices.

The authors concluded that re- sults support the view that MDMA is a temporal pathway linking childhood anxiety and depression to MDMA use. Future research should focus on children with such symptoms to better understand how psychological factors play into MDMA use.