

## **Study: Antidepressants safe for kids, teens**

In the largest review of its kind, a study being published in tomorrow's issue of [\*The Journal of the American Medical Association\*](#) concludes that the benefits of antidepressants for children and teenagers outweigh the small risk of possible suicidal thoughts or actions.

[HealthDay](#), the [Associated Press](#) and [Reuters](#) are reporting the study today.

The review covered data on 5,310 children and teenagers from 27 studies, including seven that were part of a Food and Drug Administration review in 2004 that led to a warning about prescribing antidepressants for children and teens. The analysis found that for every 100 youths treated with the antidepressants Prozac, Paxil, Zoloft, Celexa, Lexapro, Effexor, Serzone or Remeron, about one more child experienced worsening suicidal feelings above what would have happened without the drugs. The FDA analysis put the risk at about two in 100. No suicides were reported in any of the studies reviewed.

Antidepressants worked best for anxiety, the analysis found, and worked moderately well for obsessive-compulsive disorders. They worked less well, but were still effective, in treating depression.

"The medications are safe and effective and should be considered as an important part of treatment," said study co-author Dr. David Brent of the University of Pittsburgh School of Medicine. "The benefits seem favorable compared to the small risk of suicidal thoughts and behavior."

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## **JAMA: Study finds benefits of antidepressants in treating pediatric depression**

(COLUMBUS, Ohio) -- According to a new study, conducted by the Center for Innovation in Pediatric Practice (CIPP) at Columbus Children's Hospital and published in the April 18 issue of *The Journal of the American Medical Association* (JAMA), there is more information for parents about the risks and benefits of antidepressant treatment for children with depression and anxiety disorders.

The Children's Hospital study found the overall benefits of antidepressants in treating pediatric major depressive disorder (MDD), obsessive-compulsive disorder (OCD) and non-OCD anxiety disorders (ANX) in children 19-years-old and younger clearly out-weigh the risks of suicidal thoughts and attempts associated with these medications.

"Although our findings regarding suicidal thoughts and attempts are in the same direction as the Food and Drug Administration (FDA) meta-analysis, we found a much lower overall risk and we added analyses of the potential benefit of these medications," said lead author Jeff Bridge, PhD, CIPP principal investigator and assistant professor of pediatrics at The Ohio State University College of Medicine. "This is good news for parents because it gives them more information for discussions with their family's physician about their child's treatment options."

The study found that for every 100 children and adolescents younger than 19 years who were treated with antidepressants for MDD, OCD and ANX, about one child would have thoughts of suicide or attempt suicide beyond the risk associated with the condition itself. The FDA study, which included seven fewer trials, found that for every 100 patients, approximately two would be expected to have suicidal thoughts or attempt suicide beyond the anticipated risks due to short-term treatment with antidepressants.

"Our findings mean that antidepressants should be considered as a first-line treatment option for pediatric depression and anxiety disorders, with the recognition that these medications are more effective for anxiety disorders, including OCD, and modestly effective for MDD," said Bridge.

Bridge said the study also looked at whether the effectiveness of antidepressants was influenced by age. The only antidepressant effective in treating depression in children younger than 12 years was fluoxetine (PROZAC). In children 12 years or older, several antidepressants were effective in treating depression.

Data for the study were collected from a meta-analysis of published and unpublished randomized, controlled and clinical trial reports looking at both the benefits and risks of antidepressants in treating children and adolescents younger than 19 years for MDD, OCD and ANX.

"We recognize that there are other therapies, aside from antidepressants, to treat pediatric depression and anxiety disorders including psychotherapies," said Bridge. "While there is a small risk of suicidal thoughts and attempts with antidepressants, the risk-benefit ratio a

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Broadcast quality and web video available upon request.

Bridge's study collaborators are currently with the University of Pittsburgh, Colson RAND Corporation and the University Hospital of Geneva, Switzerland.

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Review

## Clinical Response and Risk for Reported Suicidal Ideation and Suicide Attempts in Pediatric Antidepressant Treatment

### A Meta-analysis of Randomized Controlled Trials

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**Context** The US Food and Drug Administration (FDA) has issued warnings that use of antidepressant medications poses a small but significantly increased risk of suicidal ideation/suicide attempt for children and

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adolescents.

**Objective** To assess the efficacy and risk of reported suicidal ideation/suicide attempt of antidepressants for treatment of pediatric major depressive disorder (MDD), obsessive-compulsive disorder (OCD), and non-OCD anxiety disorders.

**Data Sources and Study Selection** PubMed (1988 to July 2006), relevant US and British regulatory agency reports, published abstracts of important scientific meetings (1998-2006), clinical trial registries, and information from authors. Studies were published and unpublished randomized, placebo-controlled, parallel-group trials of second-generation antidepressants (selective serotonin reuptake inhibitors, nefazodone, venlafaxine, and mirtazapine) in participants younger than 19 years with MDD, OCD, or non-OCD anxiety disorders.

**Data Extraction** Information was extracted on study characteristics, efficacy outcomes, and spontaneously reported suicidal ideation/suicide attempt.

**Data Synthesis** Twenty-seven trials of pediatric MDD (n = 15), OCD (n = 6), and non-OCD anxiety disorders (n = 6) were selected, and risk differences for response and for suicidal ideation/suicide attempt estimated by random-effects methods. Pooled risk differences in rates of primary study-defined measures of responder status significantly favored antidepressants for MDD (11.0%; [95% confidence interval {CI}, 7.1% to 14.9%]), OCD (19.8% [95% CI, 13.0% to 26.6%]), and non-OCD anxiety disorders (37.1% [22.5% to 51.7%]), corresponding to a number needed to treat (NNT) of 10 (95% CI, 7 to 15), 6 (4 to 8), and 3 (2 to 5), respectively. While there was increased risk difference of suicidal ideation/suicide attempt across all trials and indications for drug vs placebo (0.7%; 95% CI, 0.1% to 1.3%) (number needed to harm, 143 [95% CI, 77 to 1000]), the pooled risk differences within each indication were not statistically significant: 0.9% (95% CI, -0.1% to 1.9%) for MDD, 0.5% (-1.2% to 2.2%) for OCD, and 0.7% (-0.4% to 1.8%) for non-OCD anxiety disorders. There were no completed suicides. Age-stratified analyses showed that for children younger than 12 years with MDD, only fluoxetine showed benefit over placebo. In MDD trials, efficacy was moderated by age, duration of depression, and number of sites in the treatment trial.

**Conclusions** Relative to placebo, antidepressants are efficacious for pediatric MDD, OCD, and non-OCD anxiety disorders, although the effects are strongest in non-OCD anxiety disorders, intermediate in OCD, and more modest in MDD. Benefits of antidepressants appear to be much greater than risks from suicidal ideation/suicide attempt across indications, although comparison of benefit to risk varies as a function of indication, age, chronicity, and study conditions.

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