

Selective serotonin reuptake inhibitors (SSRIs) are commonly used to treat depression in adults – but are they safe and effective for children?

In short....

Children and adolescents can suffer from depression that is bad enough to require medication. Only fluoxetine (Prozac) has been found to be both effective and safe for them. All the other SSRIs tested in children and adolescents showed no evidence of effectiveness, and showed an increased risk of side effects, including thoughts of suicide or suicide attempts.

The Issue: Selective serotonin reuptake inhibitors (SSRIs) are a class of drugs used to treat depression, anxiety, obsessive-compulsive disorder, and other psychiatric disorders. Published data show these medications to be effective, but the tests have mostly been done with adults. Because there is so little published data on the use of SSRIs in children, the authors of this review decided to include findings from un-published studies. They wanted to see if the combined evidence would warrant changes in the way doctors prescribe these medications to children.

The Research: The authors reviewed studies of children aged 5 to 18 years who were prescribed an SSRI after being diagnosed with depression. Both published and unpublished studies were considered. The antidepressant drugs studied were fluoxetine (Prozac™), paroxetine (Paxil™), sertraline (Zoloft™), citalopram (Celexa™), and venlafaxine (Effexor™).

The Results: The review found that only fluoxetine (Prozac™) has good evidence that it is safe and effective in the treatment of child and adolescent depression. Published and unpublished studies on paroxetine taken together showed that patients had little or no relief of symptoms and had an increased risk of a serious side effect, including suicidal thinking or attempting suicide. Sertraline was found to be ineffective when both published and unpublished data were analyzed together, and there was an increase in suicidal thinking and suicide attempts. Studies of citalopram and venlafaxine had essentially the same findings, with venlafaxine also having a high rate of side effects and an increased risk of suicidal behaviour.

The reviewers found that the inclusion of information contained in unpublished data on trials of antidepressant use in children and adolescents would change practice because they showed the drugs, with the exception of fluoxetine, were neither safe nor effective for this patient population.

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The preceding is a summary of: Whittington CJ, Kendall T, Fonagy P, Cottrell D, Cotgrove A, Boddington E. Selective serotonin reuptake inhibitors in childhood depression: Systematic review of published versus unpublished data. The Lancet 2004, 363: 1341-1345.