

Selective serotonin reuptake inhibitors (SSRIs) for depression in children and teenagers.

In short....

Overall, the existing evidence for the effectiveness and safety of SSRIs in children and teenagers is very weak. There is a raised risk of suicidal thinking and attempts, but the reason is unknown. The review authors suggest that doctors treating children and adolescents with depression should give medications only to those who are very seriously ill and should monitor them closely. Consideration should be given to using psychological, behavioural and other non-medication treatments in patients with less serious symptoms

The Issue: Depression in children and teenagers can have serious consequences. It needs to be treated. Medications are used frequently; however, there is contradictory information about whether drug treatments work in children and teenagers. There are also questions about the safety of drug treatment in these age groups.

The Research: This review examined the results of both published and unpublished [randomized controlled trials](#) of antidepressant medications called selective serotonin reuptake inhibitors (SSRIs). This class of drugs is believed to affect a chemical imbalance in the brain related to depression. The medications studied were paroxetine, fluoxetine, sertraline, and citalopram. The review looked at the effectiveness of the medication and the side effects which may occur with their use.

The Results: A comprehensive search strategy found only 10 high quality studies. Their findings were from clinical trials, not from real life situations like a family doctor's practice. This can make a difference. Clinical trials are conducted under ideal conditions. A family doctor may be faced with a very ill child or teenager with a complicated history or difficult family situation. The data from the trials would not necessarily hold true for them.

The studies showed improvement in symptoms of depression. They do not show that the depression was "cured" or that the person returned to normal functioning. Many of the studies had high drop-out rates. Follow up of those who quit the studies was often incomplete, meaning there was no way of knowing if they got better or what other treatment, if any, was used. Many children and teens experienced side effects. One of the most concerning adverse reactions was suicidal thinking or suicidal behavior. However, most studies excluded participants who had a history of suicide attempts, so it is not possible to know if use of antidepressant could worsen those feelings, or if those whose depression makes them feel suicidal could be safely and effectively treated with SSRIs. It should be noted that no children or teenagers died when taking part in a clinical trial of SSRI medication.

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The preceding is a summary of: Hetrick SE, Merry S, McKenzie J, Sindahl P, Proctor M. Selective serotonin reuptake inhibitors (SSRIs) for depressive disorders in children and adolescents. Cochrane Database of Systematic Reviews 2007, Issue 3. Art. No.: CD004851. DOI: 10.1002/14651858.CD004851.pub2.