

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

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### **The Bottom Line:**

Interventions targeted at some of the problems children have with speech have been found to be effective, while others have shown only mixed results. Those children with expressive language difficulties (*producing* speech sounds and words) did better than those with receptive language difficulties (*understanding* speech sounds and words.) The evidence for the effectiveness of interventions for children who have problems understanding grammar and sentences is lacking and more research is needed in this area.

### **What problem is being addressed?**

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.

Recently, there have been reports that SSRIs may increase the risk of suicidal behavior in depressed children. The U.S. Food and Drug Administration (FDA) requested earlier this year that labels on SSRIs include a warning that patients on these medications should be closely monitored, and said it is reviewing safety data on the use of antidepressants in children.

Because published data on the use of SSRIs in children is so scant, the authors of this review decided to include findings from un-published studies to see if, combined with the published studies, the evidence would warrant changes in the way doctors prescribe these medications to children.

### **What intervention is being tested?**

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 Both published and unpublished studies were considered.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™).

**What is the *real scientific evidence*?**

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Published and unpublished studies on paroxetine taken together showed that patients had little or no relief of symptoms and had an increased risk of a serious side effect, including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.

Sertaline 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.