CPSP
CANADIAN PAEDIATRIC SURVEILLANCE PROGRAM

One-time survey results

Adolescent depression and side effects of selective serotonin reuptake inhibitors (SSRI)

November 2005

According to the World Health Organization, depression will be the leading cause of disability worldwide by the year 2020. Commonly, depressive disorders begin in adolescence and up to 60% of adolescents with depression will have a recurrent episode as an adult. Given the high burden of suffering with depressive disorders in this population and the high risk of recurrence, efficacious and safe treatments are clearly needed. However, there has been recent controversy about the use of non-tricyclic antidepressants, one form of treatment previously thought to be efficacious and safe in this age group.

After reviews of the efficacy and safety of non-tricyclic antidepressants in youth with depression, both the American Food and Drug Administration (FDA) and Health Canada have released warnings about the use of any of these agents in youth with depression. In particular, the FDA released its strongest caution – a "black box" warning – regarding the use of these medications in patients with depression.

The purpose of this survey was to ascertain the impact of the "black box" warning on the use of antidepressants by Canadian paediatricians. Other information gathered in this survey included the practice patterns of paediatricians in Canada regarding the diagnosis of depression and treatment with antidepressants.

Responses were received from 544 (23%) of the 2,395 participants. Seventy-five percent (75%, n=408) of the respondents diagnosed and/or managed adolescents with depression in their practices. Of these, 59 (14%) of the respondents were not aware of the "black box" warning.

Of the 349 respondents who were aware of the warning, 85% (n=296) changed their prescribing practices. Thirty-one percent (31%, n=108) followed their patients more closely, while 26% (n=90) referred them to psychiatry. Twenty-nine (8%) respondents stopped treatment with antidepressants altogether. A further 30 (9%) respondents reported that the patients stopped the medications themselves because of the warning. Another 67 (19%) either changed the dose and/or switched the medication. Six physicians stopped initiating treatment with antidepressants after the "black box" warning. Respondents also reported the emergence of several adverse events in teens treated with selective serotonin reuptake inhibitors (SSRI). The most commonly reported adverse events were agitation, aggressive behaviours, and headaches. There were also a few reports of worsening depression/suicidality, insomnia, and decreased appetite.

The survey suggests that many paediatricians are diagnosing depression and managing these cases with antidepressants in their practices. The response to the "black box" warning was not consistent. A large proportion of these paediatricians were aware of the FDA and Health Canada warnings from 2004 and reported changes in their practices according to the FDA recommendations (e.g., increased monitoring). Others stopped prescribing, changed doses or switched medications following the FDA and Health Canada notifications. The survey also indicated that Health Canada should develop a more efficient and effective system of communicating the importance of drug information with physicians.

Principal investigator

Amy Cheung, MD, Mood Disorders Program, Sunnybrook and Women's College Health Sciences Centre, 2075 Bayview Ave, Suite FG 62, Toronto (ON) M4N 3M5; tel.: 416-535-8501, ext.6087; fax: 416-979-4703; amy.cheung@sw.ca