

AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY

October 31, 2004

Dear AACAP Member:

The AACAP Council has reviewed this letter and the attachment and supports the following Work Group on Research message to AACAP members. Let us remember, the ultimate judgment regarding the care of a particular patient must be made by the clinician in light of all the circumstances presented by the patient and his or her family, the diagnostic and treatment options available, and available resources.

Richard M. Sarles, M.D.
AACAP President

Message to AACAP Members

On Friday, October 15, 2004, the U.S. Food and Drug Administration (FDA) announced new warnings and precautions to strengthen safeguards for children and adolescents treated with antidepressant medications. In response, the American Academy of Child and Adolescent Psychiatry (AACAP) Work Group on Research notes that, while the warnings are reasonable, some of their aspects and the practical suggestions are more strongly supported by research than others. The Work Group recommends that the AACAP's child and adolescent psychiatrist members continue to prescribe selective serotonin reuptake inhibitors (SSRIs) and other antidepressants. To support our members, the Work Group is using this letter to provide the research basis of their concerns about the FDA's recommendations on monitoring.

What is the research basis of this warning about the safety of antidepressants in children and adolescents?

The FDA pooled analyses of twenty-four short-term (4 to 16 weeks) placebo-controlled trials involving over 4,400 patients. The studies included using nine antidepressant drugs, both SSRIs and others, with children and adolescents with major depressive disorder (MDD), obsessive compulsive disorder (OCD), or other psychiatric disorders. These analyses revealed a greater risk of adverse events representing suicidal thinking or suicidal behavior during the first few months of treatment in those receiving antidepressants. It should be noted that only 78 of the 4,400 patients experienced suicidal thinking or suicidal behavior, but no suicides occurred in these trials. The average risk of such events on a drug was 4%, twice the placebo risk of 2%.

The FDA report did not provide data on the benefits of the antidepressants because most of the 9 antidepressants tested did not show efficacy compared to placebo. Only fluoxetine showed a significant advantage over placebo for reducing the symptoms of depression in the pediatric trials. The recent NIMH sponsored Treatment for Adolescents with Depression Study (TADS) found that fluoxetine is more effective than placebo over three months of treatment. The benefit of medication exceeds the risk. The combination of cognitive behavioral therapy (CBT) and medication may minimize the risk of suicidal behavior. Psychotherapy alone, usually shown to be an effective treatment, did not work as well as the medicine. Yet, long-term treatment using either medication or psychotherapy has not been studied. It is possible that effective treatment of depression may decrease the long-term risk of suicide, but that has yet to be shown.

The AACAP Work Group on Research urges child and adolescent psychiatrists to continue treating depressed children and adolescents with SSRI antidepressants, either alone or with an evidence-based psychosocial therapy. Before starting treatment, explain to the family and to the patient the information contained in the FDA's new warnings and precautions, including the specific signs of behavioral toxicity, including activation, restlessness, and manic switching. Implement, to the extent that is practical, the FDA's specific instructions for monitoring, including once-a-week visits with the patient the first four weeks, and biweekly the next eight weeks.

The Work Group on Research wants to remind AACAP members to join the new Child and Adolescent Psychiatry Trials Network (CAPTN), which will be studying the long-term safety and efficacy of SSRI antidepressants (www.captm.org). Until we have findings from these trials and other research, the attached talking points and supplementary information were developed to help you, your patients and their families.

Sincerely,

Robert Findling, M.D., Chair
AACAP Work Group on Research
Initiative

Laurence Greenhill, M.D., Chair
AACAP Pediatric Psychopharm

Attachment