



National Prescribing Service Limited

**MEDIA RELEASE**

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## **Children and suicide: views on antidepressants**

Contrasting views about the risk of suicide in children given antidepressants are set out in the latest edition of *Australian Prescriber*. Health professionals are uncertain about how to best manage depression in children. While not approved in Australia for childhood depression, selective serotonin reuptake inhibitors are often used.

In a joint paper, Dr Jon Jureidini, Head of Psychological Medicine at North Adelaide's Women's and Children's Hospital, and Associate Professor Anne Tonkin of the University of Adelaide, write that when antidepressants are prescribed 'we have poor evidence of efficacy, small but significant increases in suicide risk, and significant, probably underestimated, adverse events'.

In his paper, Professor Joseph Rey of the University of Sydney writes 'the current evidence suggests that psychosocial treatments, not medication, should be used in mild and moderate depression, but they are no panacea'. He says that sometimes antidepressants are needed.

Jureidini and Tonkin endorse the UK National Institute for Clinical Excellence's strategy of 'watchful waiting' and suggest 'referral to or consultation with a child or adolescent mental health service or child psychiatrist'.

Having examined research by the US Food and Drug Administration, which showed the risk of suicidal activity/thinking was 4% for those on medication and 2% for those on placebo, the authors of both papers advocate alternatives to medication as the first step in the treatment of depressed children.

In his paper, Professor Rey writes: 'This is a rapidly evolving field in which new data are becoming available all the time and clinicians need to change their practice accordingly, considering that the balance between benefit and harm is neither simple nor static.'

The October issue of *Australian Prescriber* also features an article on the journal's thirty years, celebrated in 2005.

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