

## Untreated depression in kids is a risk factor

### Report says offering meds outweighs harm of suicidal thoughts

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Despite concerns over the safety of antidepressant medication for children and teenagers, an analysis of studies led by a well-known suicide researcher at Columbia University and the New York State Psychiatric Institute indicates that the need to treat them far outweighs any possible harm.

"It's important to get this message across," said Dr. J. John Mann, a professor of translational neuroscience at Columbia and chief of neuroscience at the state institute in Manhattan. Mann chaired a panel of experts for the American College of Neuropsychopharmacology, and the final report is published today in the academy's peer-reviewed journal.

The panel analyzed all available findings on the class of compounds called selective serotonin re-uptake inhibitors, or SSRIs, and found that Prozac -- the first of its kind approved for adults in 1987 -- was the only one with sufficient data on children. It was approved for use in children in 2003. "Although many medications have been tested, only one has proven effective in testing done to date," the panel reported.

Last year, the Food and Drug Administration issued a warning on SSRIs, saying some studies have shown a risk for suicidal thoughts and behavior associated with the drugs.

"We definitely endorse the idea that physicians should carefully monitor their patients for suicidal thoughts," Mann said. "But doctors should not leave patients untreated. That in itself is a major risk factor for suicide."

Suicide is the third leading cause of death among adolescents.

The possibility that these medicines may trigger suicidal behavior in the first weeks or months of treatment emerged after government drug-regulating agencies began counting "adverse event" reports. Doctors are urged to report to the FDA any possible side effects from the drugs they prescribe.

Mann and his colleagues looked at dozens of studies, analyzing depression rating scales filled out by patients, and found there were no differences between those on a placebo and those on antidepressants.

"When you look at the actual numbers, you see a tiny proportion of people who commit suicide are even on antidepressants at the time of death," Mann said. He added that he's concerned the FDA warning may scare physicians into not treating young people with major depression.

In 2003, Columbia's Dr. Mark Olfson and his colleagues reported they found a correlation between the increased use of SSRIs and a decline in suicides among adolescents in the decade from 1990 to 2000.

"There is certainly a need to do more studies," Mann said.

Dr. Barbara Coffey, a psychiatrist at the NYU Child Study Center, agrees. Coffey is part of a national, federally funded study to test the benefits of three different treatments in 120 adolescents who are depressed and have recently attempted suicide. Each person in the study will receive either a medication, cognitive behavior therapy or a combination of both. Until this study, researchers (and pharmaceutical companies) have excluded teens with any history of suicide attempts.

"This will allow us to look at the development of suicidal behavior during the course of the treatment," Coffey said.

Mann's group is now analyzing brain scans of depressed and non-depressed people to see whether they can find any markers that put depressed people at risk for suicide. What his studies have shown is the more normal the brain's serotonin system is during the depression, the better the outcome a year later.

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