OPTIMAL HEALTH UNIVERSITY™

Presented by Dr. Peter Hobson

Dangers of Antidepressant Medication for Children and Adolescents

Currently, an alarming number of children and adolescents are diagnosed with depression and prescribed antidepressant medication. In the US alone, each year doctors write more than 10 million antidepressant prescriptions for children, and reports show this trend is growing at a rapid rate in countries throughout the world.

Although doctors of chiropractic do not treat psychological disorders, Dr. Hobson is distressed about the shocking rates of misdiagnosis of pediatric depression and over-prescription and side effects of antidepressants.

What Are SSRIs?

Selective serotonin re-uptake inhibitors, or SSRIs, are a popular class of antidepressants that work by allowing more serotonin to remain in the brain. Serotonin is a natural brain chemical involved in the transmission of messages between nerve cells.

Some well-known SSRIs include Lexapro®, Prozac®, Paxil®, Zoloft®, Luvox® and Celexa®.

Causing More Harm Than Good?

A recent study at Harvard Medical School's Clinical and Research Program in Pediatric Psychopharmacology focused on the adverse side effects of SSRIs.

Researchers reviewed 82 medical charts of children and adolescents who were being treated with an SSRI for depressive or obsessive-compulsive disorders. The patients were an average age of 12 years.

The scientists found that 22 percent of the youngsters had a "psychiatric adverse event" (PAE), a severe mood disturbance or shift. Typically PAEs started three months ***after*** the subjects began taking SSRIs. When the patients discontinued SSRIs, the PAEs disappeared, and re-exposure to an SSRI resulted in another PAE in 44 percent of the patients.

"Based on the retrospective review of medical charts, youth receiving SSRI appear to be at risk for treatment emergent PAE and recurrence with re-exposure to an SSRI. Prospective longer term studies evaluating the course and prognosis of youths manifesting PAE to SSRI are necessary," conclude the study's authors (*J Child Adolesc Psychopharmacol* 2003;13:143-52).

With such serious side effects, why are these drugs still being so widely prescribed to children? And why do we hear so little about these dangerous side effects? Read on to find out what the government, the drug companies and physicians are, and are not, doing about this problem.

Government Agencies Discourage Use

Are government agencies concerned about the side effects of antidepressant medication? Consider the following:

In 2003, the UK Committee on Safety of Medicines advised against using almost all SSRIs for depressed patients under 18 years of age.

In 2004, the U.S. Food and Drug Administration (FDA) issued a Public Health Advisory cautioning the use of antidepressants in children and adults. The FDA asked specific manufacturers to add warnings to their labels recommending close observation of children and adult patients for worsening depression and suicide attempts.

Are Doctors Aware of the Risks?

Are all doctors on the cutting edge of health information? Not necessarily.

For example, in one study, 596 pediatricians and 557 family physicians received a four-page questionnaire focused on SSRI prescriptions for children and adolescents. The survey also asked about other issues, such as managing pediatric depression, practice characteristics and training for pediatric depression.

Dr. Peter Hobson, Nerang: (07) 5527-3133 Browns Plains: (07) 3806 8686
7 Price Street, Nerang, Queensland

Only 11 percent of the pediatricians and 22 percent of the family physicians felt comfortable treating childhood depression. Worse yet, only a handful reported receiving adequate training for childhood depression.

However, SSRI prescriptions by both pediatric doctors were commonplace; 63 percent of the family physicians and 48 percent of the pediatricians believed that SSRIs were safe. Doctors who prescribed SSRIs were less likely to refer a child for counseling to manage the depression.

The pediatricians and physicians also reported prescribing SSRIs for other childhood and adolescent health problems. Other than depression, attention deficit/hyperactivity disorder was the most frequent reason for a prescription, followed by obsessive-compulsive disorder, aggression, eating disorders and uncontrolled urination.

The authors of the report concluded that "the lack of training and comfort of care of pediatric depression and mental illnesses cannot be overlooked. Training and continuing education must improve and change as new pharmacotherapies [drug treatments] emerge." (*Pediatrics* 2000;105:e82.)

Drug Manufacturers Issue Warnings

Warnings haven't been limited to the government; they've also come directly from the manufacturers themselves. For example, recently GlaxoSmithKline, the maker of Paroxetine (Seroxat®, Paxil®), distributed a statement to British practitioners, completely discouraging prescriptions for children and adolescents with depression. The statement explained that clinical trials in youths linked the drug to life-threatening side effects, such as self harm, hostility, agitation and suicide.

Are the Drug Companies Hiding Information?

Parents cannot rely on pharmaceutical companies to be entirely forthright about side effects, according to a recent report in the *British Medical Journal*.

An anonymous source recently sent this prestigious medical journal documents linking the drug Prozac® (fluoxetine) to suicide and violence. The documents suggest that the manufacturer, Eli Lilly, has been aware of and sought to downplay side effects, such as "behavior disturbances," since the 1980s.

The documents had suspiciously disappeared in 1994, when the company was being sued by relatives of victims whose murderer was taking Prozac®. In 1989, the murderer, who had been taking Prozac® for a month, shot eight coworkers before killing himself. The relatives alleged that Eli Lilly had known about Prozac®'s side effects for years.

Dr. Richard Kapit, the FDA clinical reviewer who originally approved Prozac®, commented that if he had been given access to the Lilly documents, he would not have approved Prozac®.

"If we have good evidence that we were misled and data were withheld then I would change my mind [about the safety of Prozac®]. I do agree now that these stimulatory side effects, especially in regards to suicidal ideation and homicidal ideation, are worse than I thought at the time that I reviewed the drug," stated Dr. Kapit.

Congressman Maurice Hinchey believes that the data should have been shared with the FDA and public initially, not now, more than a decade later. His office is currently reviewing the documents to determine whether Lilly withheld information.

Congressman Hinchey believes this case should inspire Congress to "mandate the complete disclosure of all clinical studies for FDA-approved drugs so that patients and their doctors, not the drug companies, decide whether the benefits of taking a certain medicine outweigh the risks." (*BMJ* 2005;330:7.)

Pass the Word Along

Since not all parents, or even their children's doctors, may be aware of antidepressant risks and side effects, we encourage you to share this information with anyone who will benefit. As a sequel, next week's ***Optimal Health University®*** handout will focus on eight steps to consider before placing your child on an antidepressant. It reports on research showing natural solutions for pediatric depression, which may be helpful for any parent or anyone who works with children. Make sure to pick up a copy!

Warning: Never discontinue a child's prescribed antidepressant without first consulting the prescribing physician. Stopping any antidepressant medication suddenly may result in withdrawal effects and increase the risk of a depression relapse. With any treatment regimen, natural or otherwise, watch your child closely for worsening signs of depression, and consult a physician right away if your child attempts or indicates a desire to inflict any type of self-harm or aggressiveness toward others.