



# Antidepressants, Youth and Suicide

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# Disclosures

“Neither I nor my spouse/partner has  
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# Suicide and Depression

- Over 5,200 young people commit suicide each year.
- 2nd leading cause of death among 10 to 24 years
- 17.2% of high schoolers think about suicide each year
- 7.4% of all children attempt suicide
- girls 2x likely to attempt, boys 80% completed suicides

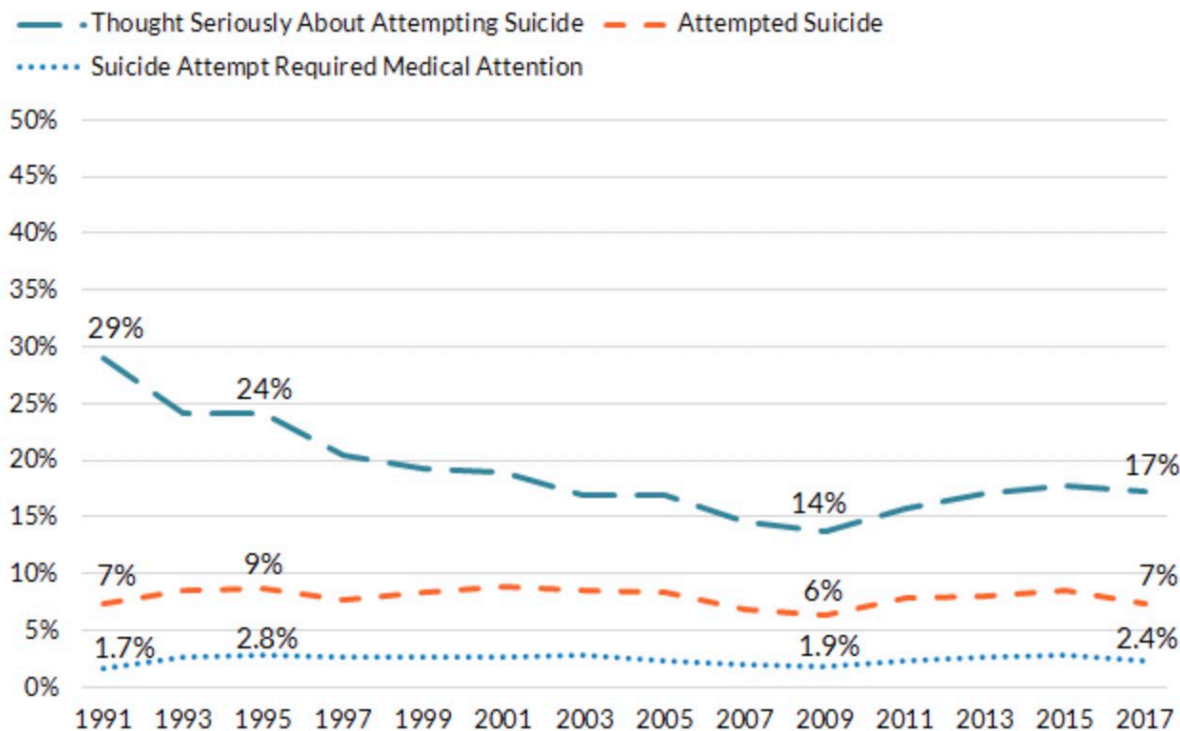
[https://www.aacap.org/AACAP/Families\\_and\\_Youth/Resource\\_Centers/Suicide\\_Resource\\_Center/FAQ.aspx#q1](https://www.aacap.org/AACAP/Families_and_Youth/Resource_Centers/Suicide_Resource_Center/FAQ.aspx#q1)





# Scary. And rare.

## Percentage of Students in Grades 9 through 12 Who Report They Thought Seriously About Attempting Suicide, Attempted Suicide, and That Their Suicide Attempts Required Medical Attention<sup>1</sup>: 1991-2017



<sup>1</sup> In the last 12 months.

Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. (2018). High school Youth Risk Behavior Surveillance System [data tool]. Retrieved from <https://nccd.cdc.gov/youthonline/App/Default.aspx>.

[childtrends.org](https://childtrends.org)

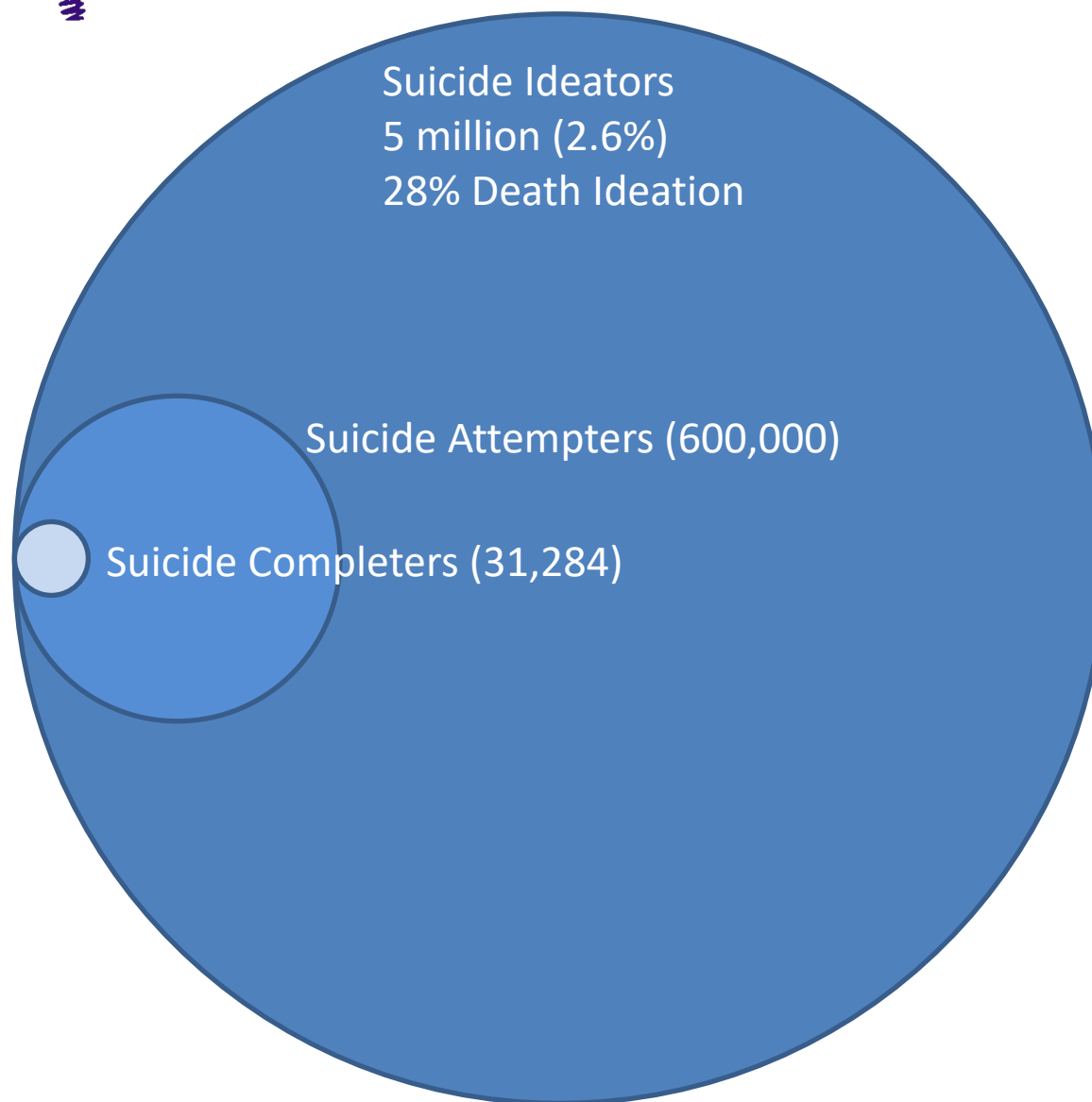


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# Scary. And rare.





# Black Box Warnings

- FDA requires a black box warning when a medication causes a serious undesirable effect
- Over 600 medications carry boxed warnings
- Over 40% patients in outpatient setting receive at least 1 medication with a black box warning

Wagner 2006





# Black Box Warning for anti-depressants

- 2004: FDA directed manufacturers of all anti-depressants to include a warning stating that anti-depressants MAY increase the risk of suicidal ideation and behavior in children and adolescents
- 2006: FDA extended the advisory to include young adults up to 24 years of age
- 2007: FDA stated depression itself was associated with the risk of suicide







# Increased Suicidal Ideation and Behavior on Antidepressants?

- Results of FDA evaluation of 24 studies
- Risk of suicidal thinking or behavior: 2% risk in placebo vs 4% risk on anti-depressant medication
- Take Home Point: Suicidality in these children did not occur by chance alone

Hammad 2006





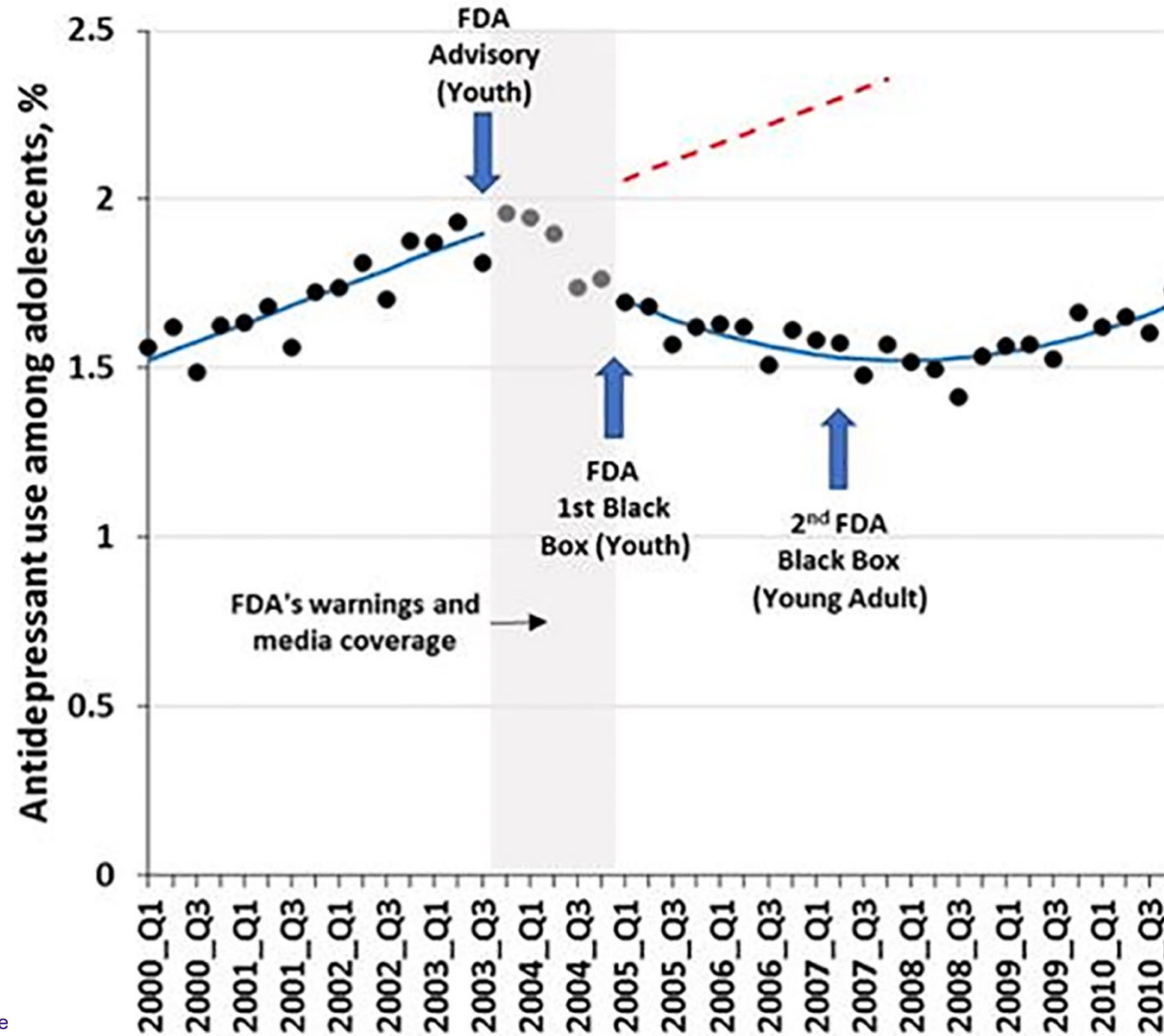
# THEORIES

- Activation/energy improves before mood?
- Adolescents treated with antidepressants may be more depressed to begin with → more at risk for suicidal ideation
- Suicidal ideation elevated with tx w/ more than 1 antidepressant
- Bipolar depression?
- Emerging thought/psychotic disorder?



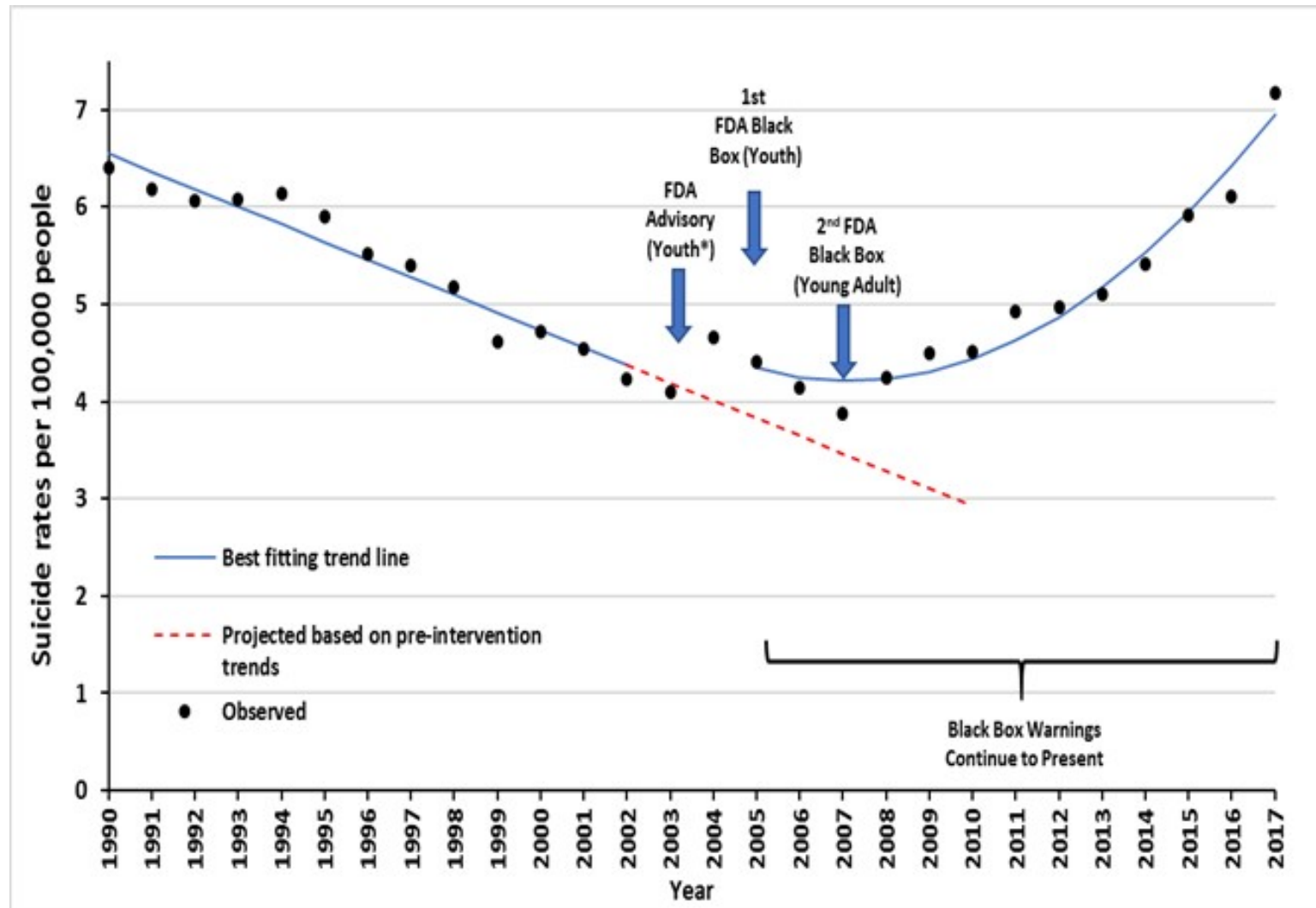


# Unintended Consequences





# Unintended Consequences





# Unintended Consequences

- Rates of antidepressant drug prescriptions declined by 50%
- Rate of diagnosis of MDD reduced by 40%
- Increase in psychotherapy did NOT occur as expected
- Increased utilization of Benzo and antipsychotic medications
- Studies suggested actual increased rate of suicide





# Since the Box: Reassuring Data

- 2003 Gray: adolescent suicide study 24% prescribed ADs; 0% had trace at autopsy
- 2006 Gibbons: analysis by county, the greater the prescribing ADs the lower the suicide rate
- 2007-8: drop in rate of diagnosis of MDD as well as rate of prescriptions
- 2014: Swedish cohort of all teen suicides; rate went up after BB; higher rate if not Rxd or taking Ads
- 2014: BMJ health care claims data show big drop in ADs, large increase in suicide attempts





# TAKE HOME POINT #1: SUICIDAL RISK on ANTIDEPRESSANTS

- No deaths / no completed suicides
- Across ALL studies with 4400 children and adolescents





## Take Home Point #2: SUICIDE RISK

- **Increased** risk of suicide with untreated depression







# RECOMMENDATIONS:

## When Considering Prescribing an Antidepressant

- Assess suicidal ideation (scales can help!)
- Make a safety plan with child and family
- Ask re: symptoms of bipolar
- Get a thorough family history
- Start low, go slow (but go all the way as needed!)
- Closely monitor response to treatment:
  - worsening depression
  - emergence or worsening of suicidal ideation
  - ASK your patients: feel better, worse or same?



# Sample Safety Plan

**Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Step 3: People and social settings that provide distraction:**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Phone \_\_\_\_\_
3. Place \_\_\_\_\_ 4. Place \_\_\_\_\_

**Step 4: People whom I can ask for help:**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Phone \_\_\_\_\_
3. Name \_\_\_\_\_ Phone \_\_\_\_\_



### Step 5: Professionals or agencies I can contact during a crisis:

1. Clinician Name \_\_\_\_\_ Phone \_\_\_\_\_  
Clinician Pager or Emergency Contact # \_\_\_\_\_
2. Clinician Name \_\_\_\_\_ Phone \_\_\_\_\_  
Clinician Pager or Emergency Contact # \_\_\_\_\_
3. Local Urgent Care Services \_\_\_\_\_  
Urgent Care Services Address \_\_\_\_\_  
Urgent Care Services Phone \_\_\_\_\_
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

### Step 6: Making the environment safe:

1. \_\_\_\_\_
2. \_\_\_\_\_

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The one thing that is most important to me and worth living for is:

\_\_\_\_\_





# Final Take Home Points

- Antidepressants are generally safe, useful for moderate to severe depression
- Ask about Suicidal Ideation (scales)
- Make a Safety Plan
- Call Project TEACH for help!





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# Thank you!



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