



Antidepressants, Youth and Suicide

Sarah Klagsbrun, MD, DFAPA, DFAACAP

Medical Director Four Winds Hospital Westchester

Medical Director Project Teach Region 2

Assistant Professor of Behavioral Sciences at the Albert Einstein College of Medicine



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Mental Health**

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Disclosures

“Neither I nor my spouse/partner has a relevant financial relationship with a commercial interest to disclose.”





Suicide and Depression

- Completed suicide 10-14 year olds
 - Boys 1.6/100,000; Girls 0.6/100,000
- 20% of high school students report suicidal ideation
- 10% report suicidal behavior
- Adolescent suicide rate has quadrupled since 1950. Making up 12% of Deaths in Adolescents.





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





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





Black Box Warning: SSRIs, SNRIs, wellbutrin, atomoxetine

- citalopram (Celexa)
- fluvoxamine (Luvox)
- fluoxetine (Prozac)
- sertraline (Zoloft)
- paroxetine (Paxil)
- venlafaxine (Effexor)
- mirtazapine (Remeron)
- nefazodone (Serzone)
- bupropion (Wellbutrin)
- atomoxetine (Strattera) - treats ADHD





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





TAKE HOME POINT #1: SUICIDAL RISK on ANTI-DEPRESSANTS

- 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





THEORIES: why higher risk of suicidal ideation on anti-depressants???

- Adolescents treated with anti-depressants may be more depressed to begin with
- Suicidal ideation elevated with treatment more than 1 anti-depressant
- ?Bipolar depression
- ?Emerging thought/psychotic disorder





RECOMMENDATIONS:

When Considering Prescribing an Antidepressant

- Pre-starting a medication: assess suicidal ideation
- Pre-starting a medication: ask symptoms bipolar
- Pre-starting a medication: consider negative sx schizophrenia
- Get a thorough family history
- Start low go slow: start on lowest dose
- Closely monitor response to treatment:
 - worsening depression or mood swings or anxiety
 - emergence or worsening of suicidal ideation
 - ASK your patients: feel better, worse or same?





Assessing Suicidal Ideation (prior to starting any medication)

- Ever have the thought even randomly pop into your head to...
- Hang yourself
- Shoot yourself
- Run into traffic
- Jump off bridge/cliff/roof/
out a window
- Drown
- How is your MOOD when this occurs?
- Ever RESEARCH suicide?
- How long thoughts last?
- Overdose
- Suffocate
- Drink bleach
- Carbon monoxide
- Cut yourself with intent to kill yourself





Final Take Home Points

- Use Project Teach screening tools
- Ask about Suicidal Ideation
- Use the Warm Project Teach help lines

