

SSRI – NEW WORRIES

Last year (Issue 16, November 19th, 2002), the bulletin urged caution in the use of SSRI drugs for children. Since then:

- The British pharmaceutical regulatory authority has advised that paroxetine should not be prescribed for children or adolescents because of increased risk of suicide (BMJ, 2003, 326:1282).
- Access to Pfizer's raw data on sertraline in children shows underreporting of suicidal acts in published papers (only 1 out of 6 was reported, Br J Psychiatry, 2003, 183:26), suggesting that the above problems are not restricted to one agent.
- Re-examination of the literature on SSRI shows significant adverse effects that are not adequately discussed.
- Of the tens of studies carried out on SSRIs, only 5 have been published. The most likely reason for non-publication is a failure to show significant advantage for SSRI over placebo.
- SSRIs (especially short acting ones) have significant withdrawal effects.

The appeal of SSRIs has always been their safety profile, and possibly greater efficacy in children. Neither of these can now be confidently accepted.

Until the risk of suicide is clarified, we recommend that paediatricians and GPs avoid prescribing SSRI for children without consultation with a child psychiatrist.

However, be sure not to discontinue SSRI abruptly.

Also, a reminder from David Ellis, senior pharmacist, WCH: Only sertraline and fluvoxamine are approved in Australia for use in children, and only for OCD. All other uses are 'off label'.