

SSRIs FOR CHILD AND ADOLESCENT DEPRESSION

Mental Health clinicians increasingly see children and adolescents who have been prescribed SSRI and other newer antidepressant drugs (eg, Prozac; Sertraline; Luvox) by GPs or paediatricians. Unfortunately such medication is often the only treatment that the depressed child is receiving.

In spite of claims to the contrary (in a recent MJA paper) antidepressants are still not a first line treatment for adolescent depression, and should never be used as the sole intervention without expert psychiatric assessment. Evidence underlying this advice is as follows:

1. At least two meta-analyses have established that tricyclic drugs (TCA) are no better than placebo in adolescents. SSRIs are not superior to TCA in adults.
2. One of these meta-analyses looked at psychotherapy, and showed it to be clearly superior to any drugs for childhood depression.
3. There are only three published trials on SSRIs in adolescents.
 - 1 shows no advantage over placebo
 - 1 makes false claims for advantage over placebo; on neither of the nominated primary outcome measures is there any significant advantage
 - 1 had such a high level of dropouts as to suggest results are dubious

Current evidence cannot exclude that the apparent benefit from SSRI drugs is a placebo effect.

Bottom Line: Antidepressant drugs should not be prescribed for children or adolescents by GPs or paediatricians as an alternative to, or while waiting for, expert mental health assessment.

(References available on request)

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