Evidence of psychopharmacological treatment causing suicidal ideation or suicide among adolescents and children

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1. Introduction

Major Depressive Disorder (MDD) is a highly discussed topic among the medical and psychiatric communities. It was not that long ago that physicians refused to believe that depression was something that children or adolescents were developmentally capable of. Within the last few decades more research has focused specifically on childhood depression, making it increasingly more recognized in the medical setting. Up until recently, clinicians believed selective serotonin reuptake inhibitors were the first line of treatment for this disorder. However, in 2004 the Food and Drug Administration (FDA) labeled these medications with a black box warning stating there was a possible increase in the risk of suicide when using the medications among young patients. This announcement left many turning to psychotherapy techniques for treatment, hoping to find a safer outcome for their patients. Since the FDA announcement medical providers have been left to shift through the evidence in the medical literature to ascertain the safest treatment options. As the research continues to accumulate decisions need to be reached addressing pharmacological treatment and psychotherapy use in children and adolescents with depression in relation to the questionable side effect of suicide.

2. Methods and Results

The purpose of this paper was to perform a systematic review of the literature and examine the cumulative data addressing the issue, in the end being able to present a clearer picture to providers. Articles used included children and adolescents ranging in age from infancy to 18 years of age who met the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition criteria of major depressive disorder. Medline and PsychInfo databases were searched for articles meeting the defined inclusion criteria from 1971 to 2004. Variables reviewed in articles included psychotherapy, pharmacotherapy, the combination of both, and suicide. The peer reviewed articles used included background articles for epidemiology data and information on clinical presentation, along with foreground articles, including systematic reviews of data and randomized control studies. From the selected articles data were examined, extracted, and compared with one another regarding the different treatments and their efficacy in treating depression, along with their relationship to suicide and suicidal ideation occurrences. Twenty-six articles matched the criteria and were reviewed using evidence-based methods. Information from the articles contained background information regarding depression, efficacy of treatment methods, and the risk of suicide when using antidepressant medication or psychotherapy in adolescents, as shown in Figure 1. After close analysis of the data, there lacked a preponderance of evidence linking antidepressant medications and an increase risk in suicide regardless of whether subjects were taking the medication alone or in combination with psychotherapy. In fact, the safest and best outcome was combination therapy.

3. Discussion and Significance

As seen in most cases of medicine, there is no black and white answer to the question of how to treat young patients diagnosed with major depressive disorder. But there are some clear implications that can be drawn from the results of this paper, the most important being that clinicians should not shy away from treating depression in young patients. Figure 2 illustrates the results found in the data, reiterating a lack of substantial evidence to suggest an
increased risk in suicide in these patients. Finding also suggested that antidepressants and cognitive based therapy, a form of psychotherapy, are helpful in most cases.[1,2] The most effective and safe treatment option for young patients with depression was found to be a combination of cognitive based therapy and fluoxetine.[3]

**Figure 1: Literature Review Flow Sheet**

RCT=Randomized controlled trial

**Figure 2 Results**

% of studies

Research Findings

no risk  yes risk  inconclusive  effective  ineffective

5. References