Antidepressants in Children and Teens

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When seventeen year old Michael was reading about the Columbine killers, Eric Harris and Dylan Klebold, he realized that both of them had been on antidepressant medications when they rampaged through their school (Dokoupil ¶1). He didn't want to end up crazy and suicidal like they had because of a medication. Michael felt like there was a good guy on one shoulder and an evil on the other, and that the evil one kept winning. He feared that taking an antidepressant would make him snap as the Columbine killers had. After much consideration by Michael and his mother, they decided to consult a specialist. The specialist recommended the selective serotonin reuptake inhibitor, or SSRI, Prozac. After a few months, Michael finally felt like the good guy on his shoulder was winning. By spring, he made the honor roll at his school for the first time.

Antidepressants, also called Selective serotonin reuptake inhibitors, Tricyclic antidepressants, Monoamine oxidase inhibitors, and Serotonin and norepinephrine reuptake inhibitors, are used to treat depression. They can improve your mood, appetite, sleeping patterns, and concentration (NIMH ¶1). However, there are many different types of antidepressants, and all of them have side effects. The side effects vary for each individual but can include dry mouth, nausea, nervousness, insomnia, sexual problems and headaches, just to name a few. There is also much controversy over antidepressants and whether children and teens should be prescribed the medications. Children on an antidepressant medication have a much higher risk of committing

suicide than children not taking an antidepressant medication (Warner ¶ 2). Although antidepressants are prescribed daily to adolescents, many people do not know enough information about them to pass judgment if it is the correct thing to do.

There are many different types of antidepressants for a health professional to choose from to prescribe to any patient, not just teenagers. Tricyclic antidepressants (TCAs) were some of the first antidepressants used to treat depression. They affect the levels of two chemical messengers (neurotransmitters), norepinephrine and serotonin, in the brain (Fram ¶2). Some of the common side effects that can occur with TCAs are: drowsiness, anxiety, insomnia, memory difficulties, confusion, dizziness, weight gain, hypersensitivity reactions, and hypotension. Although these drugs are effective in treating depression, because of the many side effects, they tend to not be the first ones used by doctors. Monoamine oxidase inhibitors (MAOIs) are another early form of antidepressants usually prescribed to people who have tried other options but aren't responding to them (¶3). They are not a first choice drug because of the many restrictions that go along with them. Substances in certain foods like cheese, beverages like wine, and other medications can interact badly with an MAOI. The development of SSRI antidepressants allowed patients to avoid most of these negatives .

Selective serotonin reuptake inhibitors, or SSRIs, are a newer form of antidepressant and one of the most commonly prescribed. Selective serotonin reuptake inhibitors, or SSRIs, work by just increasing the amount of serotonin in the brain(Fram ¶4). Unlike SSRIs, MAOIs increase both the serotonin and norepinephrine in the brain and work well to treat other mental illnesses besides depression (¶3).

Another option besides medication can be therapy. Family therapy or group treatments are effective treatments for depression in children and adolescents (Hazell 330). Cognitive behavior therapy is a treatment process that enables patients to correct false self-beliefs that can lead to negative moods and behaviors. Parents need to be informed of all their options before allowing their child or teen to take an antidepressant medication. Most people are not aware of interactions between medications, food, and beverages which can interfere with the medications' effectiveness (Fram ¶3). Adding therapy to the list of options presented to a patient with depression can be very helpful.

Antidepressants are also very well known for increasing suicidal thoughts. In most cases, that is all people know about them. The Food and Drug Administration did extensive research showing that children taking an antidepressant had about a 4 percent chance of developing suicidal thoughts or behavior compared to only a 2 percent chance in children taking a sugar pill (Mayo ¶3). Thankfully, none of the children in the study actually took their life. However, the FDA felt that it was important enough that in October 2003 they issued a public health advisory warning of an increased risk of suicide attempts or suicide-related behavior among children and teens taking SSRIs. There was a 52% drop in pediatric SSRI prescriptions from 2003-2005 after an 18% increase in teen suicides in 2003-2004 (Dokoupil ¶6). Many experts are concerned that there is a connection between these two statistics. Sometimes when children and teens start to feel adverse effects, they don't tell anyone because they don't know if what they are feeling is normal, causing it to become worse. Many times, children are afraid they will be rejected if they tell someone how they are feeling. The study and the FDA suggest that they be closely monitored by their parents and physicians while taking these medications.

Based on this evidence, the question of whether depressed or troubled kids should take antidepressants at all has been the question in recent years; however, the latest evidence suggests that the answer is “yes.” In 2007, *The Journal of the American Medical Association* published a study that showed that the benefits outweighed the risks for children and adolescents under the age of 19 taking an antidepressant medication (Gardner ¶2). While earlier reports suggested that antidepressants may raise suicide risk in children and teens, the new studies indicate that the drugs may also prevent deaths by curbing depression. If parents still have doubt whether or not their child should be taking the medication, there are signs to watch for: thoughts of death or suicide, self-injury, panic attacks, insomnia, problems at school, irritability, acting aggressive, being angry, violence, hypomania or mania, and increasing sadness, ect. (Mayo ¶10). Parents need to be informed about the possible warning signs and side effects but not let it stop their child from taking the medication.

There can be very positive effects from taking an antidepressant. While the U.S. Food and Drug Administration warned that there was a link between the intake of SSRI antidepressants and teen suicide, the new research supports the belief that SSRIs more typically ease the depression that leads to suicide (Dokoupil ¶1). After depressed children and/or teens start to take an antidepressant, their attitude and outlook on life can change within just a few weeks. Experts believe that The U.S. Food and Drug Administration scared parents and doctors away from SSRIs when it issued the warning of a potential link between the popular drugs and teen suicide in 2003. According to Dr. Robert Gibbon, “… the FDA…should lift its black-box warning because all it’s doing is killing kids” (qtd. in Dokoupil ¶3). Others agree, including a suicide expert from Columbia University, saying that the FDA is doing more harm than good,

and they should shift their focus towards the beneficial effects of antidepressants. Most experts know that untreated depression kills people and now believe that antidepressants save lives.

With all the controversy, the FDA has already taken steps to modify the warning on antidepressants. According to many reports, they felt that their message was misunderstood. According to Dr. Thomas Laughren from the FDA, "Our goal was to inform people of a risk, not halt treatment" (qtd. in Dokoupil ¶6). The goal of the FDA was not to scare people away from taking antidepressants but rather to share a concern from the original research data. Along with informing physicians about these medications, they had the mandate to inform parents and guardians of the risks. The FDA put the warning on these medications because that's what the research indicated; it was never intended to stop treatment in people who need it. Now that the research has started to find different results, the FDA will modify its recommendations accordingly. However, the "black box" warning will remain until there's new research to indicate that the incidence of suicide has gotten smaller. Parents and patients still need to know that there is a higher risk so that they can be prepared and watch their child for warning signs (Mayo ¶10).

Parents or care-givers ask what can be done to help their child or teen while they are taking these medications. Parents can become informed about the medication and treatment options. Parents have the right to access all available information about the child's illness, the treatment options, and the risks and benefits of treatment (Hazell 334). It is extremely important to know what medication being prescribed and the different side effects that can occur. Parents and care-givers need to ask lots of questions. If the parent is not satisfied with the answers or the information received, they should seek a second opinion. Parents always need to help the child or teen learn about the illness so he or she will feel involved and can be an active partner in

treatment. Along with the parents and patients, the physician is responsibil to monitor the treatment effectiveness with each patient. Different tools can be used to evaluate the effectiveness of treatment(Warner ¶8). Inventory tests such as the Beck Depression Inventory and the Children's Depression Inventory are used to monitor children with depression. With these tools, parent involvement, and physician monitoring, there should be no question as to whether or not the child is benefitting from taking the medication.

Antidepressants have had a lot of bad press in the past in terms of increasing the risk of teen suicide. Parents and patients need to be informed about the newest research about these medications. Parents are one of the most important people in a child's life, and children need to have their parents making healthy decisions for them. Hopefully, parents and physicians will feel comfortable enough to know the risks and benefits to why children sometimes do need to take an antidepressant medication.

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