

IV Abstract

Background

The use of newer antidepressants in child and adolescent population has raised great concerns in the recent few years. Their efficacy and suicide risk issues in treating child and adolescent major depressive disorder remains a topic of hot debate.

Objective

To systematically review the evidence on efficacy and suicide risk of newer antidepressants in treating children and adolescents with major depressive disorder and to determine the more suitable medication in treating this disorder.

Method

Medline, PsycINFO, Embase and Cochrane Electronic Database from 1988 to 2006 were searched for articles meeting the defined inclusion criteria. Additional articles were hand-searched from relevant journals. Letters and electronic mails were sent to corresponding authors and pharmaceutical companies for further information. Experts on this field were consulted for additional information.

Results

Twelve randomised placebo-controlled studies were found. Fluoxetine showed more favourable evidence among newer antidepressants favouring fluoxetine use in children and adolescents with major depressive disorder. Some evidence showed an increase risk of suicidal ideation or self-harm associated with newer antidepressants use.

Conclusion

Fluoxetine showed better evidence in treating child and adolescent major depressive disorder. It could be the drug of first choice in the acute treatment of this disorder. There is limited evidence among other newer antidepressants. There is no increase risk of suicide but an increase risk of suicidal ideation or self-harm associated with newer antidepressants use. Risks and benefits should be balanced before prescription.

Keywords

Antidepressants, selective serotonin reuptake inhibitor, fluoxetine, adolescents, children, depressive disorder.