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Suicide Rises in Youth; Antidepressant Debate Looms

By [BENEDICT CAREY](#)

In a finding that is likely to revive a debate of many years about the safety of drugs prescribed for [depression](#), health officials reported yesterday that the rate of [suicide](#) in Americans ages 10 to 24 increased 8 percent from 2003 to 2004, the largest jump in more than 15 years.

Some [psychiatrists](#) argue that the reason for the increase is the decline in prescriptions of antidepressant drugs like [Prozac](#) to young people since 2003, leaving more cases of serious depression untreated. Others say that it is impossible to know if the increase is linked to patterns of antidepressant prescriptions. The one-year spike in suicides could be a statistical fluctuation, they say, and not the start of a trend.

The increase was particularly sharp among adolescents, especially girls, according to the [Centers for Disease Control and Prevention](#), which released the figures yesterday. The timing of the increase coincided with a public debate in the United States and overseas over whether the [antidepressants](#) increased the risk of suicide in a small percentage of young people who took them. In late 2004, after public hearings, the [Food and Drug Administration](#) called for drug makers to put a prominent “blackbox” warning on the drugs’ labels, cautioning about the possibility of increased suicide risk in minors.

Since then, experts have been arguing over whether the controversy about the drugs and the drug agency’s warnings had saved lives or scared away patients who could have benefited from antidepressant treatment, leading to more suicides. In a study first presented at a scientific meeting last December and published Wednesday in *The American Journal of Psychiatry*, an international team of researchers found that a decrease in antidepressant prescriptions to minors of just a few percentage points coincided with a 14 percent spike in suicides in the United States; in the Netherlands, the suicide rate went up almost 50 percent in young people when prescription rates began to drop, the study found.

Ileana Arias, director of the C.D.C.’s National Center for Injury Prevention and Control, which produced the new report, said it was impossible to say what caused the increase.

“The issue is that there is a wide range of factors that may be accounting for the increase, and we’re not aware of anyone who has done an analysis to account for those,” Dr. Arias said.

In addition to changes in prescribing habits, she said, other changes might include increased rates of mental health disorders or increased rates of alcohol or drug use.

Dr. Thomas Laughren, director of the division of [psychiatry](#) products at the F.D.A., said in a conference call with reporters that the agency would need to see more data over time, linking declines in prescriptions to suicide risk before revisiting any of its decisions. In January, after a lengthy review of drug trial data, an F.D.A. panel voted to extend the “blackbox” warning to include adults up to age 24 — and also to include cautions on the labels that untreated depression was a risk factor for suicide.

“You simply cannot reach causal conclusions” from the new C.D.C. data, Dr. Laughren said.

The disease control agency’s analysis found that in 2004 there were 4,599 suicides in Americans ages 10 to 24, up from 4,232 in 2003, for a rate of 7.32 per 100,000 people that age. In the years before that, the rate had dropped to 6.78 per 100,000 in 2003 from 9.48 per 100,000 in 1990.

Over the last year, several studies have suggested that antidepressant drugs are more likely to reduce suicide risk than increase it.

“We’re starting to get a very cohesive story, that the highest risk period for suicide is right before treatment is started, and the risk actually comes down once pharmacotherapy or psychotherapy is started,” said Robert Gibbons, a professor of biostatistics and psychiatry at the [University of Illinois](#) in Chicago and the lead author of the study in the psychiatry journal.

But Andrew C. Leon, a psychiatric researcher at Weill Cornell Medical College in New York, said it was still far too early to tell what the link was, if any, between antidepressant use and suicide. “These are rare events, suicides, and it’s very difficult to disentangle random fluctuations in the numbers from the start of a real trend,” Dr. Leon said.