Antidepressants and Suicidal Behavior

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A meta-analysis of clinical trials of several widely used antidepressants found no evidence that these medications increased the risk of suicidal ideation or behavior in children and young adults. This contradicts an earlier analysis by the Food and Drug Administration (FDA) that led the agency to require a “black box” warning on antidepressants for this age group.

The FDA’s warning was based on the occurrence of suicidal thoughts and attempts among the children during clinical trials of antidepressants. No children died by suicide during these trials. A recent meta-analysis of several longitudinal trials of antidepressants in children and adults concluded that the use of fluoxetine (widely prescribed under the trade name Prozac) did not increase the risk of suicide among young people (ages 7-18 years). Fluoxetine did reduce depressive symptoms in youth. However, the lessening of the depressive symptoms did not decrease the incidence of suicidal thoughts and behavior. The authors speculate that factors such as aggressive impulsivity may explain why some young people continue to exhibit suicidal behavior and ideation despite the effects of fluoxetine on their depression.

This is in contrast to adults and older adults. The meta-analysis revealed that antidepressants reduced suicidal ideation and attempts among adults and older adults precisely because of the effectiveness of the drugs in treating depression. The authors point out that their analysis suggests that adults and older adults whose depression does not respond to antidepressants remain at higher risk for suicide. Thus, it is essential to find other ways of treating depression among adults and older adults who do not respond to antidepressants in order to lower their risk of suicide.


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