

## Suicidality in Adolescents and the Boxed Warning

(Adapted from the APA / AACAP's PhysiciansMedGuide)

Suicidality in Adolescents: Suicidal ideation and suicide attempts are common in adolescence and do not have the same prognostic significance for completed suicide as those behaviors in later life. Quoting data from the Youth Risk Behavior Study, the federal Centers for Disease Control and Prevention (CDC) reports that 8.6% of students had attempted suicide in the previous year. Among high school students, 14.6% had a suicide plan in the previous year and 2.8% had made a suicide attempt that required medical attention. The suicide rate for teens aged 15 to 19 years was 14.2 per 100,000 in 2015. In total, 2,061 teens died by suicide in the US in 2015.

The Boxed Warning: In 2004, the FDA reviewed detailed reports of 24 clinical trials involving more than 4,400 children and adolescents who had been prescribed any of nine antidepressants for treatment of major depression, anxiety, or obsessive-compulsive disorder. No suicides occurred in any of these trials. The FDA concluded that more of the children and teens who were receiving an antidepressant medication *spontaneously* reported that they thought about suicide or made a suicide attempt than did those who received a placebo.

The FDA's analysis showed that about 2 out of 100 children not taking medication would spontaneously report suicidal thoughts and/or behaviors, compared to 4 out of 100 who were taking medication. These rates need to be understood in the context of findings from community samples cited previously, in which as many as half or more of teenagers with major depression were thinking about suicide at the time of diagnosis and some 16% to 35% had made a previous suicide attempt. Although only nine medications were re-examined in the analysis, the FDA applied the labeling changes to all antidepressant medications. This was done on the basis of the advisory committee's concern that applying the warning only to the newer antidepressants reviewed would give doctors and patients the false impression that older antidepressants such as TCAs had a more favorable risk-benefit ratio.

<sup>1</sup> Available at https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2015/ss6506\_updated.pdf

<sup>&</sup>lt;sup>2</sup> Available at <a href="https://www.cdc.gov/nchs/nvss/deaths.htm">https://www.cdc.gov/nchs/nvss/deaths.htm</a>

<sup>&</sup>lt;sup>3</sup>Hammad, T.A., Laughren, T., & Racoosin, J. (2008). Suicidality in pediatric patients treated with antidepressant drugs. Arch Gen Psychiatry, 63(3):332-339, doi:10.1001/archpsyc.63.3.332