Suicide risk during antidepressant therapy. 2006 American Journal of Psychiatry; 163:1:41-7

Treatment for Depression and Suicide

What is the problem and what is known about it?

Thoughts of suicide and actual suicide are common in patients who have major depression. In 2004, the Federal Drug Administration (FDA) warned of high rates of suicide in patients being treated with newer anti-depression drugs. The FDA asked that doctors closely watch all patients treated with these drugs for possible suicide. They also asked that drug makers have a warning about this risk on the drug labels.

The warning was based on a review of many studies on this topic. The authors found that past studies did not take into account key information in figuring out the role of anti-depression drugs in suicide. They point out that past studies did not look at the rate of suicide attempts before the start of drug treatment. Also, they found that there were no comparisons between suicide attempts and suicide deaths at the start of drug treatment.

Why was this study done?

The authors state that most suicides happen before, not after, the patient starts drug treatment for depression. They wanted to answer these questions:

- What is the risk of serious suicide attempt (leads to a hospital stay) and death by suicide at the start of drug treatment for depression?
- Is there a higher risk of serious suicide attempt or death by suicide during the month after starting drug treatment?
- Are the newer drugs stated in the FDA warning linked with higher risk of serious suicide attempt or death by suicide than are older drug treatments?

Who was studied?

- 65,103 members of a large health plan in the Pacific Northwest of the U.S.
    - They must have had a recent diagnosis of depression.
    - They must have been given drug treatment for depression by a doctor.

How was the study done?

Researchers studied the medical records of members of the health plan. These included pharmacy records, registration records, hospital discharge records, and state and national death certificates.

What did they find?

Results show that at the start of drug treatment for depression the rates of serious suicide attempt are about 90 attempts in every 100,000 people. Rates of death from suicide are about 40 in every 100,000 people. This shows that there is a risk. However, their results do not show a higher risk ***after*** starting drug treatment. Instead, the risk of suicide attempt was highest in the month ***before*** the first treatment. The risk fell by more than half in the month after starting the drugs, and lessened through the next months. Also, it

Jack Nicolet '09
jnicolet@uvm.edu

was found that the risk of suicide was not higher among those patients treated with newer drugs, compared to those treated with older drugs.

What are the problems with the study?

Based on the study design, it is hard to prove or disprove a connection between drug treatment for depression and suicide risk. To do so there would need to be more studies on the effects of a single drug vs. a placebo (sugar pill) in more than 300,000 people to find a meaningful difference in risk. Also, the information used was taken from one health care system whose policies and culture may differ from that of the average U.S. population. Finally, some have wondered whether suicide attempts during drug treatment for depression may be because patients are not taking the drugs as told to. Whether patients' followed their doctor's orders for drug treatment was not looked at in this study.

What does the study mean?

The study does not show a definite higher risk of suicide or serious suicide attempt after starting treatment with newer drugs for depression. This result may change the feeling that some doctors have toward using newer drug treatments for depression. Better follow-up care by doctors after a new drug is given will make following treatment better for patients and will improve the likelihood of patients staying with the treatment.

*Drugs studied: bupropion, citalopram, fluoxetine, fluvoxamine, mirtazapine, nefazodone, paroxetine, sertraline, escitalopram, venlafaxine.

Resources:

- **National Institute of Mental Health:** www.nimh.nih.gov, 866-615-6464
- **National Alliance on Mental Illness:** www.nami.org, 800-950-6264
- **National Mental Health Association:** www.nmha.org, 800-969-6642

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jnicolet@uvm.edu