

Editorial: antidepressant prescriptions in children and adolescents

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Editorial on the Research Topic

Antidepressant Prescriptions in Children and Adolescents

The use of antidepressants in children and adolescents has a troubled history, for almost all principles of good evidence-based medicine were violated or compromised. It is a history characterized by systematically biased research, financial conflicts of interest, and professional recklessness ([1- 3](#)). In 2004, the Lancet Editors ([4](#)), in an article titled “ Depressing research” bluntly stated that “ The story of research into selective serotonin reuptake inhibitor (SSRI) use in childhood depression is one of confusion, manipulation, and institutional failure” (p. 1335). It is now well-established that most pediatric antidepressant trials were industry-sponsored and had serious methodological limitations; many trials remained unpublished due to unfavorable results, and those published were mostly ghost-written, selectively reported efficacy outcomes and misrepresented the true rate of treatment-emergent suicidal events ([5- 9](#)). Drug regulators issued a suicidality warning for pediatric antidepressant use in 2003 (MHRA) and 2004 (FDA) and advised to use fluoxetine only. By consequence, some authors argued that SSRI should be reserved as a second-line option for youth with severe and resistant forms of depression ([10](#)).

However, in most countries antidepressant use has considerably increased in children and adolescent over the last 10-15 years ([11 - 13](#)), despite suicidality warnings, the serious limitations of the evidence-base ([14](#)), and ongoing controversies surrounding risks and benefits ([15](#)) as well as the placebo response ([16](#)). The aim of this special topic was thus to provide a collection of articles broadly focused on two main issues; first, on the current <https://assignbuster.com/editorial-antidepressant-prescriptions-in-children-and-adolescents/>

scientific evidence for the efficacy and safety of antidepressants, with a special emphasis on suicidality and related regulatory warnings, and, second, on recent trends in prescription rates and patterns of utilization, including antidepressant overuse, and the increasingly medicalized approach to mental health.

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