



ARCTIC HEALTH

*An information portal to issues affecting the health and well-being
of our planet's northernmost inhabitants*

Do antidepressants precipitate youth suicide?: a nationwide pharmacoepidemiological study.

<https://arctichealth.org/en/permalink/ahliterature82723>

Author: Søndergård Lars
Kvist Kajsa
Andersen Per K
Kessing Lars V

Author Affiliation: Dept. of Psychiatry, University Hospital of Copenhagen, Rigshospitalet Blegdamsvej 9, 2100, Copenhagen Ø, Denmark. l.s@rh.dk.

Source: Eur Child Adolesc Psychiatry. 2006 Jun;15(4):232-40

Date: Jun-2006

Language: English

Publication Type: Article

Keywords: Adolescent
Antidepressive Agents - adverse effects
Case-Control Studies
Child
Denmark - epidemiology
Female
Humans
Male
Precipitating Factors
Regression Analysis
Risk
Serotonin Uptake Inhibitors - adverse effects
Suicide - statistics & numerical data

Abstract: The association between treatment with Selective serotonin reuptake inhibitors (SSRIs) and suicide in children and adolescents on the individual and ecological level were examined in a nationwide Danish pharmacoepidemiological register-linkage study including all persons aged 10-17 years treated with antidepressants during the period 1995-1999 (n=2,569) and a randomly selected control population (n=50,000). A tripartite approach was used. In Part 1, changes in youth suicide and use of antidepressants were examined. In Part 2, we made an assessment of youth suicide characteristics. In Part 3, we analysed the relative risk (RR) of suicide according to antidepressant treatment corrected for psychiatric hospital contact to minimize the problem of confounding by indication. The use of SSRIs among children and adolescents increased substantially during the study period, but the suicide rate remained stable (Part 1). Among 42 suicides nationally aged 10-17 years at death, none was treated with SSRIs within 2 weeks prior to suicide (Part 2). There was an increased rate of suicide associated with SSRIs (RR=4.47), however, not quite significant (95% CI: 0.95-20.96), when adjusted for severity of illness (Part 3). Conclusively, we were not able to identify an association between treatment with SSRIs and completed suicide among children and adolescents.

PubMed ID: 16502208 [View in PubMed](#) 