Background

Children and adolescents prescribed antidepressant medication, most notably selective serotonin reuptake inhibitors (SSRIs), are at an increased risk of suicidal ideation (SI) and suicide attempts (SA) (Hetrick, Merry, McInerney, Simmonds, & Proctor, 2007). Although it is good practice to exclude children and adolescents at risk of suicide-related outcomes (SROs) in trials involving SSRIs, there is a large variation in the procedures reported and the scales used to assess such outcomes.

Objectives

To synthesise and describe the most common scales used to measure SROs in children and adolescents prescribed SSRIs. Difficulties in separating suicidal ideation and suicide attempt for the purposes of meta-analyses in Cochrane reviews will be highlighted.

Methods

The search was performed in August 2012 using the following search terms: (child OR adolescent OR young) AND (antidepressant OR SSRI OR medication OR serotonin*), all in Title, Abstract or Keywords. Reviews that aimed to include children and adolescents up to the age of 18 years as participants, and SSRIs or placebo as treatment intervention were eligible for inclusion. There were no exclusions placed on type of review. Where a protocol for a review was retrieved, authors were contacted in order to ascertain eligibility for inclusion and additional data where applicable. In stage one authors (GC and SH) screened all retrieved reviews for possible inclusion based on title and abstract, using a criteria that was excluded at this point. In stage two, two authors (GC and SH) screened all remaining reviews for possible inclusion.

Results

The search retrieved 72 reviews. Of these, 61 were excluded based on title and abstract. Sixteen reviews were excluded on the basis of age (where it was specified that participants were above 18 years of age), 15 on the basis of strengthening SROs as a study outcome. 11 studies were eligible for inclusion. Eleven studies were excluded on the basis of age (where it was specified that participants were above 18 years of age), 15 on the basis of strengthening SROs as a study outcome. 11 studies were eligible for inclusion.

Conclusions

Despite the documented risk of SROs in children and adolescents prescribed SSRIs, medications are often prescribed. In many cases, adverse effects of medications are included as outcomes and it is unclear whether SROs might be included as parts of those if they were present. For reviews that have included SROs as outcomes, it is clear that a variety of measures are currently being assessed both SI and SA and completed suicide. When embarking on a review where these outcomes are of interest to readers/stakeholders, authors should clearly present what types of SROs will be collected, how they will be measured, which scalable and validated scales will be accepted for outcomes, and how they will be combined in meta-analysis. Furthermore, it is important to establish whether trials considered SROs as primary or secondary outcomes, or as adverse events of treatment only.

References


SROs were defined after careful deliberation by an expert panel from depression. The SROs panel consisted of clinical experts with an interest in child and adolescent psychiatry. SROs were defined after careful deliberation by an expert panel from the Department of Child and Adolescent Psychiatry and Psychology, Sydney Children’s Hospital, South Western Sydney Local Health District, Sydney, Australia.

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