Should I Treat My Teenager With an SSRI?

Disabling sadness (depression) and fear/worry (anxiety disorders) are not a typical teenage experience and should be treated.

SSRIs (selective serotonin reuptake inhibitors) are a class of medicines prescribed to treat depression and anxiety

What does the FDA think?

The US Food and Drug Administration (FDA) has approved the use of these SSRIs in teens:

Escitalopram (Lexapro)
Fluoxetine (Prozac)
Fluvoxamine (Luvox)
Sertraline (Zoloft)

Other SSRIs and antidepressants are also prescribed "off-label," or for a condition they haven't been formally approved for. This is done because there is evidence that they work and are safe in teens.

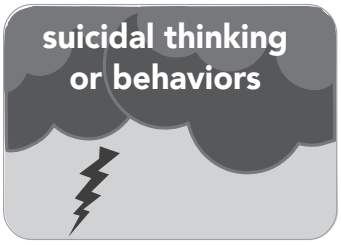
Off-label prescribing is common and in line with accepted clinical practice.

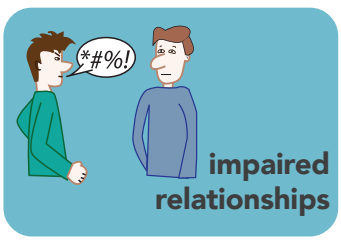
Clinical guidelines recommend treatment with psychotherapy and/or SSRIs.

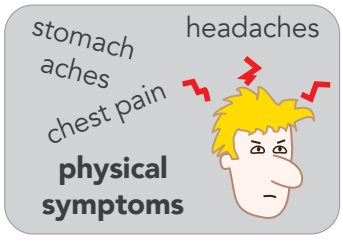
When to Consider SSRIs

- Depression or anxiety are severe
- Quality psychotherapy is not available or has not made enough of a difference
- Co-existing mental health condition like ADHD or an eating disorder
- Your teen isn't eating or sleeping well
- Your teen has a history of self-harm or suicidal thoughts

Possible Risks for Untreated Depression and/or Anxiety Disorders







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Pros of SSRIs

- Reduce symptoms of depression and anxiety in more than half of teens
- Indirectly reduce suicide by improving depression and anxiety
- The safety profiles of SSRIs are among the best of any medicines used for teens

Cons of SSRIs

- Side effects like sleep problems, changes in energy levels, headache, stomach upset, and dry mouth
  - More common at the beginning of treatment or when the dose is increased
- Side effects happen first, and benefits come later (~4 to 6 weeks)

What About the FDA Boxed Warning?

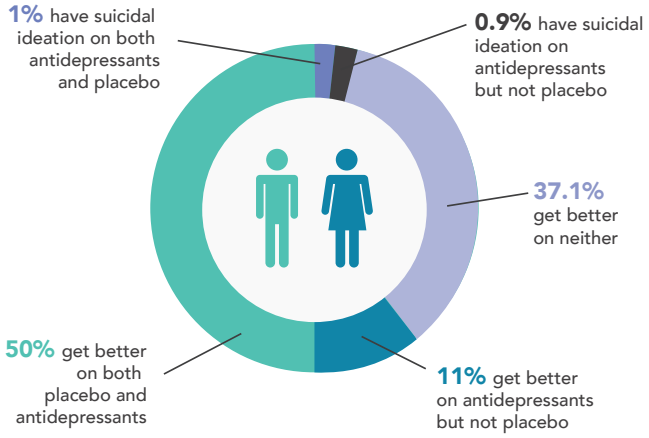
Boxed warning: All antidepressants, including SSRIs, are linked to an increased risk of suicidal thinking and/or behavior in a small subset of children and adolescents, especially in the early phases of treatment.

More recent and larger studies suggest that the risk is less than originally thought. There is no scientific agreement on whether antidepressants are truly linked to a higher risk of new-onset suicidal thoughts, or if this link is caused by other factors.

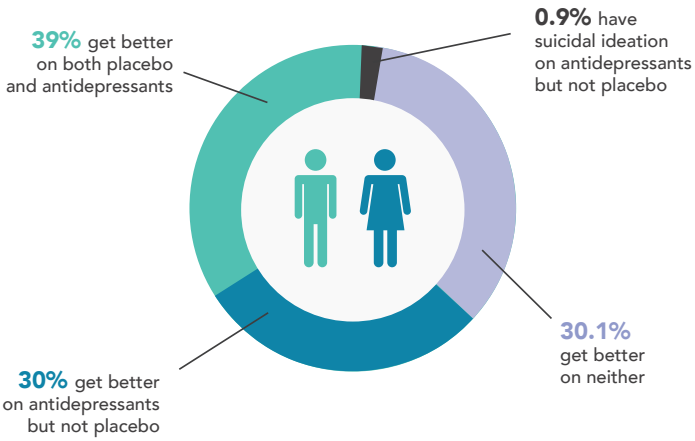
Because of the possible risk, your teen should be monitored closely in the first few weeks of treatment or when the dose is increased.

The Numbers: The Benefits for Teens on Antidepressants

Benefits of Antidepressants vs. Risk of Suicidal Ideation in Children With Depression



Benefits of Antidepressants vs. Risk of Suicidal Ideation in Children With Anxiety Disorders



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