

Antidepressant Use in Child and Adolescent Psychiatry

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Situations sometimes arise in psychiatry when a trial with an antidepressant medication is recommended, and many important steps will take place leading to such a decision. Those of us who work in child and adolescent psychiatry rely on all the information we collect about an individual, our training and experience, and the practice guidelines established by the American Academy of Child and Adolescent Psychiatry to decide when a medication trial is necessary. Mood problems, such as major depression, or anxiety problems, such as obsessive compulsive disorder, are examples of conditions that might require treatment with medication.

Once the recommendation for medication is made, we then discuss with patients and their families the reasons for the recommendation, the possible risks involved in taking the medication, the potential benefits of taking medication, and the alternatives to medication. Often, additional time is spent answering questions. We also explain that we follow the principle of “start low and go slow.”

Because of the relatively small amount of information from studies involving children and psychiatric medication, often we must rely on studies with adult patients and expect the effects in children to be similar. This also means that many of the medications used in psychiatry do not have approval from the Federal Drug Administration (FDA) for use in children or for use with a particular problem. So it is even more important for child psychiatrists to keep in mind that when it comes to psychiatric medication, children are not necessarily little adults. In fact, we are extremely cautious.

In many fields of medicine, medications are prescribed for problems not listed on the label or approved by the FDA. There are cases when a “side effect” of a medication can be the desired effect, depending on the person and his or her condition. Once the physician and the patient have had a thorough discussion, all questions have been answered, and the patient and family are comfortable with the decision, a medication trial can begin.

The use of antidepressants in children and adolescents has become somewhat controversial with the recent decision by the FDA to add a “black box warning” on all antidepressants. The American Psychiatric Association and the American Academy of Child and Adolescent Psychiatry have put together a fact sheet on this subject entitled “ParentsMedGuide,” and this can be found at www.parentsmedguide/parentsmedguide.htm. The important points covered in this guide from the perspective of child psychiatry are that the use of antidepressants should be the result of a thorough evaluation and part of a treatment plan that includes the right therapy to address the specific problem and should also be accompanied by a detailed discussion of the risks and benefits of medication.

In fact, this is how we have always approached treating children and adolescents. Communication and education are important parts of a working relationship, and we encourage any discussion patients need in order to understand the treatment goals. The new labeling of antidepressants has given us another opportunity to communicate more fully with our patients.