TITLE: Pharmacological Treatment of Adolescents with Depression: Guidelines

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RESEARCH QUESTION:

What are the guidelines for the pharmacological treatment of adolescents with depression?

METHODS:

A limited literature search was conducted on key health technology assessment resources, including PubMed, the Cochrane Library (Issue 4, 2009), University of York Centre for Reviews and Dissemination (CRD) databases, ECRI, EuroScan, international health technology agencies, and a focused Internet search. The search was limited to English language articles published between 2004 and December 2009. Filters were applied to limit the retrieval to health technology assessments, systematic reviews, meta-analyses, and guidelines. Internet links were provided, where available.

The summary of findings was prepared from the abstracts of the relevant information. Please note that data contained in abstracts may not always be an accurate reflection of the data contained within the full article.

RESULTS:

HTIS reports are organized so that the higher quality evidence is presented first. Therefore, health technology assessment reports, systematic reviews, and meta-analyses are presented first. These are followed by randomized controlled trials, controlled clinical trials, observational studies, economic evaluations, and evidence-based guidelines.

Four evidence-based guidelines were identified pertaining to the pharmacological treatment of adolescents with depression. No relevant health technology assessment reports were identified. Additional information that may be of interest, including systematic reviews and meta-analyses with mixed child and adolescent patient populations, has been included in the appendix.
OVERALL SUMMARY OF FINDINGS:

Four evidence-based guidelines were identified.\(^1\)\(^-\)\(^4\) One guideline did not state recommendations regarding the pharmacological treatment of adolescent depression in the abstract.\(^1\)

Two guidelines recommended that pharmacotherapy should not be used as first-line therapy to treat depression in adolescents and should only be considered once other treatment has failed.\(^2\)\(^,\)\(^3\) Although, in general, antidepressant dosing for adolescents is similar to that in adults, the American Academy of Child and Adolescent Psychiatry (AACAP) recommends that adolescents should receive lower doses at treatment initiation.\(^3\) AACAP guidelines caution that the half lives of sertraline, citalopram, paroxetine, and bupropion SR (sustained release) are shorter in adolescents than in adults and thus adolescents taking these drugs should be monitored for withdrawal. Although manufacturers do not recommend the use of antidepressants for patients under 18 years of age, the British Psychological Society states that the risk-benefit profile of fluoxetine makes it a favourable choice for adolescents.\(^4\) It also recommends against the use of citalopram, escitalopram, fluvoxamine, paroxetine, sertraline, and venlafaxine as “new therapy” for adolescents.

Antidepressant use in adolescents has been associated with increased incidence of self-harm,\(^2\)\(^,\)\(^4\) suicidal thoughts,\(^3\) suicidal behaviours,\(^3\)\(^,\)\(^4\) and hostility.\(^4\) Thus, the identified guidelines recommend monitoring adolescents for suicidal thoughts\(^2\)\(^,\)\(^4\) as often as weekly for the first four weeks of treatment.\(^3\) The AACAP recommends that if treatment goals have not been met after 12 weeks of therapy on antidepressants, alternative treatments should be sought.\(^3\)

Overall, pharmacological treatment is not recommended as a first-line therapy for adolescents with depression.\(^2\)\(^,\)\(^3\) In cases where other treatment has failed, antidepressant therapy with selective serotonin reuptake inhibitors (SSRIs), particularly with fluoxetine,\(^4\) is recommended, though patients should be closely monitored for self-harm behaviours, especially at treatment initiation.\(^2\)\(^,\)\(^4\) Links to the full guidelines have been provided and can be referenced for more detailed information.
REFERENCES SUMMARIZED:

Health technology assessments
No literature identified.

Systematic reviews and meta-analyses
No literature identified.

Guidelines and recommendations


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APPENDIX – FURTHER INFORMATION:

Systematic reviews and meta-analyses with mixed patient populations


Consensus Statements, guidelines, recommendations


14. Royal Australian College of General Practitioners, Royal Australian and New Zealand College of Psychiatrists, Royal Australian College of Physicians. *Clinical guidance on the use of antidepressant medications in children and adolescents* [Internet]. South Melbourne


**Review articles**


**Additional references**