Psychopharmaka in der Kinder- und Jugendpsychiatrie

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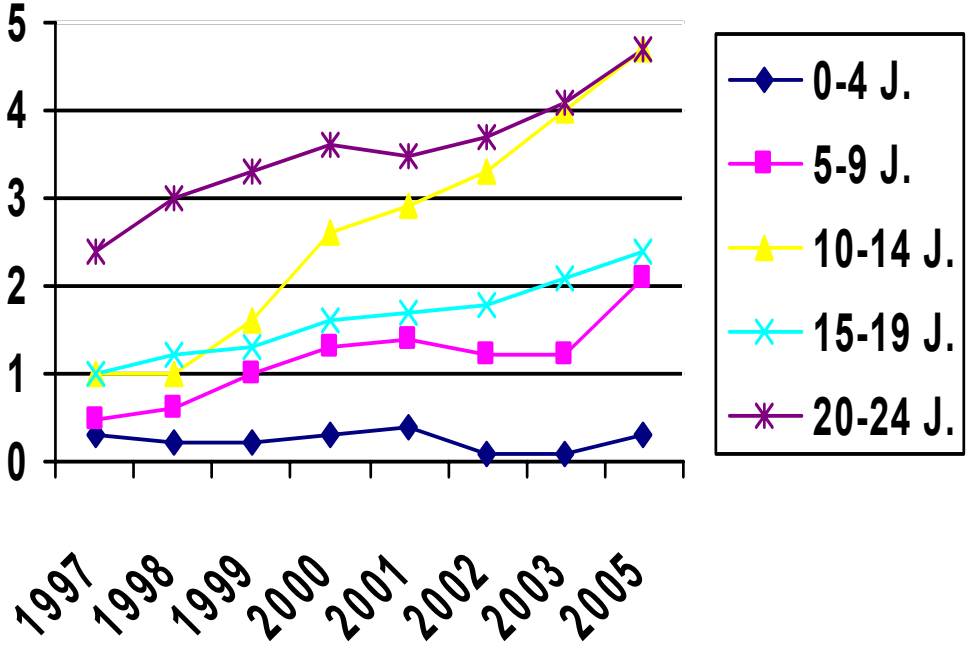
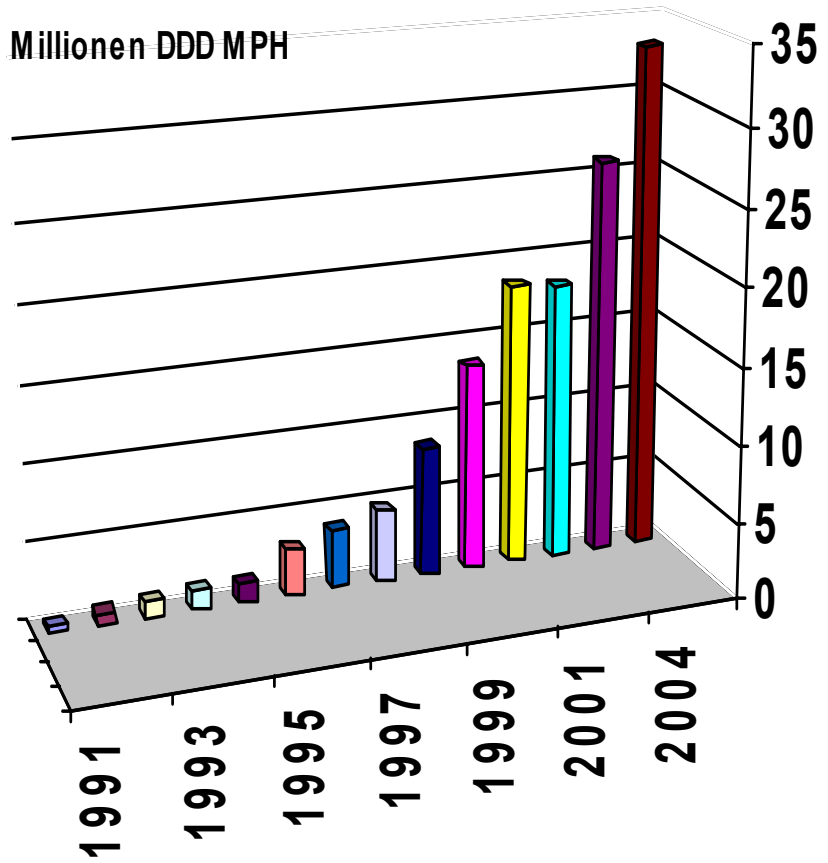
Verordnungen nach Altersgruppen



Psychopharmakaverordnung je definierter Tagesdosis (WHO-DDD) je GKVersichertem aus den Arzneiverordnungsreporten.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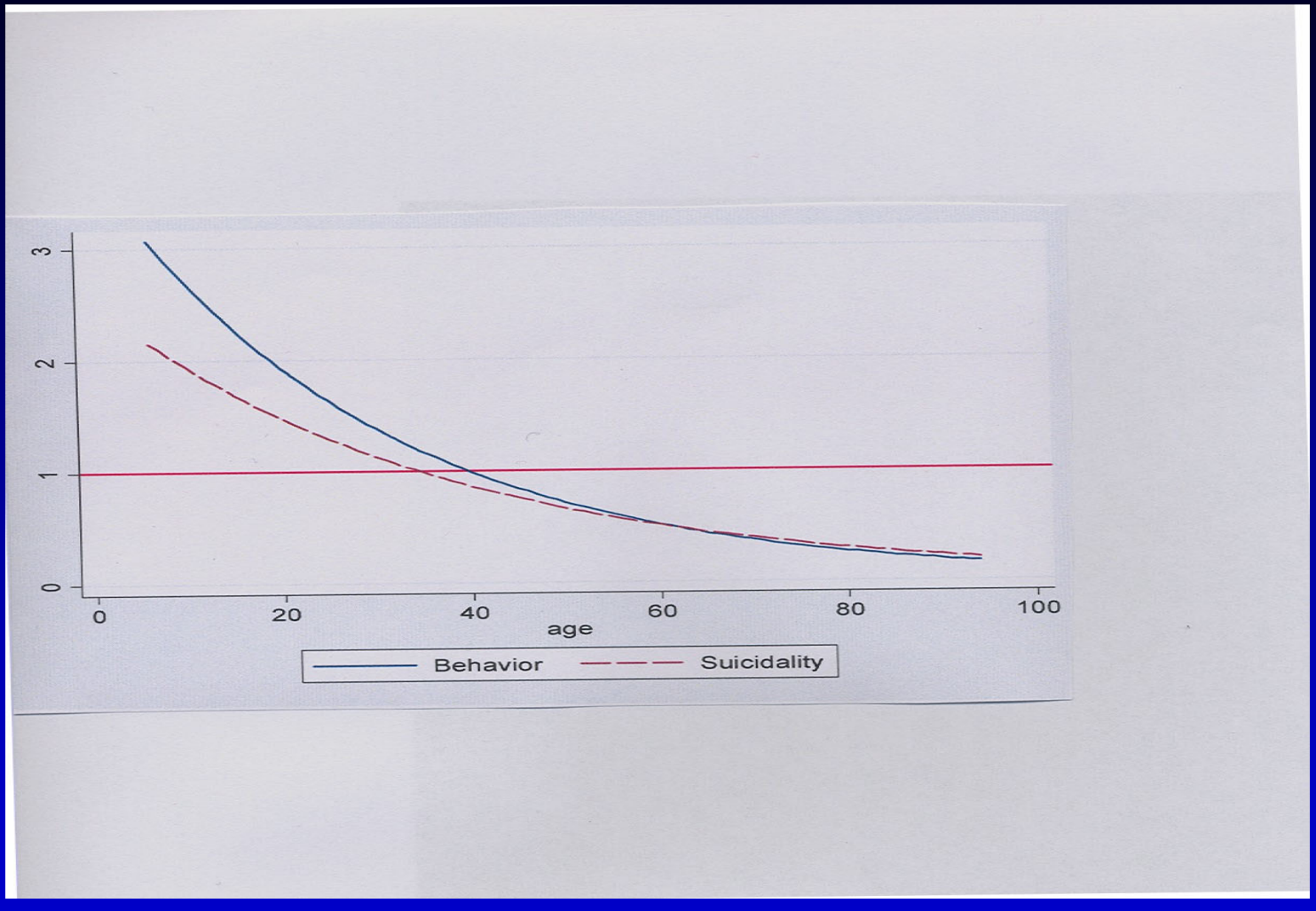
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Suicidality

ORIGINAL ARTICLE

Antidepressants and the Risk of Suicide, Attempted Suicide, and Overall Mortality in a Nationwide Cohort

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Background: It is unknown if antidepressant treatment is associated with either increased or decreased risk of suicide.

Objective: To estimate the risk of suicide, attempted suicide, and overall mortality during antidepressant treatments in a real-life setting with high statistical power.

Design and Setting: A cohort study in which all subjects without psychosis, hospitalized because of a suicide attempt from January 1, 1997, to December 31, 2003, in Finland, were followed up through a nationwide computerized database.

Participants: A total of 15 390 patients with a mean follow-up of 3.4 years.

Main Outcome Measures: The propensity score–adjusted relative risks (RRs) during monotherapy with the most frequently used antidepressants compared with no antidepressant treatment.

Results: In the entire cohort, fluoxetine use was associated with the lowest risk (RR, 0.52; 95% confidence interval [CI], 0.30-0.93), and venlafaxine hydrochloride use with the highest risk (RR, 1.61; 95% CI, 1.01-2.57), of suicide. A substantially lower mortality was observed during selective serotonin reuptake inhibitor use (RR, 0.59; 95% CI, 0.49-0.71; $P<.001$), and this was attributable to a decrease in cardiovascular- and cerebrovascular-related deaths (RR, 0.42; 95% CI, 0.24-0.71; $P=.001$). Among subjects who had ever used any antidepressant, the current use of medication was associated with a markedly increased risk of attempted suicide (39%, $P<.001$), but also with a markedly decreased risk of completed suicide (–32%, $P=.002$) and mortality (–49%, $P<.001$), when compared with no current use of medication. The results for subjects aged 10 to 19 years were basically the same as those in the total population, except for an increased risk of death with paroxetine hydrochloride use (RR, 5.44; 95% CI, 2.15-13.70; $P<.001$).

Conclusions: Among suicidal subjects who had ever used antidepressants, the current use of any antidepressant was associated with a markedly increased risk of attempted suicide and, at the same time, with a markedly decreased risk of completed suicide and death. Lower mortality was attributable to a decrease in cardiovascular- and cerebrovascular-related deaths during selective serotonin reuptake inhibitor use.

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THE USE OF ANTIDEPRESSANTS and the risk of suicidal behavior have been under widespread public discussion.[1-3] The greatest concern has been the putative causal relationship between selective serotonin reuptake inhibitor (SSRI) treatment and increased risk of suicide among children and adolescents. Major depression is the most important medical condition that exists as a risk factor for suicidal behavior, and the role of antidepressants in suicide prevention is a major public health issue. Despite extensive research, it has not been possible to demonstrate that the use of any antidepressant medication decreases the risk of suicide. Although several ecological studies[4-9] have shown an inverse correlation between the use of novel antidepressants and suicide mortality, large meta-analyses[10-12] of randomized controlled trials (RCTs) have indicated a trend suggesting that patients who receive active medication may have a higher risk of suicidal behavior than patients receiving placebo. Moreover, Fergusson et al[13] recently observed a significant increase in the risk of suicide attempts among patients receiving SSRIs vs placebo. One possible rea-

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Unsicherheitstrias in kinderpsychiatrischen Psychopharmakologie