

WELSH HEALTH CIRCULAR



Llywodraeth Cymru
Welsh Government

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STATUS: INFORMATION

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Title: Prescribing for children and young people in relation to antidepressants.

Date of Expiry / Review
N/A

For Information to:
CAMHS consultants
Paediatricians
General Practitioners
Pharmacists

Action required by:
N/A

Sender:
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Enclosure(s): Letter and current guidance

Dear Colleague

In January 2015 Welsh Government commissioned Swansea University to analyse prescribing data for children and young people in relation to ADHD medication, antidepressants and antipsychotics. The first phase of the work covered the prescribing of antidepressants and reported in May.

The analysis of antidepressant use identified that fluoxetine was being prescribed as a first line therapeutic agent. However, the report also found that citalopram, which is not licensed for use in children and young people, was prescribed in almost as many cases. The prescribing data analysed covered 2013 when advice from NICE was more supportive of the use of citalopram. This is no longer the case.

Doctors are reminded that when prescribing for depressive illness in children and adolescents only fluoxetine has been shown to be effective and when initiated should be carefully monitored in line with current guidance (see current BNF for advice, which is replicated on the reverse of this letter). Use of other medication to treat depressive illness should be initiated by a specialist and only when ongoing monitoring has been put in place.

Yours faithfully,

Dr Sarah Watkins

Dr Sarah Watkins
Senior Medical Officer

“Depressive illness in children and adolescents

The balance of risks and benefits for the treatment of depressive illness in individuals under 18 years is considered unfavourable for the SSRIs citalopram, escitalopram, paroxetine, and sertraline, and for mirtazapine and venlafaxine. Clinical trials have failed to show efficacy and have shown an increase in harmful outcomes. However, it is recognised that specialists may sometimes decide to use these drugs in response to individual clinical need; children and adolescents should be monitored carefully for suicidal behaviour, self-harm or hostility, particularly at the beginning of treatment.

Only fluoxetine has been shown in clinical trials to be effective for treating depressive illness in children and adolescents. However, it is possible that, in common with the other SSRIs, it is associated with a small risk of self-harm and suicidal thoughts. Overall, the balance of risks and benefits for fluoxetine in the treatment of depressive illness in individuals under 18 years is considered favourable, but children and adolescents must be carefully monitored as above.”

Source: British National Formulary (online) London: BMJ Group and Pharmaceutical Press [Link](#). [Accessed on 6 October 2015].