Children given dangerous mood drugs

Prescription figures alarm doctors, Pharmac

by Martin Johnston
health reporter

Medical authorities are mystified and concerned at figures suggesting antidepressant drugs are being prescribed for children, some as young as 2 years old.

Records of the national drug buying agency Pharmac suggest thousands of prescriptions a year are being written for children under 10.

Antidepressants are powerful psychiatric drugs with potentially severe side-effects. They are not usually prescribed to children younger than 8, and more commonly are not used on those younger than 13.

Depression is not found in babies and doctors the Herald spoke to could see no reason for prescribing antidepressants for them.

The Government's drugs regulator, Medsafe, warned in 2004 that antidepressants could increase the risk of suicide.

For children and adolescents, it suggested, the risk of suicidal ideas and behaviour from newer antidepressants called selective serotonin reuptake inhibitors (SSRIs) generally outweighed their benefits.

Older “tricyclic” antidepressants were not generally recommended for those under 18 because of the risk of heart problems.

The number of state-funded antidepressant prescriptions has nearly doubled since 2000 to more than a million a year, costing the Government about $30 million.

Figures given by Pharmac to the United Future Party showed 4728 antidepressant prescriptions were written for children under 10 in 2004/05, declining to 2423 in the last June year.

Causing most alarm are the figures for babies, even though they dropped sharply during the three years.

For 1-year-olds, 768 prescriptions were written in 2004/05, down to 31 by last year. For those under 1, there

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<th>Age</th>
<th>2004/05</th>
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<td>41</td>
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Herald Graphic

![Table](https://via.placeholder.com/150)

were 453 prescriptions in 2004/05 but only nine last year.

The numbers also declined for every other age group under 10, but each group remained in the hundreds last year.

Antidepressants are used for conditions including severe depression, anxiety disorders, obsessive-compulsive disorder and bulimia nervosa.

The tricyclic type were previously used to control bed-wetting, but this could not explain the prescriptions for babies.

Commonly reported side-effects of the SSRIs fluoxetine and paroxetine include diarrhoea, insomnia, sleepiness and tremors.

Pharmac yesterday said that the figures were correct. But it was mystified by them.

"I can't understand them," said medical director Dr Peter Moodie, who had not studied the figures until the Herald contacted him.

He said wrong coding of dates of birth could explain the single-digit figures, "but when it's hundreds, one assumes the figures are right".

Pharmac would re-check them and look to see which doctors had prescribed them to children.

Dr Moodie said he would also ask Medsafe to look at the issue.

Medsafe did not return Herald calls last night.

United Future health spokeswoman Judy Turner said the figures were frightening.

"Babies are born with only 15 per cent of their brain fully developed; 65 per cent of development happens from 0 to 3 years," she said.

"Surely the antidepressants will interfere with the hard-wiring of the children's brains and influence their long-term wellbeing."

The clinical director of paediatricians at Kidz First children's hospital in Otauhu, Dr Wendy Walker, had never used antidepressants with babies, nor heard of anyone else doing so.

"I would never prescribe them in my practice as a hospital-based acute paediatrician."

Emeritus Professor John Werry, a child psychiatrist, said that "as far as we know" giving SSRIs to babies would not harm them.

"But one doesn't like to give growing and developing kids medications that affect basic bio-ecological processes because it just doesn't seem like a good idea unless the kid is really in severe difficulty."

It would be rare in NZ to prescribe antidepressants before the teenage years, Professor Werry said.

The youngest child he had prescribed one to was a boy with autism aged 8 or 9, but that was "very exceptional."

Auckland City Hospital neonatal paediatrician Dr Simon Rowley said he would "never dream" of prescribing antidepressants to anyone under about 10. He was sceptical of the Pharmac figures.

- additional reporting: Maggie McNaughton
HEALTH

Anti-depressant scripts reach million mark

Drugs for kids rise despite MedSafe warning

By LOIS WATSON
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SCHOOLCHILDREN ARE increasingly being prescribed anti-depressants and other mind-altering drugs, despite official warnings about their safety.

Under 18-year-olds were given more than 72,000 prescriptions for drugs for mental health problems last year, figures from the government drug-buying agency Pharmac show.

Yet MedSafe warned doctors three years ago about the risks of prescribing anti-depressants to young people and the importance of monitoring them closely.

Figures obtained by the Sunday StarTimes show the number of prescriptions for children aged six to 18 who are on anti-depressants – including the selective serotonin reuptake inhibitors (SSRIs) which have been linked to an increased risk of suicidal thoughts and behaviour – now stands at 15,245 – up from just over 11,000 five years ago.

And the number of children taking behaviour-altering drugs Ritalin and Rubifen for conditions such as attention deficit hyperactivity disorder (ADHD) has hit the million mark – up from 697,574 in June 2001.

Nationally the number of prescriptions for anti-depressants topped the million mark for the first time – up from 697,574 in the year ended June 2001 to 1,004,471 in the year to June 2006.

The increased use of anti-depressants among children comes despite the publication of research showing that children given anti-depressants run a higher risk of self-harm and are more likely to attempt suicide.

Pharmac medical director Peter Moodie said he suspected doctors were heeding the warnings about the use of anti-depressants in young people and that most scripts for the drugs were now written by psychiatrists.

Warnings about the dangers associated with SSRIs had coincided with greater public awareness of depression, which could explain why levels remained high, he said. Pharmac was continuing to monitor the situation.

"The reality is that there are sometimes children or young people who do need anti-depressants," Moodie said.

Dr Allen Fraser, from the Royal Australian and New Zealand College of Psychiatrists, said the increased availability and effectiveness of child psychiatric services in New Zealand was undoubtedly a factor in the continued rise in the use of anti-depressants among young people.

"There is a need to treat people with depression, whether adolescents or adults, in the best way possible. For some people, the best way of treating them is with medication," Fraser said.

A child psychiatrist, when dealing with a new patient, looked at all treatment options before going down the path of medication, he said.

"Medication has never been the first-choice of child psychiatrists..."