

## Anti-depressants in Childhood and Adolescence

Anti-depressants are medications that change neurotransmitters in the brain and nervous system. Neurotransmitters are chemicals used by the body to send messages in the nervous system.

Several conditions involve imbalance in neurotransmitters: depression, anxiety, obsessive-compulsive disorder, and others. For some patients with these conditions, counseling with a skilled therapist is sufficient to improve functioning and maintain quality of life. However, for other patients, counseling alone is not enough and medications are recommended. In general, patients who take medication should always be enrolled in counseling as well.

It is essential for patients and their families to understand the risks and benefits of these drugs. The ultimate goal of treatment with medication is to allow the child or teen to function adequately at home and at school with little or no medication side effects.

The most commonly prescribed anti-depressants are the SSRIs: Selective Serotonin Reuptake Inhibitors. These medications provide more serotonin, a neurotransmitter, for the brain to use to send messages.

The good news about SSRIs is their safety. Particularly compared to other anti-depressant choices, the SSRIs have few side effects. Blood work and EKG monitoring are unnecessary with SSRIs.

The struggle with SSRIs is their slow onset of action. It takes several weeks for these medications to start working, and it is common to need several dose adjustments until the best dose for the child is reached. Also, the medication must be weaned; that is, when it is time to stop the medication, the dose is slowly decreased rather than stopping suddenly.

SSRI doses are started low to allow the body to adjust to the medication. Since serotonin is a messenger in the intestinal system as well as the nervous system, some people will experience stomachaches or changes in their bowel patterns. These symptoms are usually mild and temporary.

Some people will experience headache, change in sleep (increased or decreased), or changes in appetite (increased or decreased). These are also usually mild and temporary.

Rarely, patients will experience “activation” on SSRI medications. This is an *extremely* edgy, restless, agitated feeling. The child or teen can’t settle or calm. Activation should be reported to the doctor immediately and the medication will be stopped.

Another rare complication of SSRI is called Serotonin Syndrome. This is a result of too much serotonin suddenly present in the body and usually occurs if the dose is increased too fast or if other medications that increase serotonin are taken at the same time as SSRIs. Symptoms of serotonin syndrome include fever, rigid muscles, overactive reflexes, or changes in mental status. Immediate medical attention is necessary for these symptoms.

Always tell anyone prescribing medication for you or your child about the SSRI to avoid improper combinations. Avoid using dextromethorphan, a common over-the-counter cough suppressant, while on SSRIs. Anti-histamines and allergy medications are OK.

When SSRI medications are discontinued, the dose is gradually reduced rather than suddenly stopped. Symptoms of sudden discontinuation include tearfulness, nausea, numbness or tingling, tremor, nightmares, anxiety, irritability, or trouble with coordination. These symptoms will resolve but are unpleasant or frightening to experience, so do not suddenly stop the medicine.

The FDA recently published strong warnings about the possible connection between SSRIs and an increased risk of suicide. It is important to note that there were no actual suicides in the subjects studied but rather increased thinking about suicide. To try to prevent self-injury, pay close attention to sudden changes in mood or behavior. Keep in close contact with the doctor and the therapist treating the child or teen.

Devised 12-04

Revised 9/07, 2/11, 11/13, 9/15