

Don't the 492 young people (10-19) in Sweden who were taken to hospital in 2024 after overdoses of antidepressants for self-destructive purposes deserve a follow-up?

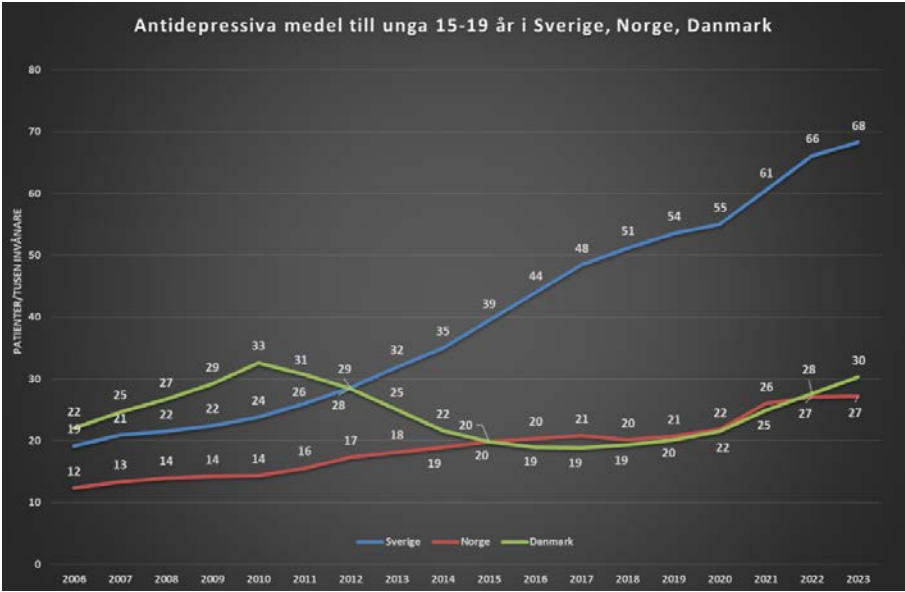
February 13, 2026

It is well known that antidepressants increase the risk of suicidal behaviour in children and young people. The collected studies on these antidepressants showed just that, and prompted the FDA to issue this "Black Box Warning" as early as 2004.

WARNING: SUICIDAL THOUGHTS AND BEHAVIORS
See full prescribing information for complete boxed warning.

- Increased risk of suicidal thinking and behavior in children, adolescents, and young adults taking antidepressants (5.1)
- Monitor for worsening and emergence of suicidal thoughts and behaviors (5.1)

And we will come to 2024. Where it turns out that **492** young people (10-19) in Sweden have been taken to hospital after overdoses of antidepressants – *for self-destructive/suicidal purposes*. And this, the year after the UN Committee on the Rights of the Child, in its review of Sweden, sharply criticized the high prescribing of antidepressants to children. (1) A prescription that was far above that of our neighbouring countries Norway and Denmark. For example, this is what it looked like in 2023 for the age group 15-19 years (number per thousand inhabitants in the age group):



On 21 May 2023, we could take part in Swedish Public Radio’s feature *UN Committee concerned about psychiatric drugs for children in Sweden*. (2) Where the Minister of Social Affairs Jakob Forssmed at the outstretched microphone promised: *"There is reason to analyse these recommendations that are now coming and then we will have to come back to the issue."*

Now, three years later, when it is time to *"come back to the issue"*, there is *no* document at the Ministry of Health and Social Affairs about what has specifically been done about the UN criticism of the high prescribing. Consequently, it has only continued to rise in 2024, and monthly data from the National Board of Health and Welfare show a continued increase in 2025.

The consequences

A consequence of the prescribing can be seen in the high number of young people who have had to be taken to hospital after overdoses of antidepressants for self-destructive/suicidal purposes. Cases that in "consultative reports" have been submitted to the Swedish Poison Information Centre (GIC), part of the Medical Products Agency (MPA).

For 2024, there were **492** cases (!). On the right are 57 examples of these cases, to provide more reality on the matter, and to get the relevant authorities, politicians – and the media – to hopefully start to open their eyes to this medical scandal. And maybe even do something about it.

Nr	Ärende nr GIC	Datum	Kön och ålder	Huvudpreparat	Övriga läkemedel
1.	204450	1/1	K12	Sertralin 40mg	
2.	563	5/1	K19	Fluocetin	
3.	569	1/1	K18	Veritapin 100mg	
4.	770	1/1	K19	Anafanil	Clonidin 75mg, Propranolol 75mg
5.	790	5/1	K18	Sertralin 600mg	
6.	796	4/1	K18	Fluocetin?	
7.	790	5/1	K17	Sertralin 600mg	Lergigan 100mg
8.	990	3/1	M19	Fluocetin 600mg	Melatonin
9.	449	7/1	K17	Voora 100mg	Clonidin 150mg
10.	829	9/1	K19	Sertralin?	Gabapentin 50x50mg, citalofenar 100mg, Alvedon 5g
11.	837	9/1	K16	Sertralin 1000mg	
12.	785	12/1	K15	Sertralin 2100mg	
13.	920	12/1	K18	Fluocetin 100-200mg	Sprein 400mg, Aerius 20mg, Atacur 50mg, Alkohol
14.	668	15/1	K18	Veritapin 750mg	
15.	675	15/1	K14	Sertralin 700mg	Euforisa 300mg
16.	748	15/1	K17	Fluocetin 180mg	
17.	787	15/1	K18	Fluocetin 600mg	Atarax 100mg
18.	884	15/1	K15	Fluocetin 200mg	
19.	292	17/1	K17	Sertralin 800mg	
20.	465	17/1	K17	Veritapin 20x150mg	Concerta 50x100mg
21.	825	18/1	M15	Veritapin 1000mg, Fluocetin?	Concerta, alimemazin, Melatonin
22.	015	18/1	K14	Voora 10x100mg, Clonidin 10x10mg, Sertralin 1000mg?	Lergigan 10x20mg, atarax 10x10mg, Naproxen 10x200mg

No follow-up of the cases

When, on rare occasions, mainstream media ask questions about the harm of antidepressants and other psychotropic drugs, they always get equally good answers, about the importance of following the development and of careful follow-up. In this case, these media would be able to quickly conclude that this follow-up does not exist.

In December, the Medical Products Agency announced that it *will not* prepare any formal adverse reaction reports for these **492** listed cases. In its response, the message is given that the agency "views self-harm in young people with great concern", and that "trying to hide away or pretend that 'the cases do not exist' is in other words the opposite of what we want to do".

But *still*, nothing is planned to be done around these cases. It's as it's so aptly expressed: *"The easiest way for the medical system (or indeed any system) to deny the harm it causes is simply to not collect the data. It's the oldest trick in the book."* (Representative of the network investigating post-SSRI sexual dysfunction, PSSD)

23.	688	22/1	K18	Sertralin 1000mg Sertralin 1000mg	
24.	681	22/1	K15	Sertralin 100mg	Fluocetin 200mg
25.	825	22/1	K14	Sertralin 2100mg	Abirateron 7.5mg, Atarax 10x20mg
26.	688	25/1	K18	Fluocetin 100-200mg	
27.	187	25/1	K14	Sertralin 1000mg	
28.	186	25/1	K15	Fluocetin 100mg	
29.	146	25/1	K13	Sertralin 1000mg	Mefenbutin 100mg
30.	187	25/1	K17	Fluocetin 100mg	
31.	748	26/1	K17	Sertralin 270mg +120mg	
32.	813	26/1	M15	Sertralin 800mg	Atarax 75x10mg, alimemazin 200mg, Propafen 100mg
33.	071	30/1	K17	Clonidinum 1000mg	Risperidon 1mgx10, Propafen 100mg
34.	808	1/1	K17	Sertralin 1000mg	
35.	811	1/1	K13	Sertralin 800mg	
36.	188	1/1	K18	Sertralin 1000mg	
37.	989	1/1	K18	Fluocetin 20 x 100mg	Propafen 20mgx10
38.	993	1/1	K13	Sertralin 800mg	
39.	188	1/1	K18	Fluocetin 400mg	
40.	081	2/1	K14	Fluocetin 20 x 100mg	
41.	144	1/1	K18	Voora 1000mg, Veritapin 1000mg	Lergigan 10x20mg, Alvedon 100mg, Euforisa 750mg, Propafen 10 x 100mg
42.	279	3/1	M18	Sertralin 2100mg	Atarax 100mg
43.	106	3/1	K14	Fluocetin 1000mg	
44.	873	4/1	K18	Duloxetin 1000mg	Atarax 100mg, alimemazin 100mg, Propafen 100mg, Melatonin 100mg
45.	823	4/1	K18	Sertralin 800mg	
46.	288	6/1	K13	Sertralin 2000mg	
47.	179	6/1	K17	Sertralin 1000mg	
48.	501	7/1	K18	Escitalopram 100mg	Lexan 400
49.	815	7/1	K18	Sertralin 750-2000mg	Zipflon 8 x, Voora 2000mg
50.	999	7/1	K18	Fluocetin 1000mg-800mg	Melatonin 100mg
51.	609	7/1	K18	Sertralin 800mg, Fluocetin 800mg	
52.	661	8/1	K18	Sertralin 800mg	
53.	871	8/1	K14	Sertralin 900mg	Atarax 100mg
54.	101	8/1	K18	Fluocetin 800mg	
55.	101	8/1	K18	Sertralin 800mg	Atarax 100mg
56.	872	8/1	K18	Sertralin 2800mg	Duloxetin 100mg
57.	088	8/1	K18	Sertralin x 2000mg	Alimemazin

The **492** cases, all described by doctors/healthcare professionals in the emergency department, should be compared with the adverse reaction reports submitted by psychiatrists to the Medical Products Agency of children and young people who have taken overdoses of antidepressants for self-destructive purposes. And for 2024 we find **2 (!)** adverse reaction reports on this were submitted to the Medical Products Agency.

To repeat: 492 known cases of young people to hospital after taking antidepressants for self-harming/suicidal purposes, **2 (!)** Doctor's Side Effect Reports.

Which means that when other authorities and politicians – and for that matter the media – contact the Medical Products Agency and ask if there are any reported *signals* of suicidal behavior in children and young people who have taken antidepressants, they are told that there have been **2** reports from doctors about the matter in 2024. The **492** cases are not included in the statistics. The requesters will be calm, nothing to worry about!

And even though the Medical Products Agency says that they are not trying to hide these cases or pretend that 'the cases do not exist', *in practice that is* what is happening.

These cases are not given a place in any database. They do not go to the European Medicines Agency or to the pharmaceutical company that manufactures the antidepressant involved, and have an obligation to follow up on reported harm.

The system is set up in such a way that, as in the quote above, "simply [*do*] *not collect the data*". The Medical Products Agency says that the information about the cases "is often fragmentary", "a snapshot"; that "the information can thus be more or less correct"; that "the GIC cannot examine the patient, read medical records, prescribe/read test results or follow symptoms on its own".

And so these cases are written off. No further information is obtained about them. They are not given any follow-up!

What we see is the worn-out argument that the reports do not contain enough data.

It is an argument for those who do not *want* to know, not for a serious pharmaceutical agency. It is true that the descriptions of these **492** cases do not provide sufficient data to be able to make a causal assessment. This would require additional data on the individual cases. But the Medical Products Agency should be an authority that *wants to* know, and should do *everything* possible to obtain additional data, and thus not fall into the trap that manufacturing pharmaceutical companies usually set, about "insufficient data".

What the 492 cases show

Among the 492 cases, we can see that many of the teenagers are exposed to, what can be called, "*a Drug Cascade*".

A frightening article in America's largest print newspaper, the Wall Street Journal, from November 2025, describes how children are prescribed antidepressants, "ADHD drugs", neuroleptics and other psychotropic drugs in one big "Drug Cascade". (3) One psychiatric drug leads to another, in an attempt to deal with the harmful effects of the previous one, although *that* is not what prescribing psychiatrists say; instead, they have "discovered" a *new* psychiatric condition, which itself needs new psychiatric drugs.

One of the people who told his story in the WSJ (Gansky 29 years old), said: "*decades of medication ... 'changed my brain'. I feel like I am the real long-term study that the pharmaceutical companies have neglected to do... I am the real guinea pig.*"

And we see that many of the **492** cases described are likely to meet similar fates – they are already well on their way.

We do not know the sequence of these cases, but it is *well* known that antidepressants lead to sleep problems, a harmful effect that is managed with sleeping pills, sedatives. And so it continues, new diagnoses, new psychiatric drugs.

Psychostimulants such as "ADHD drugs" can create depressive states; the solution is antidepressants. Both "ADHD drugs" and antidepressants can cause psychotic conditions, which are then managed by psychiatrists with the heaviest of the "arsenal", neuroleptics. And as we have seen in the absence of adverse reaction reports, these adverse effects are *not* considered as such, but as "an underlying disease" – which in itself needs treatment.

We see the following for these young people, among other things:

- **161** of the **492** cases – a *third* – also received at least one other psychiatric drug or an additional antidepressant (excluding painkillers);
 - **33** received "ADHD drugs";
 - **36** received neuroleptics;
 - **40** received two or more antidepressants
- Girl 14 years old: antidepressants (Voxra, Sertraline, Citalopram), sedatives, anxiolytics (Lergigan, Atarax).
 - Girl 16 years old: antidepressants (Voxra, Venlafaxine), sedatives, anxiolytics (Lergigan, Propiomazine), ADHD drugs (Equasym).
 - Young woman 18 years old: antidepressants (Voxra, Sertraline), sedatives, anxiolytics (Alimemazine), ADHD drugs (Elvanse, Intuniv), neuroleptics (Risperidone).
 - Girl 17 years old: antidepressants (Bupropion, Sertraline), neuroleptics (Olanzapine, Quetiapine, Aripiprazole).
 - Girl 17 years old: antidepressants (Amitriptyline), sedatives, anxiolytics (Atarax), ADHD drugs (Elvanse), neuroleptics (Quetiapine).
 - Girl 15 years old: antidepressants (Sertraline), sedatives, anxiolytics (Atarax, Alimemazine), ADHD drugs (Medikinet).
 - Girl 13 years old: antidepressants (Sertraline), sedatives, anxiolytics (Lergigan), ADHD drugs (Elvanse).
 - Girl 13 years old: antidepressants (Fluoxetine), sedatives, anxiolytics (Lergigan), ADHD drugs (Ritalin).
 - Girl 14 years old: antidepressants (Bupropion, Sertraline), ADHD drugs (methylphenidate), neuroleptics (Abilify).
 - Girl 15 years old: antidepressants (Ecitalopram, Sertraline), ADHD drugs (Elvanse), neuroleptics (Quetiapine).



- Young woman 19 years old: antidepressant (Anafranil), sedative, anxiolytic (Propavan), neuroleptic (Olanzapine).
- Boy 15 years: antidepressants (Venlafaxine, Fluoxetine), ADHD drugs (Concerta, Atomoxetine).
- Girl 17 years old: antidepressants (Citalopram), sedatives, anxiolytics (Propavan), neuroleptics (Risperdal).
- Young man 18 years old: antidepressants (Voxra), sedatives, anxiolytics (Propavan), neuroleptics (Quetiapine).

We see here children and young people who are well on their way to meeting the same fate as those described in the article above and who could already now, as the interviewee Gansky above, with a slight paraphrase, say: *"I am living in a body hijacked by the medication."*

And now we know, despite all the proud words about careful follow-up and investigation, that the fate of these children is so uncomfortable for the authorities involved that it is best that they are not allowed to exist.

Nor have they been given the opportunity to become a *"case story"* in the media that most often highlight the tragedy of *not* getting a quick psychiatric diagnosis with the associated psychotropic drugs. These injuries simply don't fit into that marketing.

Sweden's heavy responsibility

Sweden has a heavy responsibility when it comes to following up the prescription of *antidepressants to children and young people*, a responsibility that the Medical Products Agency has not taken. We know that Sweden, together with England, pushed through the approval of Prozac/Fontex for children in 2006, despite the objections of other pharmaceutical authorities. The Dutch authority then wrote the following about the authorisation of the antidepressant (4):

'It is not recommended that fluoxetine [Prozac/Fontex] be given an indication for the treatment of depression in children and adolescents because the risk-benefit balance of the requested indication is assessed as negative.'

And further:

"In the presence of a lack of efficiency results, safety issues are even more crucial. Increased risk of suicidal behavior emerged as the most concerning safety outcome in the clinical trials. Other safety concerns include effects on growth and sexual development including effects on fertility, and effects on cognitive and emotional development."

To reiterate, *"Increased risk of suicidal behavior emerged as the most concerning safety outcome in the clinical trials."*

Where now, 20 years later, we see more and more descriptions of the serious damage in the form of *"effects on growth and sexual development including effects on fertility, and effects on cognitive and emotional development"*, that antidepressants provide.

But this was known to the Swedish Medical Products Agency, as early as 2005, but since psychiatrists *"must have something to prescribe"*, they pushed through an approval anyway.

Sweden wrote at the time (Hans Melander, Ulla Liminga):

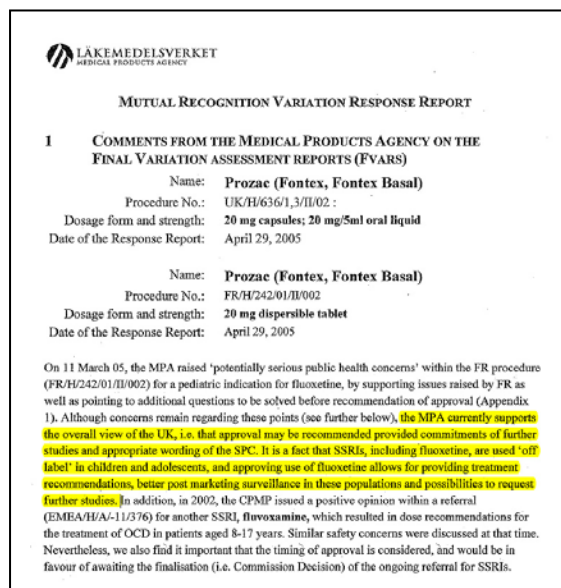
"It is a fact that SSRIs, including fluoxetine [Prozac], are used 'off label' [without being approved] for children and adolescents, and approving fluoxetine means that treatment recommendations can be provided, better post-marketing monitoring in these groups, and the ability to request further studies." (5)

Yes, Prozac should be approved as it was already used (!), and above all so that further studies could be requested.

However, nothing came of these additional studies. As expected, Eli Lilly's interest cooled down once Prozac was approved. And the same was unfortunately true for the Medical Products Agency. With the information now presented about the **492** young people, the authority had the chance to partially compensate for the damage caused by these previously strange positions.

As we have seen above, they have not taken the opportunity to come to terms with their dark past, which in the present, with these and all other injuries that have emerged, haunts the authority.

The **492** cases have not even become official statistics in the agency's activities.



One point raised by the Dutch authority was the following: "*Other safety concerns include effects on growth and sexual development including effects on fertility ...*" I think the Medical Products Agency is now well aware of how topical this point has become, through the network of patients who collected data on these serious adverse effects (which should have been fully investigated *before* Prozac/fluoxetine was approved, but was not done).

The great enlightening new article on the matter *More Teens Are Taking Antidepressants. It Could Disrupt Their Sex Lives for Years*, from *the New York Times Magazine*, has certainly reached the Medical Products Agency. (6)



Whether these harmful effects are a factor in the cases of the **492** young people is unknown – as is well known, no investigation has been carried out.

A further point of great interest is the new scientific article by Moncrieff et al, about what the overall studies of Prozac actually show. See: *The loss of efficacy of fluoxetine in pediatric depression: explanations, lack of acknowledgment, and implications for other treatments* (7), as described in *The Guardian Prozac article 'no better than placebo' for treating children with depression, experts say.* (8)

Of the **492** cases communicated to the GIC, **142** had taken overdoses of fluoxetine (Prozac/Fontex).

New data for 2025

As stated earlier, there is currently no document at the Ministry of Health and Social Affairs that shows that anything specific has been done about the Children's Rights Committee's criticism of the high prescribing rate. Annual data on the prescribing of antidepressants to children and young people have not yet been published for 2025. However, from the monthly data, we see that the prescription of antidepressants to young people has only continued to increase.

And as you might expect – even more children and young people have been admitted to the emergency room in 2025 after overdoses of antidepressants for self-destructive/suicidal purposes.

For 2025, the highest number recorded so far.

An increase from the **492** cases to **570 (!) for 2025**, an increase of **16** percent in *one* year.

Of the **570** cases, **505** were young women (88 percent). And again, *one-third* of the young people were given at least two or more psychiatric drugs (not counting painkillers).

At this point, we should not be surprised by the information about how many adverse reaction reports have been received from psychiatrists (2025) about children and adolescents (10-19) who have taken overdoses of antidepressants for self-destructive/suicidal purposes:

For 2025, the Medical Products Agency received 1 (!) such report.

To be compared with the **570** children and young people registered by GIC.

In two years, **492+570=1062** children and adolescents have been taken to hospital after overdoses of antidepressants for self-destructive purposes, described in "consultative reports" by doctors/health professionals.

Children and young people who the responsible authorities do not believe deserve any follow-up.

"One in four children and young people suffers from some mental illness!"

Those who think that "mental illness" is a *novelty* only have to go back to the late 1990s. Then the pharmaceutical company Lundbeck proclaims on the editorial page of its newspaper Transmittorn, the battle cry: *"The new child psychiatry is on the rise"*. Lundbeck manufactures the antidepressant Cipramil, and writes about the successful sales tour: *"Around the country' they have travelled, the child and adolescent psychiatric lecture team led by Professor Anne-Liis von Knorring."* It goes on to say that, although it is *"a little difficult to understand"*, it is a fact that between *"20 and 25 percent of our children and young people suffer, and sometimes suffer severely, from some form of psychiatric illness"*. (9)

Den nya barnpsykiatrien på stark frammarsch

TransMittorn ägnas denna gång helt åt att förmedla en del av all den nya kunskap som är på väg att växa fram inom barn- och ungdomspsykiatri. "Land och rike runt" har de rest, det barn- och ungdomspsykiatriska föreläsarteamet med professor Anne-Liis von Knorring i spetsen.

I Lund, Göteborg, Stockholm och Umeå har de mötts av fullsatta föreläsningssalar. Lundbecks symposiumserie "Hjärnans åldrar" och de första fyra sessionerna om barn- och ungdomspsykiatri har rönt sådan uppmärksamhet och intresse att arrangörerna tvingats boka om till större föreläsningsslokaler i ett par omgångar. I Stockholm slogs deltagarrekorde med en bra bit över 500 deltagare. Göteborg och Lund kom inte långt efter med drygt 300 vardera.

Var fjärde barn/ungdom lider av någon psykisk sjukdom!

Det kan vara lite svårt att ta till sig, det som representerats / replikerats i studie efter studie sedan 1950-talet. Mellan 20 och 25 procent av våra barn och ungdomar lider, och lider ibland svårt, av någon form av psykiatrisk sjukdom.

What we see here is the real reason for the exploding prescribing of psychiatric drugs to children and adolescents: **The pharmaceutical industry and psychiatry are selling psychotropic drugs by "selling disease."**

Today, we see a lot of loose speculation in the media – distractions from the *real* reasons – that the increase in "mental illness" is explained by *a harsher social climate, a tougher school, imposed beauty ideals, increased stress*. Where *these* factors are supposed to explain the exploding prescription of antidepressants and "ADHD drugs" to young people.

The question is not asked: *Cui bono? – Who benefits?*

Pharmaceutical companies' dream of all the sick children who need treatment is now well on its way to becoming a reality – with the help of marketing from psychiatrists and authorities suffering from institutional corruption. All the *mentally ill* (psykisk sjukdom) children in Lundbeck's newspaper were a PR impossibility. With newspeak, the term was instead transformed into *mental health problems* (psykisk ohälsa) – *but with the same biological explanatory model and the same "medical treatment need"*.

We understand that the recommendations of the Committee on the Rights of the Child carry little weight in relation to the market forces that define a quarter of children and young people as mentally ill, in need of psychiatric drugs.

The above gives politicians and responsible authorities a chance to decide whether they want to see a continued increase in young people who receive psychotropic drugs and end up in hospital, linked to self-destructive intake of antidepressants, or whether they want to do something about it.

If the choice is to ensure that even more young people are harmed, it is at least now being done with "informed consent".

Kind regards

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(2) Swedish Radio, *UN committee concerned about psychiatric drugs for children in Sweden*, 21 May 2023, <https://www.sverigesradio.se/artikel/fn-kommitte-oroad-over-psykiatriska-lakemedel-till-barn-i-sverige>

(3) Wall Street Journal, *Millions of Kids Are on ADHD Pills. For Many, It's the Start of a Drug Cascade*, 19 november 2025, <https://www.wsj.com/podcasts/the-journal-for-many-kids-on-adhd-pills-its-the-start-of-a-drug-cascade/EB87B006-F5A2-4CF1-A211-E9663490FB36>

(4) Holländska läkemedelsverket, Prozac (fluoxetine) – Paediatric indication, Rapporteurs ´ Assessment Report, 31 oktober 2005, <http://jannel.se/ProzacDutchAssesment31October2005.pdf>

(5) Läkemedelsverket, Comments from the Medical Products Agency on the Final Variation Assessment Reports (FVARS), 29 april 2005, (Lena Björk, Hans Melander, Ulla Liminga, Eva Gil Berglund), <http://jannel.se/Prozac-MPA-29April2005.pdf>

(6) New York Times Magazine, *More Teens Are Taking Antidepressants. It Could Disrupt Their Sex Lives for Years*, 12 november 2025 <https://www.nytimes.com/2025/11/12/magazine/antidepressants-ssris-teen-sexual-side-effects.html>

(7) *The loss of efficacy of fluoxetine in pediatric depression: explanations, lack of acknowledgment, and implications for other treatments* Plöderl, Martin et al. Journal of Clinical Epidemiology, Volume 0, Issue 0, 112016 [https://www.jclinepi.com/article/S0895-4356\(25\)00349-X/pdf](https://www.jclinepi.com/article/S0895-4356(25)00349-X/pdf)

(8) The Guardian, *Prozac 'no better than placebo' for treating children with depression, experts say*, 21 november 2025, <https://www.theguardian.com/society/2025/nov/20/prozac-no-better-than-placebo-for-treating-children-with-depression-experts-say>

(9) TransMittorn, Editorial Page, 1999.