To: Professor Danuta Wasserman, Head and Founder of the Swedish National Centre for Suicide Research and Prevention of Mental Ill-Health (NASP); Director for WHO Collaborating Centre for Research, Methods Development and Training in Suicide Prevention

31 January 2016

Regarding statements in Swedish radio about the Cochrane study "Suicidality and aggression during antidepressant treatment: systematic review and meta-analyses based on clinical study reports"

The article "Suicidality and aggression during antidepressant treatment: systematic review and meta-analyses based on clinical study reports" from the Nordic Cochrane Centre was published in BMJ 27 January 2016. [1] Two days later you made extensive comments about the article and the subject in national Swedish radio. [2]

I would like to get some clarifications about the statements you made in the radio program. As you have a prominent position internationally I write this in English so that an international public has the chance to read and understand your answer.

First, I would like a clarification about your comments on the prescription of antidepressants to children and adolescents. The Cochrane review made it clear that despite the serious shortcomings identified in the studies about antidepressants, the research team had been able to confirm that *"the risk of suicidality and aggression doubled"* for children and adolescents. They concluded, also with reference to earlier results: *"Therefore we suggest minimal use of antidepressants in children, adolescents, and young adults, as the serious harms seem to be greater, and as their effect seems to be below what is clinically relevant."* [1] In the SPCs for *all* SSRI:s we can also read: *"Suicide-related behaviours (suicide attempt and suicidal thoughts), and hostility (predominantly aggression, oppositional behaviour and anger) were more frequently observed in clinical trials among children and adolescents treated with antidepressants compared to those treated with placebo."*

However when the reporter in the radio program asks, with reference to the Cochrane review, *"can't a conclusion also be that you have to be more careful not to prescribe antidepressants to children, adolescents and young adults"*, you say that *we are already careful* and then give the following remarkable statement: ***"My conclusion is not to be more careful but my conclusion is to make it [the prescription of antidepressants] faster ..."*** combined with other initiatives and better follow-up. In other words you recommend that antidepressants should be given *even earlier* and *not less* than now to children, adolescents and young adults. We should, when evaluating that statement, know that the prescription of SSRI antidepressants to young persons (10-19) in Sweden ***doubled*** 2006-2014, and that 6.2% (!) of young women (15-24) got a prescription for antidepressants 2013 (see below about suicides among young women in that age group). [3]

My question: Do you really mean, what you say, that the result in this Cochrane review should *not* make prescribers "more careful" (and this despite the doubling of the prescriptions in Sweden since 2006); that you instead recommend that antidepressants are given *faster* (earlier) to children and adolescents?

Second, I would like to get an answer about your comments on adults and antidepressants. The Cochrane review made it clear that the *true risk* for serious harm remains unknown for both children and adults. It is said that misclassification, misrepresentation and under-reporting of harmful events found in the studies may have led to *"serious under-estimation of the harms"*. Peter Götzsche, one of the researchers, said: *"What I get out of this colossal under-reporting of suicides is that SSRIs [antidepressants including Prozac] likely increase suicides in all ages."* [4] In an Editorial in BMJ it is said: *"With doubts about the efficacy and effectiveness of antidepressants and evidence that they can produce such serious adverse reactions as suicidal and aggressive tendencies, regulators and the public need access to more comprehensive and reliable data."* [5]

But what did *you* say about this in the radio program? The answer: You turned this into something else. Instead of taking up the dishonest design and reporting of the harms of antidepressants you made it into an issue of "the young brain" versus "the adult brain". You said about the findings in the review, for children and adolescents: *"… it depends on brain development. We don't know for sure, but the young brain reacts differently than the adult brain".* You even make these comments about the prescription of antidepressants to adults: *"Antidepressants save lives", "antidepressants are very good", "Antidepressants can cause adverse effects even in adults, but they are not life-threatening".* [2]

My question: Don't you think the radio audience should have been informed that your comments about the young and the adult brain had *nothing* to do with the findings in Cochrane review, and that the audience should have been informed about the misclassification, misrepresentation and under-reporting of harmful events found in the studies – leading to a "serious under-estimation of the harms" done by antidepressants?

Third, you are well informed about the current catastrophic situation with antidepressants and suicide among young women (15-24) in Sweden.

We should compare the current situation with what you and Göran Isacsson wrote 20 years ago – also in BMJ. You wrote: *"A consistent finding in surveys of suicide is that about half of the patients who commit suicide are depressed."* And: *"Our most substantial finding, however, consistent with those of others is that few people are taking antidepressants at the time of suicide, although half of the people who commit suicide are depressed."* [6]

The current situation in Sweden is that 6.2% (!) of young women (15-24) got a prescription for antidepressants in 2013. There is a covariance between the sharply increased prescription of antidepressants and the increase in the number of confirmed suicides among young women. We can now see that the young women who commit suicide to a large degree were treated with antidepressants, within 6 and 12 months before the suicide. On average, *51% of the women (2006-2013) were prescribed antidepressants within a 12-month period before the suicide and 41% within a 6-month period.* Please compare this with your estimate 20 years ago that *"half of the patients who commit suicide are depressed".* [7, 8]

And it is definitely not true for this group of young women what you wrote 20 years ago: *"…few people are taking antidepressants at the time of suicide".* Instead we *now* find that a *very high percentage* of young women have taken antidepressants immediately prior to death. In 2013 toxicological analyses *found antidepressants in 41% of all young women who committed suicide.* [8]

My question: Don't you think the radio audience should have been informed about the current catastrophic situation as regards antidepressants and suicide among young women in Sweden?

Janne Larsson
Reporter
janne.olov.larsson@telia.com
Sweden

[1] Tarang, Sharma et al "Suicidality and aggression during antidepressant treatment: systematic review and meta-analyses based on clinical study reports. BMJ 27 Jan 2016,doi: 10.1136/bmj.i65) http://www.bmj.com/content/352/bmj.i65
[2] Sveriges Radio, "Antidepressiva en risk för unga" (Antidepressants a risk for young people), 29 January 2016, http://sverigesradio.se/sida/avsnitt/668111?programid=412 "Antidepressiva kan öka självmordstankar hos unga" (Antidepressants can increase thoughts about suicide in young people), http://sverigesradio.se/sida/artikel.aspx?programid=406&artikel=6355574
[3] The National Board of Health and Welfare, The Register on Prescribed pharmaceuticals in Sweden, http://www.socialstyrelsen.se/statistik/statistikdatabas/lakemedel
[4] The Week, Antidepressants can raise risk of suicide in under -18', 28 January 2016, http://www.theweek.co.uk/69030/antidepressants-can-raise-risk-of-suicide-in-under-18s
[5] Moncrief, "Misrepresenting harms in antidepressant trials", BMJ 28 Jan 2016; 352 doi: 10.1136/bmj.i217, http://www.bmj.com/content/352/bmj.i217
[6] Isacsson G, Holmgren P, Wasserman D, Bergman U. Use of antidepressants among people committing suicide in Sweden. *BMJ.* 1994 Feb 19; 308(6927):506–509. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2542784/
[7] Data from the National Board of Health and Welfare, accessed via FOI requests and via The Register on Prescribed pharmaceuticals in Sweden.
[8] Unpublished data from the National Board of Forensic Medicine, accessed via an FOI request.