

ory
gen

EVOLUTION IN MIND
EVOLUTION IN MIND
EVOLUTION IN MIND
EVOLUTION IN MIND
EVOLUTION IN MIND

FACT SHEET

FOR YOUNG
PEOPLE, FAMILY
AND FRIENDS

ANTIDEPRESSANTS

FREQUENTLY ASKED QUESTIONS

Adolescence and early adulthood is a time when much of life changes: it's a time of discovering new interests and learning new skills, becoming more independent and forming new relationships, finishing school and starting a job or going on to further study. It's an exciting time of life, however, it can also be a time when mental ill-health begins - 75 per cent of mental illnesses emerge before the age of 24 years.(1)



Researchers don't yet fully understand what causes mental illness, however they do know that there isn't just one cause. People can experience mental illness due to a mix of reasons, including genetics, social and environmental factors, trauma and stress, personality factors, and alcohol and other drug use.(2) Experiencing a mental illness can get in the way of some of the key life changes that happen during adolescence and early adulthood,(3) which is why it's important to get the right help at the right time. Treatment can vary depending on the condition and how severe its symptoms are; antidepressant medication is just one approach.

It helps to think about mental health on a scale. At one end of the scale is feeling mentally healthy. In the middle of the scale is when someone is experiencing a mental health concern - like feeling sad or worried - but this doesn't impact their everyday life or last a long time. On the other end of the scale is meeting the criteria for a diagnosed mental illness, which interferes with

things like school, work and relationships. It can be worrying to hear that you or someone you care about is experiencing a mental illness. This resource uses the term 'mental illness' in order to emphasise that antidepressant medications should only be used to treat symptoms of a diagnosed mental illness. However, we acknowledge that you may not identify with this term - you might have your own preferred words, particularly if you're an Aboriginal or Torres Strait Islander young person, or from a culturally and linguistically diverse background.

This resource is for young people aged 12-25 and their family and friends. It is designed to answer common questions about antidepressant medication and may also help during conversations with your healthcare professional so that you can make informed choices about your treatment.

WHAT ARE ANTIDEPRESSANTS?

Antidepressants are a type of prescription medication used to help treat some mental illnesses. While there are a number of different types of antidepressants, this resource focuses on two: selective serotonin reuptake inhibitors (SSRIs) and serotonin-norepinephrine reuptake inhibitors (SNRIs) as they are most commonly prescribed to young people.

Antidepressants change the levels of chemicals in the brain called neurotransmitters, which send messages between brain cells.

SSRIs aim to increase the availability of a neurotransmitter called serotonin. Serotonin is thought to be involved in mood, emotions and sleep.(4)

SNRIs affect norepinephrine levels as well as serotonin levels. Norepinephrine is linked to mood, alertness and energy.(5)

While the specific role of these chemicals in mental illnesses is still unclear, increasing the amount of serotonin and norepinephrine may support changes in the brain that help improve symptoms.

WHO ARE ANTIDEPRESSANTS RIGHT FOR?

Antidepressants may be appropriate for:

- children, young people and adults who have been diagnosed with major depressive disorder (MDD),(6, 7) obsessive compulsive disorder (OCD) or body dysmorphic disorder (BDD);(8) and
- people aged 18 years and over who have been diagnosed with post-traumatic stress disorder (PTSD)(9) or some anxiety disorders (including generalised anxiety disorder, panic disorder and social anxiety disorder).(10, 11)

WHAT ARE ANTIDEPRESSANTS USED FOR?

Treatment options for mental illness vary depending on how severe the symptoms are.

Antidepressant medications are not recommended as the first option for treating depression or other mental illnesses in young people. When treating mild depression, a better first step may involve a health professional helping you better understand depression, providing advice on healthy lifestyle and behaviours, plus follow-up sessions and ongoing monitoring. It could also include some form of psychotherapy ('talking' therapy).(6)

Antidepressants are generally only considered when symptoms are moderate to severe, or when psychotherapy alone hasn't helped (e.g. after four to six sessions).(6) If antidepressant medication is considered appropriate, SSRIs are the only type recommended for adolescents aged 18 years or younger, and are usually also the first type to try in people over 18.(6-11) SNRIs are usually only used when one or more SSRI treatments have not been effective.(11) Generally, antidepressants should not be used without psychotherapy.(6) While other healthcare professionals may talk with you about treatment options, only a general practitioner (GP), psychiatrist or nurse practitioner is qualified to prescribe medication.



INVOLVING FAMILY AND FRIENDS

It is important to make decisions about your own care. It can also be beneficial to include family and friends, if you feel comfortable to do so. Family and friends may be able to provide health professionals with background information about your symptoms and help you get to appointments. When beginning a new treatment or medication, having someone else to support you can be helpful. They may notice any changes in your mood or behaviour, whether positive or negative, and help keep an eye on any side effects. Family and friends can also help you keep on track with taking medication. Health services should ask about including your family and friends in ways that you feel comfortable with, and that are likely to be beneficial to your wellbeing.

‘It was very helpful to have someone else hear what the doctor was saying and to be able to discuss the options with them.’

YOUNG PERSON

Young people aged under 18 years are able to consent to treatment and make decisions about their own care if the health professional believes they have the capacity to do so.⁽¹²⁾ For more information see: reachout.com/articles/what-is-age-and-confidentiality.

SHARED DECISION-MAKING

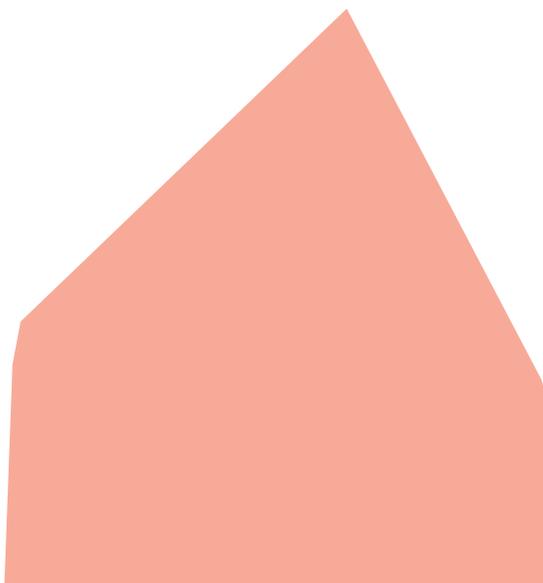
Shared decision-making enables a health professional, you, and your family/friends to participate jointly in making a health decision, using both evidence and your needs, values and preferences.

Before discussing treatment options, you should have taken part in an interview (known as a mental health assessment) so that your health professional can understand you, your life experiences, coping strategies, symptoms and how they are impacting your life. If relevant, they should tell you what diagnosis your symptoms meet the criteria for. This information can support you and the health professional to decide which treatment options are best for you. When talking about treatment for a mental illness, health professionals should explain different options (which may include not doing anything), what the treatments involve, the evidence for how well they will work, and their potential risks and benefits.⁽¹³⁾ They should encourage you and your family/friends to work through your values and personal preferences when it comes to treatment options and their potential outcomes.⁽¹³⁾

If a health professional suggests antidepressant medication and you don't understand why, or you don't feel like you have enough information, it is okay – and encouraged – to ask questions.

After an appointment, you might feel ready to make a decision straight away, or you might need some time to go away and process the information. When talking with a health professional about potentially using antidepressants as part of treatment for a mental illness, the following questions are common, and may help you and your family/friends decide if antidepressants are right for you.

More information about shared decision-making can be found in the resources section at the end of this guide.



FREQUENTLY ASKED QUESTIONS

WHAT OTHER TREATMENT OPTIONS ARE AVAILABLE FOR YOUNG PEOPLE DIAGNOSED WITH DEPRESSION OR ANXIETY?

Antidepressants may help treat the symptoms of a mental illness, but they might not be the best option for you – they are generally only prescribed when symptoms are moderate to severe and/or when psychotherapy alone hasn't helped.

Psychotherapy is usually the first type of treatment to try for a mental illness and even if medication is appropriate it should be used together with psychotherapy.⁽⁶⁾ Psychotherapy aims to improve coping, communication and problem-solving skills. You can also learn how to recognise and reframe unhelpful thinking patterns and behaviours and how to better manage emotions. Other types of therapy might work on understanding yourself and others in relationships. It should be delivered by someone who is qualified and has appropriate skills in the type of therapy being offered.⁽⁶⁾ If you aren't already involved in therapy, the person who has prescribed the medication can refer you.

Sometimes, psychotherapy is not available or appropriate before beginning antidepressant medication, for example you may be unable to attend psychotherapy right away, or you may choose not to. If this is the case for you it is important that you and your health professional have a plan to manage your mental health. Together you might also explore your barriers to therapy, and ways that these can be overcome.

WHAT STRATEGIES CAN HELP YOUNG PEOPLE EXPERIENCING DEPRESSION AND ANXIETY?

Implementing any personal strategies or activities that you know are helpful for you – such as exercising, making art or meditating – is a great idea.

Healthy lifestyle behaviours – such as regular exercise, a healthy diet, maintaining supportive social connections and getting a good night's sleep – alongside appropriate interventions, can be a helpful part of getting better.^(6, 19) See headspace's 'Tips for a healthy headspace' for more information: headspace.org.au/young-people/tips-for-a-healthy-headspace.

SHOULD YOUNG PEOPLE TRY COMPLEMENTARY OR ALTERNATIVE THERAPIES?

There is limited evidence that complementary or alternative therapies help treat depression and anxiety.

Research into these approaches is generally not of a high quality, and the findings about whether or not they work for mental illness are mixed.^(14–18)

The success of alternative approaches can vary according to a number of factors and some supplements can negatively interact with antidepressants. It is best to ask your health professional if supplements are a suitable option for you.

DO ANTIDEPRESSANTS WORK FOR TREATING MENTAL ILLNESS IN YOUNG PEOPLE?

DO ANTIDEPRESSANTS WORK FOR TREATING DEPRESSION IN YOUNG PEOPLE AGED 12–18 YEARS?

Research shows antidepressants provide either no benefit, or a small benefit, to young people aged 12–18 years who are experiencing moderate to severe depression.^(20–22) This means studies show there is no improvement in depression symptoms, or the improvement is not large enough for participants to notice a difference in their symptoms. For more detailed information on the evidence for young people using antidepressants, see Orygen's summary: [Evidence to practice: SSRI and SNRI antidepressants in the treatment of depression](#).

DO ANTIDEPRESSANTS WORK FOR TREATING ANXIETY IN YOUNG PEOPLE AGED 12–18 YEARS?

Antidepressants provide a small to medium benefit to young people aged 18 and under who are experiencing anxiety disorders.^(23–35) While young people in some studies experienced a noticeable improvement in their anxiety symptoms, more research is needed, particularly in terms of how well antidepressant medications work for specific anxiety disorders such as social anxiety disorder or generalised anxiety disorder.

It is also important to note that medication is not included as a routine treatment option for anxiety in adolescents.^(11, 36) Therefore, the decision of whether to use antidepressants for anxiety will rely more on the health professional's experience and understanding of your individual circumstances, in addition to your preferences and values regarding the potential risks and benefits.

For treating OCD, SSRIs appear effective for decreasing the severity of symptoms.^(22, 28, 37)

DO ANTIDEPRESSANTS WORK FOR YOUNG ADULTS AGED 18-25?

Research on treating depression and other mental illnesses in young people aged between 18 and 25 is limited. Results are often generalised from studies that include older adults (those aged between 18-65 years). Early adulthood is a unique developmental stage and applying the results from older people may not be appropriate. More research is needed in this age group.

WHAT ABOUT THE EVIDENCE FOR ANTIDEPRESSANTS COMBINED WITH PSYCHOTHERAPY?

Due to mixed results, it is unclear from the research evidence which combination of treatments work best for adolescents and young adults with depression (i.e. antidepressant medication alone, psychotherapy alone, or both combined).(38-42)

For young people aged under 18 experiencing moderate to severe anxiety, antidepressants and cognitive behavioural therapy (CBT) work similarly well for treating symptoms. Combining them both is the most beneficial.(23, 27, 43, 44)

For treating OCD in children and adolescents, psychotherapy - whether alone or with SSRI antidepressants - seems to work better than SSRIs by themselves.(45) More research into combined approaches is required.

LIMITATIONS OF THE RESEARCH EVIDENCE AND WHAT IT MEANS

Studies about how well antidepressants work aren't perfect. Studies usually only last for 8-12 weeks, so we don't know what happens to people after that time. They also often don't reflect people in the 'real world' - most studies don't include people with severe symptoms, people who report suicidal thoughts or behaviours and those who experience more than one mental illness.(46) We know that this isn't representative of many young people experiencing mental illness or accessing services.(46, 47) For all of these reasons, there isn't enough research to know whether antidepressants are helpful or safe for all young people experiencing mental illness.

What this means is that, as part of shared decision-making, you and your health professional should talk about how similar or different you are to the people in the research studies and base your decision on the best available evidence.

HOW LONG WILL IT TAKE FOR ANTIDEPRESSANT MEDICATION TO WORK, AND HOW WILL I KNOW IF IT IS WORKING? WHAT SHOULD I DO IF IT'S NOT?

Not everyone will respond to medication in the same way. For people experiencing depression, antidepressants need to be taken for 2-4 weeks before they begin having an effect,(48) but it can take up to eight weeks to feel the full benefit (if any benefit is going to be experienced). They take a bit longer to start working for people experiencing anxiety.(49)

Antidepressants work best when taken as prescribed, which means taking the right number of tablets at roughly the same time every day. Once you start taking antidepressants, you should be having regular contact with your health professional to see how you are going. It can be a good idea to keep a daily mood chart to track how you're feeling, or ask family and friends to give feedback.

If you do not notice any improvement after the expected time, you and your health professional may decide to increase the dosage, or try a different medication or type of treatment.

WHAT SIDE EFFECTS DO I NEED TO LOOK OUT FOR?

A health professional prescribing medication should explain any potential side effects, as well as providing easily understandable written information that helps you weigh up your decision about treatment.(6) If you are not provided with this information, it's important to ask for it.

The most common side effects of SSRIs include headaches, trouble sleeping, nausea, diarrhoea or constipation, loss of appetite, sweating, feeling dizzy, dry mouth, feeling agitated, shaky or anxious.(50) Sexual problems as a side effect are also common,(50) but are often mistaken as a symptom of the mental illness (such as a lack of desire or interest in sex). Some of these side effects should improve over time, but others may persist.(51)

It can feel awkward to talk about some of the side effects, but it is important to let your health professional know if you are experiencing them. Often side effects happen early on before any potential benefits of the medication are noticed,(48) and this might make you want to stop taking it. However, it is not advised to stop taking the medication without first consulting a health professional.

If you do decide to take antidepressants, you should have regular (i.e. weekly for the first four weeks) appointments initially to keep an eye on any side effects and to monitor your progress.(6)

Some antidepressants have a higher chance of side effects and suicidal thoughts than others,(21, 49) so there might be one in particular that your health professional recommends. If you are pregnant or breastfeeding, let them know as this can also influence which medication is prescribed.

DO ANTIDEPRESSANTS INCREASE THE RISK OF SUICIDE?

Research has shown an increased risk of thoughts about suicide and suicidal behaviour (we call it ‘suicidality’) in people under the age of 25 years taking antidepressants.(20, 22, 37, 52–54) In research studies, approximately four per cent of young people experience suicidality after they begin taking an SSRI or SNRI for depression (that is compared to 2–3 per cent of young people who experience suicidality but do not take an antidepressant as a treatment for depression). (37, 20)

The reasons for experiencing suicidality while taking an antidepressant are unclear, but one explanation may be that antidepressants cause increased anxiety or agitation and restlessness in some people.(55, 56) While the possibility of suicidality emerging with antidepressant treatment is quite small, it is serious enough that you should be closely monitored for the appearance of suicidal behaviour, self-harm or hostility (i.e. aggression, oppositional behaviour or anger). This is particularly important at the beginning of treatment, or when changing the dosage.

Your health professional should ask about your experience of these things before you start taking antidepressant medication, so that together you can keep track of any changes over time. Your health professional should also check in regularly (e.g. at appointments or over the phone) to make sure you are improving, rather than getting worse or staying the same. They should be asking about your mood, any negative effects, and how you are going generally.

Discuss how frequently this should occur, and which healthcare professional should be responsible. If you notice any signs of these symptoms, or your mental health seems to be getting worse, it is important to contact your prescribing health professional or member of your treating team immediately.

Contact your health professional immediately if after you start taking antidepressants you notice any signs of:

- **suicidality;**
- **self-harm or hostility; or**
- **your mental health getting worse.**

CAN ANTIDEPRESSANTS AFFECT OTHER MEDICATIONS OR SUBSTANCES?

As with any medication, antidepressants can interact (cause problems) with other types of drugs, including prescription medication, complementary or alternative supplements, and alcohol and other drugs. Talk with your health professional about any other medications or substances, even natural or herbal types, that you take as they could interact with antidepressants.

Taking other substances in combination with antidepressants can cause them to impact upon each other (i.e. making the effects of each one stronger or weaker) or to have unexpected negative effects on your body.(57) This is especially the case if another substance you are using affects serotonin levels.(49) If you are working with multiple health professionals, it’s a good idea to keep them all in the loop with what medication you have been prescribed.

HOW LONG DO I HAVE TO TAKE ANTIDEPRESSANT MEDICATION FOR AND HOW DO I SAFELY STOP TAKING IT?

People are usually advised to take antidepressants for at least 6–12 months.(6, 8, 10, 11) You should seek medical advice when considering how to stop taking medications, even if you are feeling better, as stopping antidepressants abruptly is not recommended. This is due to the chance of discontinuation/ withdrawal effects (i.e. side effects related to stopping like nausea, sleep problems, flu-like symptoms) or becoming unwell again.

The plan you make will usually involve reducing medication gradually and during a more relaxed time (such as school holidays), rather than when things are busy or stressful. This plan should include regular reviewing and monitoring to look out for any changes and any increased thoughts of self-harm or suicide. If you are concerned that you have been taking antidepressants for some time with no plan for review with a health professional, make an appointment. There is no evidence that anyone should take antidepressants indefinitely or for the rest of their life. In general, there should be a plan for review at regular intervals.

Although stopping antidepressants can sometimes lead to withdrawal effects, these drugs are not considered ‘addictive’ in the same way that some other drugs are.(58) However, your brain does get used to the extra support if they have been helping, and so stopping suddenly without having psychological strategies in place may result in relapse of symptoms.

There is no evidence that anyone should take antidepressants indefinitely or for the rest of their life. In general, there should be a plan for review at regular intervals.

MY HEALTH PROFESSIONAL WANTS ME TO TAKE ANTIDEPRESSANTS BUT I DON'T FEEL COMFORTABLE WITH THIS. WHAT CAN I DO?

When making decisions about treatment options, health professionals should consider the evidence for the effectiveness of an intervention, but also a person's values and preferences. This includes understanding and respecting cultural beliefs around mental health and medication.

If you don't think antidepressants, or the type of antidepressant prescribed, are appropriate for your recovery, talk about your concerns and ask to discuss alternatives. Having all the information explained to you (including possible risks) is really important. If you don't feel you are getting the right type of care, or don't feel heard, consider seeking a second opinion. You don't have to agree to medication if you don't want to, but it's important that you're able to make an informed decision based on the best possible evidence and advice.

FOR FAMILY AND FRIENDS

The following frequently asked questions are for the family and friends of young people who are seeking mental health support.

A YOUNG PERSON I CARE FOR HAS BEEN PRESCRIBED ANTIDEPRESSANTS BUT DOESN'T WANT TO TAKE THEM. WHAT SHOULD I DO?

Talk with them to understand why they might be worried or not want to take the medication. Try not to get frustrated, and to respect their decision. When a young person feels heard and understood it can help open up the conversation and lead to a discussion about other potential treatments.

Encourage the young person to talk to their health professional about their concerns, or seek permission to have this conversation alongside them or on their behalf.

Supporting someone experiencing mental ill-health can be challenging. Remember, professional support is available. For more advice and guidance on how you can best support a young person experiencing mental ill-health, see the websites in the resources section, or contact [ehedspace](#) and talk to a family and friends specialist.

I'M CONCERNED ABOUT A YOUNG PERSON I CARE FOR BEING PRESCRIBED ANTIDEPRESSANTS - WHAT CAN I DO?

You may be able to raise your concerns with both the health professional and the young person. Try to do so in a way that is still supportive of help-seeking.

Having your own access to evidence and advice from a health professional is important so that you can understand the reason for the treatment choice and how best to support your young person. Health professionals will usually encourage a young person to involve their family or friends in decision-making around treatment. If the young person does not wish to include others, it can feel challenging to not be involved, but linking in with family workers or services could be helpful. Having a space for you to separately share your worries or concerns might be key to reducing any potential conflict or stress.



A NOTE ON STIGMA

Seeking support for mental ill-health, whether or not this includes medication, does not mean that you have 'failed' or that you 'haven't tried hard enough to fix yourself'. As a parent or carer, it doesn't mean that you have done something wrong either.

Stigma around mental health issues can be a barrier that stops young people seeking help. (59) If you are struggling with your mental health, accessing appropriate treatment which is right for you can help you feel better.

Getting help early is a great step in the right direction.

WHAT DOES THIS ALL MEAN?

The decision about whether or not antidepressant medication is included as part of your treatment can be a difficult and confusing one. There is no one-size-fits-all approach.

The decision should include consideration of the evidence around risks and benefits, in conjunction with the clinical judgement of the health professional.

Importantly, you may also like to work with your family and friends to consider your individual circumstances, values and preferences in order to work out if antidepressants are best for you.

RESOURCES FOR YOUNG PEOPLE

What is age and confidentiality? reachout.com/articles/what-is-age-and-confidentiality

Tips for a healthy headspace headspace.org.au/young-people/tips-for-a-healthy-headspace

RESOURCES FOR FAMILIES AND FRIENDS

eheadspace (eheadspace.org.au) can provide specialist support to families/carers.

headspace has a range of resources for families/friends (see headspace.org.au - friends and family resources).

Families from culturally and linguistically diverse backgrounds may find the Victorian Transcultural Mental Health website helpful (vtmh.org.au). Some headspace factsheets are also available in different languages (accessible at headspace.org.au).

The Carer Gateway (carergateway.gov.au) provides information about services and support available for carers.

OTHER RESOURCES

Evidence summary: shared decision-making for mental health. [orygen.org.au/Training/Resources/General-resources/Evidence-summary/Shared-Decision-Making/Orygen_Shared_Decision_Making?ext=.](https://orygen.org.au/Training/Resources/General-resources/Evidence-summary/Shared-Decision-Making/Orygen_Shared_Decision_Making?ext=)

Evidence to practice: SSRI and SNRI antidepressants in the treatment of depression in young people. orygen.org.au/Training/Resources/Depression/Evidence-summary/Evidence-to-practice-SSRI-and-SNRI-antidepressants



REFERENCES

- Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Arch Gen Psychiatry*. 2005;62(6):593-602. doi: 10.1001/archpsyc.62.6.593
- Health Direct. Causes of mental illness. 2018 [cited 5 May 2020]. Available from: <https://www.healthdirect.gov.au/causes-of-mental-illness>
- Gibb SJ, Fergusson DM, Horwood LJ. Burden of psychiatric disorder in young adulthood and life outcomes at age 30. *Br J Psychiatry*. 2010;197(2):122-7. doi: 10.1192/bjp.bp.109.076570
- Berger M, Gray JA, Roth BL. The expanded biology of serotonin. *Annu Rev Med*. 2009;60:355-66. doi: 10.1146/annurev.med.60.042307.110802
- Blier P, Briley M. The noradrenergic symptom cluster: clinical expression and neuropharmacology. *Neuropsychiatr Dis Treat*. 2011;7(Suppl 1):15. doi: 10.2147/NDT.S19613
- National Institute for Health and Care Excellence (NICE). Depression in children and young people: identification and management (NICE Guideline 134). 2019. <https://www.nice.org.uk/guidance/ng134/chapter/Recommendations>
- National Institute for Health and Care Excellence (NICE). Depression in adults: recognition and management (CG 90). 2009. <https://www.nice.org.uk/guidance/cg90/chapter/1-Guidance>
- National Institute for Health and Care Excellence (NICE). Obsessive-compulsive disorder and body dysmorphic disorder: treatment (Clinical Guideline 31). 2005. <https://www.nice.org.uk/guidance/cg31/chapter/1-Guidance>
- National Institute for Health and Care Excellence (NICE). Post-traumatic stress disorder (NICE Guideline 116). 2018. <https://www.nice.org.uk/guidance/ng116/chapter/Recommendations>
- National Institute for Health and Care Excellence (NICE). Generalised anxiety disorder and panic disorder in adults: management (Clinical Guideline 113). 2011. <https://www.nice.org.uk/guidance/cg113/chapter/1-Guidance>
- National Institute for Health and Care Excellence (NICE). Social anxiety disorder: recognition, assessment and treatment (Clinical Guideline 159). 2013. <https://www.nice.org.uk/guidance/cg159/chapter/1-Recommendations>
- Youth Law Australia. Your rights at the doctor. 2019 [cited 5 May 2020]. Available from: <https://yla.org.au/vic/topics/health-love-and-sex/your-rights-at-the-doctor/>.
- Hoffmann TC, Légaré F, Simmons MB, McNamara K, McCaffery K, Trevena LJ, et al. Shared decision making: what do clinicians need to know and why should they bother? *Med J Aust*. 2014;201(1):35-9. doi: 10.5694/mja14.00002
- Jorm AF, Allen NB, O'Donnell CP, Parslow RA, Purcell R, Morgan AJ. Effectiveness of complementary and self-help treatments for depression in children and adolescents. *Med J Aust*. 2006;185(7):368-72. doi: 10.5694/j.1326-5377.2006.tb00612.x
- Jorm AF, Christensen H, Griffiths KM, Parslow RA, Rodgers B, Blewitt KA. Effectiveness of complementary and self-help treatments for anxiety disorders. *Med J Aust*. 2004;181:S29-S46. doi: 10.5694/j.1326-5377.2004.tb06352.x
- Jorm AF, Christensen H, Griffiths KM, Rodgers B. Effectiveness of complementary and self-help treatments for depression. *Med J Aust*. 2002;176(10):S84-S. <https://www.ncbi.nlm.nih.gov/pubmed/12065003>
- Parslow R, Morgan AJ, Allen NB, Jorm AF, O'Donnell CP, Purcell R. Effectiveness of complementary and self-help treatments for anxiety in children and adolescents. *Med J Aust*. 2008;188(6):355-9. doi: 10.5694/j.1326-5377.2008.tb01654.x
- Wynn GH. Complementary and alternative medicine approaches in the treatment of PTSD. *Curr Psychiatry Rep*. 2015;17(8):62. doi: 10.1007/s11920-015-0600-2
- Dour HJ, Wiley JF, Roy-Byrne P, Stein MB, Sullivan G, Sherbourne CD, et al. Perceived social support mediates anxiety and depressive symptom changes following primary care intervention. *Depress Anxiety*. 2014;31(5):436-42. doi: 10.1002/da.22216
- Hetrick SE, McKenzie JE, Cox GR, Simmons MB, Merry SN. Newer generation antidepressants for depressive disorders in children and adolescents. *Cochrane Database Syst Rev*. 2012(11). doi: 10.1002/14651858.CD004851.pub3
- Cipriani A, Zhou X, DelGiovane C, Hetrick SE, Qin B, Whittington C, et al. Comparative efficacy and tolerability of antidepressants for major depressive disorder in children and adolescents: a network meta-analysis. *Lancet*. 2016;388(10047):881-90. doi: 10.1016/S0140-6736(16)30385-3
- Locher C, Koechlin H, Zion SR, Werner C, Pine DS, Kirsch I, et al. Efficacy and safety of selective serotonin reuptake inhibitors, serotonin-norepinephrine reuptake inhibitors, and placebo for common psychiatric disorders among children and adolescents: a systematic review and meta-analysis. *JAMA Psychiatry*. 2017;74(10):1011-20. doi: 10.1001/jamapsychiatry.2017.2432
- Walkup JT, Albano AM, Piacentini J, Birmaher B, Compton SN, Sherrill JT, et al. Cognitive behavioral therapy, sertraline, or a combination in childhood anxiety. *N Engl J Med*. 2008;359(26):2753-66. doi: 10.1056/NEJMoa0804633
- Birmaher B, Axelson DA, Monk K, Kalas C, Clark DB, Ehmman M, et al. Fluoxetine for the treatment of childhood anxiety disorders. *J Am Acad Child Adolesc Psychiatry*. 2003;42(4):415-23. doi: 10.1097/01.CHI.0000037049.04952.9F
- Walkup JT, Labellarte MJ, Riddle MA, Pine DS, Greenhill L, Klein R, et al. Fluvoxamine for the treatment of anxiety disorders in children and adolescents. *N Engl J Med*. 2001;344(17):1279-85. doi: 10.1056/NEJM200104263441703
- Walkup J, Labellarte M, Riddle M, Pine D, Greenhill L, Fairbanks J, et al. Research Units on Pediatric Psychopharmacology Anxiety Study Group: treatment of pediatric anxiety disorders: an open-label extension of the research units on pediatric psychopharmacology anxiety study. *J Child Adolesc Psychopharmacol*. 2002;12(3):175-88. doi: 10.1089/104454602760386879
- Ginsburg GS, Kendall PC, Sakolsky D, Compton SN, Piacentini J, Albano AM, et al. Remission after acute treatment in children and adolescents with anxiety disorders: findings from the CAMS. *J Consult Clinical Psych*. 2011;79(6):806. doi: 10.1037/a0025933.
- Ipser JC, Stein DJ, Hawkrigde S, Hoppe L. Pharmacotherapy for anxiety disorders in children and adolescents. *Cochrane Database Syst Rev*. 2009(3). doi: 10.1002/14651858.CD005170.pub2
- Beidel DC, Turner SM, Sallee FR, Ammerman RT, Crosby LA, Pathak S. SET-C versus fluoxetine in the treatment of childhood social phobia. *J Am Acad Child Adolesc Psychiatry*. 2007;46(12):1622-32. doi: 10.1097/chi.0b013e318154bb57
- Wagner KD, Berard R, Stein MB, Wetherhold E, Carpenter DJ, Perera P, et al. A multicenter, randomized, double-blind, placebo-controlled trial of paroxetine in children and adolescents with social anxiety disorder. *Arch Gen Psychiatry*. 2004;61(11):1153-62. doi: 10.1001/archpsyc.61.11.1153
- Rynn MA, Siqueland L, Rickels K. Placebo-controlled trial of sertraline in the treatment of children with generalized anxiety disorder. *Am J Psychiatry*. 2001;158(12):2008-14. doi: 10.1176/appi.ajp.158.12.2008

32. Rynn MA, Riddle MA, Yeung PP, Kunz NR. Efficacy and safety of extended-release venlafaxine in the treatment of generalized anxiety disorder in children and adolescents: two placebo-controlled trials. *Am J Psychiatry*. 2007;164(2):290-300. doi: 10.1176/ajp.2007.164.2.290
33. Strawn JR, Prakash A, Zhang Q, Pangallo BA, Stroud CE, Cai N, et al. A randomized, placebo-controlled study of duloxetine for the treatment of children and adolescents with generalized anxiety disorder. *J Am Acad Child Adolesc Psychiatry*. 2015;54(4):283-93. doi: 10.1016/j.jaac.2015.01.008
34. Dobson ET, Strawn JR. Pharmacotherapy for pediatric generalized anxiety disorder: a systematic evaluation of efficacy, safety and tolerability. *Pediatric Drugs*. 2016;18(1):45-53. doi: 10.1007/s40272-015-0153-1
35. Dobson ET, Bloch MH, Strawn JR. Efficacy and tolerability of pharmacotherapy for pediatric anxiety disorders: a network meta-analysis. *J Clin Psychiatry*. 2019;80(1). doi: 10.4088/JCP.17r12064
36. Andrews G, Bell C, Boyce P, Gale C, Lampe L, Marwat O, et al. Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for the treatment of panic disorder, social anxiety disorder and generalised anxiety disorder. *Aust N Z J Psychiatry*. 2018;52(12):1109-72. doi: 10.1177/0004867418799453
37. Bridge JA, Iyengar S, Salary CB, Barbe RP, Birmaher B, Pincus HA, et al. Clinical response and risk for reported suicidal ideation and suicide attempts in pediatric antidepressant treatment: a meta-analysis of randomized controlled trials. *JAMA*. 2007;297(15):1683-96. doi: 10.1001/jama.297.15.1683
38. Cox GR, Callahan P, Churchill R, Hunot V, Merry SN, Parker AG, et al. Psychological therapies versus antidepressant medication, alone and in combination for depression in children and adolescents. *Cochrane Database Syst Rev*. 2014(11). doi: 10.1002/14651858.CD008324.pub3
39. Ma D, Zhang Z, Zhang X, Li L. Comparative efficacy, acceptability, and safety of medicinal, cognitive-behavioral therapy, and placebo treatments for acute major depressive disorder in children and adolescents: a multiple-treatments meta-analysis. *Curr Med Res Opin*. 2014;30(6):971-95. doi: 10.1185/03007995.2013.860020
40. Calati R, Pedrini L, Alighieri S, Alvarez MI, Desideri L, Durante D, et al. Is cognitive behavioural therapy an effective complement to antidepressants in adolescents? a meta-analysis. *Acta Neuropsychiatr*. 2011;23(6):263-71. doi: 10.1111/j.1601-5215.2011.00595.x
41. Davey CG, Chanen AM, Hetrick SE, Cotton SM, Ratheesh A, Amminger GP, et al. The addition of fluoxetine to cognitive behavioural therapy for youth depression (YoDA-C): a randomised, double-blind, placebo-controlled, multicentre clinical trial. *Lancet Psychiatry*. 2019;6(9):735-44. doi: 10.1016/S2215-0366(19)30215-9
42. Zhou X, Teng T, Zhang Y, Del Giovane C, Furukawa, TA, Weisz JR, et al. Comparative efficacy and acceptability of antidepressants, psychotherapies, and their combination for acute treatment of children and adolescents with depressive disorder: a systematic review and network meta-analysis. *Lancet Psychiatry*. 2020;7(7):581-601. doi: 10.1016/S2215-0366(20)30137-1
43. Piacentini J, Bennett S, Compton SN, Kendall PC, Birmaher B, Albano AM, et al. 24- and 36-week outcomes for the Child/Adolescent Anxiety Multimodal Study (CAMS). *J Am Acad Child Adolesc Psychiatry*. 2014;53(3):297-310. doi: 10.1016/j.jaac.2013.11.010
44. Wang Z, Whiteside SP, Sim L, Farah W, Morrow AS, Alsawas M, et al. Comparative effectiveness and safety of cognitive behavioral therapy and pharmacotherapy for childhood anxiety disorders: a systematic review and meta-analysis. *JAMA Pediatrics*. 2017;171(11):1049-56. doi: 10.1001/jamapediatrics.2017.3036
45. Öst LG, Riise EN, Wergeland GJ, Hansen B, Kvale G. Cognitive behavioral and pharmacological treatments of OCD in children: a systematic review and meta-analysis. *J Anxiety Disord*. 2016;43:58-69. doi: 10.1016/j.janxdis.2016.08.003
46. Zimmerman M, Chelminski I, Posternak MA. Generalizability of antidepressant efficacy trials: differences between depressed psychiatric outpatients who would or would not qualify for an efficacy trial. *Am J Psychiatry*. 2005;162(7):1370-2. doi: 10.1176/appi.ajp.162.7.1370
47. Scott EM, Hermens DF, Naismith SL, White D, Whitwell B, Guastella AJ, et al. Thoughts of death or suicidal ideation are common in young people aged 12 to 30 years presenting for mental health care. *BMC Psychiatry*. 2012;12(1):234. doi: 10.1186/1471-244X-12-234
48. Varigonda AL, Jakubovski E, Taylor MJ, Freemantle N, Coughlin C, Bloch MH. Systematic review and meta-analysis: early treatment responses of selective serotonin reuptake inhibitors in pediatric major depressive disorder. *J Am Acad Child Adolesc Psychiatry*. 2015;54(7):557-64. doi: 10.1016/j.jaac.2015.05.004
49. Dwyer JB, Bloch MH. Antidepressants for pediatric patients. *Curr Psychiatry*. 2019;18(9):26. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6738970/>
50. Gordon M, Melvin G. Selective serotonin re-uptake inhibitors: a review of the side effects in adolescents. *Aust Fam Physician*. 2013;42(9):620. <https://www.ncbi.nlm.nih.gov/pubmed/24024221>
51. Emslie G, Kratochvil C, Vitiello B, Silva S, Mayes T, McNulty S, et al. Treatment for Adolescents with Depression Study (TADS): safety results. *J Am Acad Child Adolesc Psychiatry*. 2006;45(12):1440-55. doi: 10.1097/01.chi.0000240840.63737.1d
52. Stone M, Laughren T, Jones ML, Levenson M, Holland PC, Hughes A, et al. Risk of suicidality in clinical trials of antidepressants in adults: analysis of proprietary data submitted to US Food and Drug Administration. *BMJ*. 2009;339:b2880. doi: 10.1136/bmj.b2880
53. Hammad TA, Laughren T, Racoosin J. Suicidality in pediatric patients treated with antidepressant drugs. *Arch Gen Psychiatry*. 2006;63(3):332-9. doi: 10.1001/archpsyc.63.3.332
54. Sharma T, Guski LS, Freund N, Gøtzsche PC. Suicidality and aggression during antidepressant treatment: systematic review and meta-analyses based on clinical study reports. *BMJ*. 2016;352:i65. doi: 10.1136/bmj.i65
55. Breggin PR. Suicidality, violence and mania caused by selective serotonin reuptake inhibitors (SSRIs): a review and analysis. *Int J Risk Saf Med*. 2003;2004;16(1):31-49. <https://pdfs.semanticscholar.org/80c6/94deaf2d82a2635d5737f79be70ceaf8a88.pdf>
56. Sinclair LI, Christmas DM, Hood SD, Potokar JP, Robertson A, Isaac A, et al. Antidepressant-induced jitteriness/anxiety syndrome: systematic review. *Br J Psychiatry*. 2009;194(6):483-90. doi: 10.1192/bjp.bp.107.048371
57. Bleakley S. Antidepressant drug interactions: evidence and clinical significance. *Prog Neurol Psychiatry*. 2016;20(3):21-7. doi: 10.1002/pnp.429
58. Weller IVD, Ashby D, Brook R, Chambers M, Chick J, Drummond C, et al. Report of the CSM Expert Working Group on the safety of selective serotonin reuptake inhibitor antidepressants. London (United Kingdom): Medicines and Healthcare products Regulatory Agency (MHRA); 2005 [cited 5 May 2020]. https://pdfs.semanticscholar.org/9f66/a4029a30bd86bfc1d942ab72960bf12a124e.pdf?_ga=2.52647336.1079419637.1588642414-1026339295.1580775253
59. Brown A, Rice SM, Rickwood DJ, Parker AG. Systematic review of barriers and facilitators to accessing and engaging with mental health care among at-risk young people. *Asia-Pac Psychiatry*. 2016;8(1):3-22. doi: 10.1111/appy.12199

AUTHORS

Alicia Randell. Orygen; Centre for Youth Mental Health, University of Melbourne.

Dr Cali Bartholomeusz. Orygen; Centre for Youth Mental Health, University of Melbourne.

EXPERT REVIEWERS

Dr Sophia J. Adams. Orygen; Centre for Youth Mental Health, University of Melbourne.

Alan Bailey. Orygen; Centre for Youth Mental Health, University of Melbourne.

Dr Magenta Simmons. Orygen; Centre for Youth Mental Health, University of Melbourne

Dr Claudio Vilella. headspace National Youth Mental Health Foundation.

YOUTH CONTRIBUTORS

Emma Pryce Jones.
headspace National Youth Reference Group (hyNRG).

Madeleine Cameron.
headspace National Youth Reference Group (hyNRG).

Matthew King.
headspace National Youth Reference Group (hyNRG).

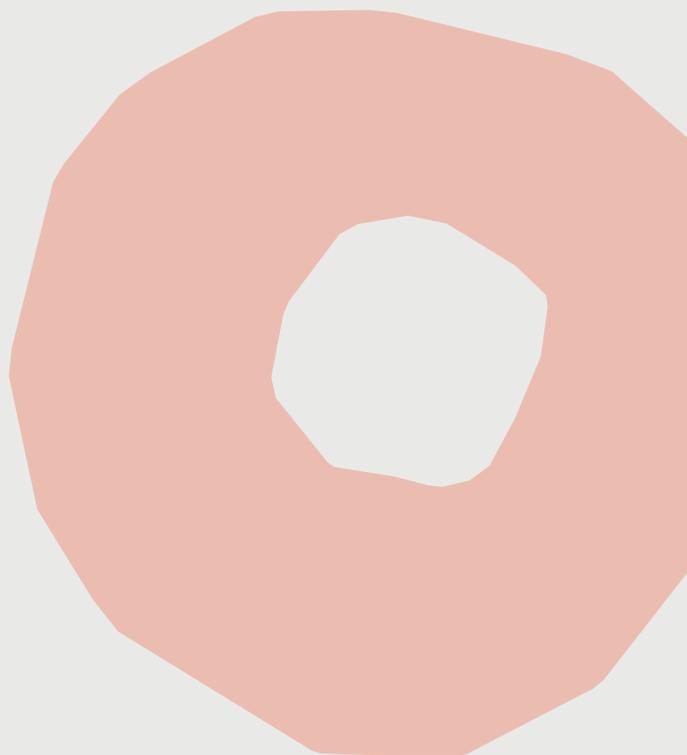
We would also like to thank the family and friends from the Orygen Family Peer Support network.

© 2020 Orygen.

This publication is copyright. Apart from use permitted under the Copyright Act 1968 and subsequent amendments, no part may be reproduced, stored or transmitted by any means without prior written permission of Orygen.

Suggested citation Randell A, Bartholomeusz C. Antidepressants: frequently asked questions. Melbourne: Orygen; 2020.

Disclaimer This information is not medical advice. It is generic and does not take into account your personal circumstances, physical wellbeing, mental status or mental requirements. Do not use this information to treat or diagnose your own or another person's medical condition and never ignore medical advice or delay seeking it because of something in this information. Any medical questions should be referred to a qualified healthcare professional. If in doubt, please always seek medical advice.



**REVOLUTION
IN MIND** *ory
gen*

GET IN TOUCH

IF YOU'D LIKE MORE
INFORMATION ABOUT
ORYGEN, PLEASE CALL
(03) 9966 9100 OR
SEND AN EMAIL TO
INFO@ORYGEN.ORG.AU

ORYGEN.ORG.AU

35 POPLAR ROAD
PARKVILLE VIC 3052
AUSTRALIA

FOLLOW US ON

