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## Elevated Rate Of Teen Suicide Stirs Concern

*Trend Is Linked to Drop in Use Of Antidepressants After FDA Raised Worries About Risks*

By SARAH RUBENSTEIN

A new study may bolster the argument that a drop in the use of antidepressants has led to an increase in teen suicides.

Researchers said an analysis that included 2005 data -- the latest available -- shows that a surprising rise in the youth suicide rate in 2004 was largely sustained into the next year. While the rate dropped somewhat in 2005, researchers said, it remained higher than expected. The rise in suicides coincided with Food and Drug Administration advisories about antidepressants that led to an October 2004 decision to require strong "black box" warnings on all antidepressants' labels.

Last fall, the U.S. Centers for Disease Control and Prevention said the suicide rate for 10-to-24-year-olds rose 8% from 2003 to 2004 -- after a cumulative drop of more than 28% from 1990 to 2003. The CDC cautioned at the time that it didn't know if the rise was "short-lived" or the "beginning of a trend."

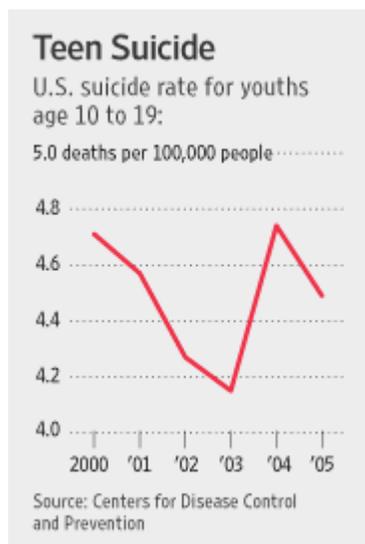
The CDC has monitored the data since then but hasn't come to a conclusion, saying several years of data are needed. But the new analysis by outside researchers suggests the increase "was not a single-year anomaly" and may reflect "an emerging public health crisis," according to a paper being published in Wednesday's *Journal of the American Medical Association*.

"We're seeing [more than] 600 more suicides in this two-year period than we would have expected, and that is cause for concern," said Jeffrey Bridge, an epidemiologist at the Research Institute at Nationwide Children's Hospital in Columbus, Ohio, and lead author of the study. A co-author was Joel Greenhouse, a statistician at Carnegie Mellon University in Pittsburgh.

The latest analysis could rekindle controversy over the FDA's decision to require the "black box" warnings, which link the drugs to suicidal thoughts and behavior in young people. The warnings, along with the agency's concerns about antidepressants, contributed to a drop in prescriptions of the drugs for children and adolescents. The thorny question for doctors and patients: Are concerns about antidepressants scaring

people away from medicines that could help them?

"We've seen this increase as soon as these warnings started, and it is what we were most worried about," said Kelly Posner, a researcher in Columbia University's psychiatry department who has helped the FDA collect data on antidepressants and suicide and who says she doesn't have any financial ties to drug companies. "If you look at the whole evidence puzzle, it points in one direction -- antidepressants save lives."



Still, it's unclear whether a drop in antidepressant use is what caused the rise in the suicide rate. The suicide rate pertains to the entire population and doesn't indicate who took antidepressants and who didn't.

Other factors possibly contributing to the rise in the teen suicide rate include alcohol use, access to firearms, the influence of Internet social networks and suicides among U.S. troops, some of whom are older adolescents, Dr. Bridge wrote in the JAMA paper. His study was funded by the U.S. National Institute of Mental Health.

However, responding in part to concerns about avoidance of antidepressants in cases where they're needed, the FDA in 2007 called for an update to the boxed warning, adding that depression and certain other serious psychiatric disorders are themselves the most important causes of suicide. "It is our intent to fully inform prescribers about the risks and benefits of antidepressant prescribing -- not to discourage

appropriate prescribing," FDA spokeswoman Sandy Walsh said.

Still, Ms. Walsh said, while the FDA continues to monitor data around the issue, it remains "confident the data support warnings" about suicidal thoughts and behavior in young people, and "it's still good advice to monitor patients starting treatment."

Suicide rates are calculated per 100,000 people. The rate for 10-to-19-year-olds was 4.49 per 100,000 in 2005, down from 4.74 per 100,000 in 2004. However, if the 2003-2004 rise were indeed a fluke, the 2005 figure would have been around 3.8 per 100,000, Dr. Bridge said. In 2003-2004, the increase in the suicide rate among people 10 to 19 was much sharper than the rise in the rate for 20-to-24-year-olds.

Still, the CDC is approaching the data cautiously. Alex Crosby, a medical epidemiologist at the CDC's Injury Center, said that in addition to watching the suicide figures, the agency is analyzing data from its National Youth Risk Behavior Survey of high-school students conducted every two years and its National Violent Death Reporting System, which includes details on the circumstances of suicides in 17 states.

The CDC has ramped up efforts aimed at Hispanic adolescents, who report a greater percentage of suicide attempts than other groups, and at Native Americans, who have the highest suicide rate among adolescents and young adults.

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