

Adolescent Suicide Rate, Not Due To Black Box Warnings

Prompted by psychiatrists with their own vested interests in pharmaceutical sales, the media has spun the blame for the rise in the suicide rate for children on the “black box” warning labels placed on antidepressants. This comes from a study that was conducted by the Center for Disease Control (CDC)—one of the components of the Department of Health and Human Services, which prevents and controls infectious and chronic diseases. When citing statistics for the causes of death for children, the study, “Annual Summary of Vital Statistics: 2005,” published in the February issue of *Pediatrics*, the official journal of the American Academy of Pediatrics, claimed that, “A significant increase was registered only for suicide (18.2%).” The population of people the study was referring to are children aged 1-19 for the years 2003-2004.¹ The study was on vital statistics, such as birth rates and infant mortality. It was not a psychiatric study and the researchers and scientists do not have a connection with mental health issues.

Media Message: “Child and teen suicide rates rose for the first time in more than a decade in 2004—and many psychological experts said the stronger warning labels that led to a drop in the number of prescriptions for antidepressants may be to blame.”²

Fact: It is impossible for psychiatrists in the media to attribute a “significant” rise in the suicide rate of children between 2003-2004 on black box warnings for antidepressants. The FDA first ordered drug companies to add black box warnings on antidepressants for children on October 15, 2004.³ The CDC study shows an increase in suicide from 2003 to 2004. Therefore, they are blaming a significant increase in suicide on a period of 2 ½ months, which is not enough time to determine a link between black box warnings and suicide rate increase.

Fact: The second most blatant fact that is omitted from the psychiatrists’ claim is that the CDC study did not investigate if the children who committed suicide were on antidepressants, which are now known to cause suicidal ideation (thoughts). Predictably, the psychiatrists, who benefit from prescribing antidepressants, are quick to blame a black box warning that could decrease their personal profit.

Fact: In 2003, U.S. physicians wrote 15 million antidepressant prescriptions for patients under age 18, according to FDA data. In the first six months of 2004, antidepressant prescriptions for children increased by almost 8 percent.⁴ On March 22, 2004 there was an FDA Public Health Advisory on worsening depression and suicidality in patients being treated with antidepressant medication. This is not a black box warning and was on antidepressants generally—not just children.

Media Message: In an *ABC News* article titled, “Some Experts Blame FDA Labels for Suicide Increase,” Dr. Charles Nemeroff is quoted as saying, “The concerns about antidepressant use in children and adolescents has paradoxically resulted in reduction of their use, and this has contributed to increased suicide rates.”⁵

Fact: Nemeroff receives funding for his academic research from Eli Lilly, AstraZeneca, Pfizer, Wyeth-Ayerst—which are all manufacturers of antidepressant drugs.”⁶

Fact: In addition, Dr. Charles Nemeroff has been a consultant to or received honorariums from the following manufacturers of antidepressants: AstraZeneca, Bristol-Myers Squibb, Forest Laboratories, Eli Lilly, Pfizer, Pharmacia-Upjohn, SmithKline Beecham, and Wyeth-Ayerst. He has received research support from AstraZeneca, Bristol-Myers Squibb, Forest Laboratories, Eli Lilly, Pfizer, Pharmacia-Upjohn, SmithKline Beecham, and Wyeth-Ayerst.”⁷

Media Message: Another psychiatrist, Dr. David Shern is quoted as saying, “Other research has linked certain antidepressants with decreasing suicide rates....We must therefore wonder if the FDA’s actions and the subsequent decrease in access to these antidepressants in fact have caused an increase in youth suicide.”⁸

Fact: Dr. Shern does not mention that the corporation that he is the CEO and President of, Mental Health America, received \$3.8 million from pharmaceutical companies in 2005.⁹

References:

¹ Brady E. Hamilton, Arialdi M. Miniño, Joyce A. Martin, Kenneth D. Kochanek, Donna M. Strobino, and Bernard Guyer, “Annual Summary of Vital Statistics: 2005,” *Pediatrics*, Feb. 2007, Vol. 119, No. 2, pp. 345-360.

² Dan Childs, “Some Experts Blame FDA Labeling for Child Suicide Rate,” *ABC News Medical Unit*, 5 Feb. 2007.

³ FDA Public Health Advisory, “Suicidality in Children and Adolescents Being Treated With Antidepressant Medications,” FDA website, www.fda.gov, 15 Oct. 2004.

⁴ “Survey Paints Bleak Picture of Health Insurance Coverage and Premiums,” *Psychiatric Services*, Oct. 2004, Vol. 55, pp. 1192-1193.

⁵ Dan Childs, “Some Experts Blame FDA Labeling for Child Suicide Rate,” *ABC News Medical Unit*, 5 Feb. 2007.

⁶ Shannon Brownlee, “Doctors Without Borders—Why you can’t trust medical journals anymore,” *Washington Monthly*, Apr. 2004.

⁷ “The Lawrence Summers Memorial Award,” *Multinational Monitor*, Vol. 21, No. 6, June 2000.

⁸ Lindsay Tanner, “Kid’s Suicide Rise, CDC Report Finds,” *USA Today*, 5 Feb. 2007.

⁹ Mental Health America: 2005 Annual Report.