

# UK has fastest growth of psychotropic drugs for children and adolescents

**Liz Smith****6 December 2004**

The Archives of Disease in Childhood has just published its latest findings on the "Increased Prescribing Trends of Paediatric Psychotropic Medications". The medicines investigated include antidepressants, stimulants, antipsychotics, benzodiazepines and other anxiolytics.

The researchers from the Institute of Child Health, University of London, acknowledge that studies in the US and Britain have shown a considerable increase in the prescribing of psychotropic medicines—drugs capable of affecting mental activity. But little information was gathered regarding other countries. Therefore, the study looked at nine countries between 2000 and 2002.

Using prescription data the countries looked at were Britain, France, Germany and Spain (the largest market in Europe), Argentina, Brazil, Mexico (the largest market in South America), Canada and the USA.

The study defined children as those under the age of 18 years. It was found that the number of psychotropic prescriptions for children has risen in all nine countries and seven have shown a significant increase. The UK has the highest percentage increase (68 percent) and the lowest was Germany (13 percent).

These results suggest that the global increases in prescription rates are not only prevalent in the UK and US, but evident in several other countries. The authors express concern that drugs are being used to replace non-drug treatments, but caution that there is insufficient research to confirm or refute this suggestion.

The report does state that "the observed increase in so many countries should raise concern, as little research has been conducted in children to study the effects of most psychotropic medications."

The authors point out that the recent recommendation

by the Medicines and Health Care Products Regulatory Agency to withdraw selective serotonin inhibitors (SSRI's) from the treatment of paediatric depressive disorders should serve as a lesson, due to the fact that the percentage of SSRI prescriptions issued to children and adolescents in the UK increased considerably between 1992 and 2001. They say it is probable that this is based on the evidence from prescribing to adults and caution that paediatric clinical pharmacologists and pharmacists always advocate that "children are not adults".

The report urges that this is a global health issue that should be fully researched to ensure that children are not deprived of safe and efficacious treatments.

A second study by the same team from the University of London looks at the patterns of utilisation of antidepressants in children and adolescents in the UK. This found that the rate of antidepressant prescriptions for children rose by 70 percent in a decade.

The study population comprised all children and adolescents with at least six months' data, who received at least one antidepressant prescription in the study period between 1 January 1992 and 31 December 2001. The resultant analysis shows that almost 25,000 children and adolescents were given 93,000 prescriptions, of which over half, 55 percent, were for the older type of tricyclic antidepressant. These are licensed for the treatment of depression and enuresis (night time bedwetting) and the majority was prescribed for enuresis. Four out of ten prescriptions were for SSRIs such as Prozac and Seroxat.

The study found that whilst there was an increase in prescriptions, the type of drug administered had changed. Those for tryclics which are considered to be moderately effective for this age group fell by 30 percent, whereas prescriptions for SSRIs had risen

tenfold.

Last year the UK drug regulatory agency, the Medicines and Healthcare Products Regulatory Agency (MHRA), advised that SSRIs should not generally be used on anyone younger than 18. In September, a committee of the US Food and Drug Administration (FDA) recommended that they should come with a “black box” warning, indicating that they have serious side effects. Earlier this year the State Attorney of New York sued the manufacturers of Seroxat for “persistent fraud” in concealing unfavourable findings about the drug’s effects.

Writing in the recent edition of the UK Mental Health charity’s *Young Minds* magazine on the SSRI Saga, Jerome Burne explains that concerns about dangerous side effects dates back to 1990. However, the big change as far as prescribing SSRIs to children came last year when Glaxo Smith Kline (GSK) applied to the UK regulators to have Seroxat licensed for use on children, rather than just being prescribed at a physician’s discretion. To support its claim, GSK supplied data from clinical trials, but the FDA recommended that SSRIs not be prescribed to anyone under 18 on the grounds that the evidence indicated that they actually doubled the risk of depressed teenagers committing suicide.

Burne reports that Doctor Andre Mosholder, an officer in the FDA office of drug safety who had examined all the data in 22 studies involving nine different SSRIs and a total of 4,250 children, found that 74 of the 2,298 children taking antidepressants had a “suicide related event” compared with 34 for the 1,952 taking a placebo. It should be noted that this data was only accepted after a fierce internal battle.

Opponents of the cautious approach to the use of SSRIs on children argue that it is preferable to have two to three out of every 100 involved in a suicidal event than the 15 percent of teenagers with untreated depression who commit suicide.

New SSRIs are constantly being developed in the lucrative market for antidepressants. As increasing social inequality exacerbates social pressures on children, adolescents and their families, a pharmaceutical solution to mental ill health is usually the only route on offer. It is acknowledged by many doctors that a psychological approach is the preferred first line option, but waiting lists for formal

psychotherapy are often so excessive that doctors resort to medication.

Dr Ian Wong, director of the Institute of Child Health who carried out the trials, has explained that whilst there is “an element of better recognition of child and adolescent mental ill health,” doctors would use antidepressant medications because of the lack of availability of other options, such as psychotherapy.

Commenting on a study on the rise of mental illness amongst adolescents in the UK, Dr Andrew McCulloch of the Mental Health Foundation said, “The MHF research puts the cost of mental illness in the UK at £93 billion a year, and it is rising. The cost of mental illness is greater than the total cost of crime, larger than the total spent on the NHS and social services, yet just under 12 percent of all spending on health and social care is devoted to mental health services.”



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