



We understand that the decision to start depression and/or anxiety medications is an important one. Many parents have questions about how these medications work, how they might affect their child, and what side effects the medication may have. The following answers some of the most common questions parents have about medications for anxiety and depression.

1. What are the treatments for anxiety / depression?

There are a number of different treatments for anxiety and depression. These include various forms of psychotherapy (counseling), medication, and a combination of counseling with medication. There is good evidence that psychotherapy without medication can be an effective treatment. Counseling is always the first form of treatment recommended by Advanced Pediatrics. Cognitive behavior therapy (CBT) is the most studied form of therapy with depressed and anxious adolescents. For severe or ongoing anxiety or depression, the combination of CBT and medication is the fastest and most effective approach.

2. How do antianxiety and antidepressants work?

The most common medications for anxiety and depression are selective serotonin reuptake inhibitors (SSRIs). SSRIs relieve symptoms of anxiety and depression by increasing the levels of serotonin in the brain. Serotonin is one of the chemical messengers (neurotransmitters) that carry signals between brain cells. SSRIs block the reabsorption (reuptake) of serotonin in the brain, making more serotonin available. SSRIs are called selective because they seem to primarily affect serotonin, not other neurotransmitters. Research has shown that low levels of serotonin are associated with mood disorders and anxiety. Common SSRI's include sertraline (Zoloft), and fluoxetine (Prozac).

The second most common group of medications for anxiety and depression are selective serotonin and norepinephrine reuptake inhibitors (SSNRIs). SSNRIs increase the levels of both serotonin and norepinephrine (another neurotransmitter) in the brain. Low levels of norepinephrine have also been linked to depression and anxiety. Common NERIs include bupropion (Wellbutrin), duloxetine (Cymbalta) and venlafaxine (Effexor).

3. Are antidepressant and antianxiety medications effective for children?

Yes, antidepressant medications do treat the symptoms of depression and anxiety for some children and adolescents. Some SSRI medications have pediatric approvals by the FDA for treatment of pediatric and adolescent depression and anxiety. Other medications may be used that have not been approved by the FDA for use with children (called off label use); this is common and consistent with general clinical practice.

4. How long should my child continue taking antidepressant medication?

When an antidepressant / anti-anxiety medication is started, it takes 6-12 weeks for medication to become effective. Symptom relief is not immediate. Once a patient starts on antidepressant medications, the recommendation is to continue them for a minimum 9-12 months. Some children / adolescents need to be on their medications for a longer period of time. Parents, providers and a child's mental health specialist will work together to determine the best time to consider a trial off medication, if warranted.

5. How is my child monitored during treatment?

Our providers see patients in our office once a week for the first four weeks when starting antidepressants or anti-anxiety medication, as well after any change in the medication or medication dose. After this initial four-week monitoring period, we see the patient every other week for the next month. Once both the provider, parents and patient feel things are stable, we will schedule follow-up appointments every 1 – 6 months depending on individual patient needs.

6. What is a black box warning and what does it mean for my child?

A "black box warning" is a cautionary label placed on some medications. The FDA uses it to alert prescribing doctors and patients that special care should be taken using a medication. The FDA attached a "black box warning" to all antidepressant medications used to treat depression and other disorders like anxiety. The warning was placed following an FDA review of 23 clinical trials of more than 4,300 child / adolescent patients on antidepressant medications. In the study, about 4% of patients taking these medications reported sharing thoughts about suicide or potentially dangerous behaviors. About 2% of those taking the placebo medication reported the same. Advanced Pediatrics has set up a safety monitoring plan (see question #5) to manage these concerns. Please be aware, most of these events were increases in suicidal thoughts, only a few were suicide attempts, and NONE were suicide completions.

For more information see: <http://www.parentsmedguide.org/>