

Prescribing of Antidepressants: Risk Of Suicidal Thoughts and Behaviour

Prescribing for young people who are depressed and anxious

It is clear that we need to be extremely careful about what we prescribe to people who are depressed and anxious as they may well be at risk of self-harm or impulsive behaviour, specifically when prescribing to young people.

It is recommended the following precautions are taken when prescribing any psychotropic medication specifically to young people or those at increased risk of suicidal thoughts and behaviours:

- ⇒ Hand the prescription to parents rather than young people
- ⇒ Counsel the patient, and where possible the relatives, on the type of medication being prescribed, time to effect, likely duration of treatment, side effects, and discontinuation symptoms as a minimum.
- ⇒ If in doubt, prescribe smaller amounts of tablets;
- ⇒ Review the medicine frequently;
- ⇒ Advise to keep medicines out of reach of children and young people (this also applies if medication, which is dangerous in overdose, is prescribed to a patient where children and young people reside or visit).
- ⇒ Advise the patient / relatives to read the Patient Information Leaflet provided with the medication

It is in CPFT's experience that young people are often surprisingly understanding or even appreciative of these simple precautions. There is in fact good evidence that restricting access to medications (and other methods of serious self-harm) does reduce the risk of completed suicide in young people.

Time to effect

Clinical response to SSRIs usually starts to occur within one to two weeks, maximal response usually within four to six weeks.

Within this time frame, the activating effects of antidepressants may lead to an 'increase in motivation' before any mood-lifting effects occur. This may lead to an increased risk of suicidal behaviour in susceptible individuals.

When initiating antidepressants patients should be reminded that effects are not immediate and where to seek support and advice if needed.

Close attention to suicide risk is advised especially in the early weeks of treatment.



First Response Service

The First Response Service (FRS) provides 24-hour access, seven days a week, 365 days a year, to mental health advice, assessment and support for people of any age in mental health crisis.

The FRS is open to anyone living in Cambridgeshire and Peterborough and can be contacted by dialling 111 and selecting option 2. The service is open to self-referral by patients and is manned by mental health professionals who undertake a telephone assessment and can then triage directly to face-to-face support. Anyone can access the service including service users, carers, GPs, social care professionals or emergency services. The person does not have to have used any mental health services before.



Think Medicines!

Safety

Risk-reduction measures

Regular review of patients commencing antidepressant treatment, particularly those with suicidal thoughts or with personal or family history of suicidal behaviour, is advised; young adults should be monitored carefully.

[MHRA - Selective serotonin reuptake inhibitors \(SSRIs\) learning module - Section 4.9](#)

How to get further advice - information for GPs

CPFT's elective services are delivered by referral (ARC). This involves an initial screening of referrals and often also contact with the patient or yourselves by telephone. ARC clinical staff members are experienced psychiatric nurses, but they are not able to give advice about medication. **Please note these services are not open to members of the public or service users.**

For routine referrals please submit a referral form and accompanying information to:

Adults: cpft.arc@nhs.net; you can download a copy of the form here: http://www.cpft.nhs.uk/professionals/advice-and-referral-centre_2.htm.

CAMHS: accesscamhs@nhs.net; you can download a copy of the form here: <http://www.cpft.nhs.uk/professionals/cambridgeshire-community-camhs-single-point-of-access.htm>.

For priority referrals please get in touch by telephone in the first instance on:

Adults: 0845 045 0123 (available 7:30am-8:30pm, seven days a week, 365 days a year).

CAMHS: 01480 428115 (available 9am-5pm, Monday-Friday excluding bank holidays).

It is possible to arrange to speak to a consultant who is responsible for the patients in your area, although you may need to arrange a time to telephone. We have included a list of contact details for reference at the end of the letter being circulated with this newsletter.

Long term changes in medication should be discussed with your local psychiatric consultant if needed. In an emergency an on-call consultant is available. **The easiest way to access this is via the 'First Response Service', which can be accessed by calling 111 and selecting option 2.**

On the basis of the UK and European reviews, the risk of suicidal thoughts and behaviour with antidepressants is included in PILs and SPCs for all antidepressants, including SSRIs and SNRIs.

Example information included: Thoughts of suicide and worsening of your depression or anxiety disorder.

If you are depressed and/or have anxiety disorders you can sometimes have thoughts of harming or killing yourself. These may be increased when first starting antidepressants, since these medicines all take time to work, usually about two weeks but sometimes longer. You may be more likely to think like this:

If you have previously had thoughts about killing or harming yourself.

If you are a young adult; information from clinical trials has shown an increased risk of suicidal behaviour in adults aged less than 25 years with psychiatric conditions who were treated with an antidepressant.

If you have thoughts of harming or killing yourself at any time, **contact the Community-based Crisis Mental Health Service (dial 111, press 2 for mental health) or your doctor or the hospital.**

You may find it helpful to tell a relative or close friend that you are depressed or have an anxiety disorder, and ask them to read this leaflet. You might ask them to tell you if they think your depression or anxiety is getting worse, or if they are worried about changes in your behaviour.

<https://www.gov.uk/government/publications/ssris-and-snr-is-use-and-safety/selective-serotonin-reuptake-inhibitors-ssris-and-serotonin-and-noradrenaline-reuptake-inhibitors-snr-is-use-and-safety>

