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Effects of the Committee on Safety of Medicines Advice on Antidepressant Prescribing to Children and Adolescents in the UK

Murray et al.[1] show that fewer children and adolescents have been prescribed antidepressants in primary care in the UK since the Committee on Safety of Medicines (CSM) issued advice about the use of antidepressants in those aged <18 years. The authors demonstrate that the prevalence of fluoxetine prescribing has remained largely unchanged since that time. They suggest that the shortage of child psychotherapists in Child and Adolescent Mental Health Services (CAMHS) may prevent depressed children and young people receiving prompt psychological treatment.

In the 9 months following the CSM advice, our survey of the views of 143 general practitioners (GPs) in Lincolnshire, UK (43% of GPs in that area) showed that 48 GPs had previously prescribed an antidepressant now no longer recommended by the CSM to young patients. Of these GPs, 19% intended to change their patient onto fluoxetine. A total of 43% of GPs who were previously prescribing fluoxetine to those aged <18 years indicated they would no longer do so even though the CSM advice states the benefit-to-risk ratio for fluoxetine in those aged <18 years is still favourable. Therefore, we suggest that although overall fluoxetine prescribing rates have remained constant, some GPs are prescribing more and some are prescribing less.

We agree that there is clearly a massive shortfall of trained child psychotherapists in the UK as well as long waiting times in CAMHS in many parts of the country.[2] However, even with a more limited psychopharmacological repertoire, GPs can still make a start in helping depressed young people. In our survey, 52% of GPs offered advice to depressed young people about diet, exercise and maintenance of routines as well as offering problem solving strategies. In addition, 40% offered regular supportive counselling themselves. Gledhill et al.[3] have shown that GPs are able to deliver at least some of the psychological interventions that are helpful to depressed children and adolescents (e.g. psychoeducation, noting recent stressors, encouragement, identifying a confidant and offering regular reviews). These interventions are already likely to be familiar to GPs in their management of patients who have a variety of complaints. Only more specialised techniques, such as activity scheduling, self reinforcement and positive reinforcement, are likely to lie outside GPs' day-to-day practice and these can be successfully taught in a brief training session.

As access to specialist CAMHS in the UK is likely to remain limited for the foreseeable future, GPs' use of basic psychological interventions with depressed young people is likely to become increasingly necessary.

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