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## The Authors' Reply

The overall prevalence of fluoxetine between 2002 and 2004 from our study seems constant, but as Thompson and colleagues correctly point out, this may be due to some general practitioners (GPs) choosing to prescribe more and some choosing to prescribe less. The IMS Disease Analyzer -Mediplus database comprises data from 132 practices in the UK and it would be difficult to conduct practice-level analyses by drug group or drug substance because prescribing for antidepressants in children and young people is relatively rare (less than seven patients per 1000 patients per year). However, it would be interesting to monitor overall antidepressant prescribing trends over the next few years to see if the advice from the Committee on Safety of Medicines has a long-term effect.

Certainly the role of the GP in the treatment of young people with depression is essential for providing advice, support and basic psychological interventions. However, we do feel that the shortfall of trained psychotherapists is an issue that needs to be addressed, particularly now that psychotherapy is recommended as first-line treatment over pharmacotherapy for depression.<sup>[1]</sup> The recent call for research proposals by the UK NHS Health Tech-

nology Assessment Programme for psychological interventions in the treatment of moderate and severe depression in children and young people demonstrates the commitment of the Department of Health in England to tackle this concern, by making it a priority in its research agenda.

In the long term, we hope this research strategy will benefit young people with depression, their carers and the healthcare professionals who provide clinical care – whether they are GPs or specialists.

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