



Publication title:

[Temporal trends in antidepressant prescribing to children in UK primary care, 2000-2015](#)

Publication details (Vancouver format)

Sarginson J, Webb RT, Stocks SJ, Esmail A, Garg S, Ashcroft DM. Temporal trends in antidepressant prescribing to children in UK primary care, 2000-2015. *J Affect Disord.* 2017;210:312-318.

What was known before your paper was published?

During the 1990's a steady increase in antidepressant prescribing for children and adolescents was observed. In the early 2000's reports of an increased risk of suicidal thoughts and behaviour sparked safety concerns and a sharp reversal in antidepressant prescribing in this age group. Despite these widely publicised warnings and the introduction of new guidelines in 2005 for treatment of depression in children, antidepressant prescribing in under 19s increased sharply between 2005 and 2012 in the US, UK and other European countries. However, relatively little is known about why these antidepressants were being prescribed and to whom, and whether this trend continued after 2012.

What did you do?

In order to see if antidepressant prescribing in children has continued to increase since 2012 we looked at changes in the frequency at which antidepressants were prescribed to 5-17 year olds by GPs between 2000 and 2015. This was done using the anonymous primary care patient records for approximately 6.8% of the total UK population. Additionally we looked at which groups of children were most likely to be prescribed an antidepressant and what was the most likely reason for the prescription.

What did you find?

By 2014 antidepressant prescribing levels in 5-17 year olds were higher than those seen prior to 2005. In 2015 approximately 3 in every thousand 5-17 year olds with no previous history of antidepressant use were prescribed an antidepressant for the first time. Sixty one percent of these prescriptions were to 15-17 year old females. For those prescribed an anti-depressant for the first time, only 21% of the prescriptions were linked to a diagnosis of depression, 13% to symptoms of depression and 20% of prescriptions linked to alternative indications with relevant guidelines for their use in children. These alternative indications included the treatment of anxiety, bulimia nervosa, obsessive-compulsive disorder, chronic pain and migraines. The final 46% of prescriptions issued either could not be linked to a diagnosis or were linked to alternative use without relevant guidelines for their use in children.

What insights/knowledge did you add?

During 2015, not all of the children and adolescents receiving an antidepressant prescription for the first time had a diagnosis linked to depression or an alternative use with age appropriate guidelines. Also 82% of these antidepressants prescriptions were issued to adolescents aged 15-17. This is the age range during which most young people start to transition from child and adolescent mental health service to adult services. This can make them vulnerable to disruptions in treatment or present additional difficulties for those trying to identify and access appropriate services for young people.