



Using *Selective Serotonin Reuptake Inhibitors (SSRIs)* in Children and Adolescents

This information explains how **SSRIs** can be used as part of a treatment plan with children and adolescents. You may wish to share this information with your family members to help them to understand your treatment options. Since every person's needs are different, it is important that you follow the advice provided to you by your own doctor, nurse and/or pharmacist and speak to them if you have any questions about this medication.



Overview

Selective Serotonin Reuptake Inhibitors (SSRIs) belong to a group of medications called antidepressants. There are six different 'SSRIs' available in Canada. These include:

- Citalopram (*Celexa*®)
- Escitalopram (*Cipralex*®)
- Fluoxetine (*Prozac*®)
- Fluvoxamine (*Luvox*®)
- Paroxetine (*Paxil*®)
- Sertraline (*Zoloft*®)

The name of the SSRI your doctor recommends is called: _____

What are SSRIs used for?

Though these medications are called "antidepressants" they may be used for conditions other than depression. Like most medications used to treat childhood disorders, none of the SSRIs have been formally approved for use in Canada for children and adolescents. Certain SSRIs, such as fluoxetine, sertraline and fluvoxamine have been approved for use in children and adolescents in the United States. When the benefits (e.g., reducing your symptoms) of using a SSRI outweighs the potential risks (e.g., the side effects), many doctors may prescribe one of these medications to treat:

- Depression
- Depression associated with Bipolar Disorder
- Anxiety disorders such as Generalized Anxiety Disorder, Obsessive Compulsive Disorder (also known as "OCD"), Panic Disorder, Social Phobia, and Post Traumatic Stress Disorder
- Eating Disorders
- Separation Anxiety Disorder
- Selective Mutism
- Significant Premenstrual Mood Changes

Your doctor may be using this medication for another reason. If you are unclear why this medication is being prescribed, please ask your doctor.



How do SSRIs work?

SSRIs are known to increase the amount of certain chemicals in the brain called serotonin. It is believed that some brain chemicals, such as serotonin and norepinephrine, are not working well in people who are depressed or overly anxious. The exact way that SSRIs improve the symptoms of Depression and Anxiety Disorders is still not fully known.

How well do SSRIs work in children and adolescents?



Several SSRIs have been studied in children and adolescents diagnosed with an Anxiety Disorder or Depression. When used to treat an anxiety disorder, there is good evidence that SSRIs are considerably more effective than a placebo (an inactive pill that looks like medication) at decreasing symptoms of anxiety. In OCD in particular, there is good evidence that symptoms are reduced to a greater degree by an SSRI compared to a placebo. There is research supporting the use of certain SSRIs in children and adolescents with Depression. Some studies in childhood Depression have found that certain SSRIs are not better at treating the symptoms of Depression than a placebo.

Whenever possible, the addition of talk therapy (such as *Interpersonal Therapy (IPT)* (for depression) or *Cognitive Behaviour Therapy – CBT*) to these medications may increase the potential for benefits.

In general, about **50 to 60%** of depressed youth prescribed an SSRI for 2-3 months will notice an improvement in their depressive symptoms (such as *depressed mood, disturbed sleep, changes in appetite, lack of energy, poor concentration and fatigue*). However, approximately **40 to 50%** of depressed youth given a placebo for 2-3 months, also have a reduction in these depressive symptoms.

How should SSRIs be taken?

SSRIs are usually taken once a day. They are available in several forms such as capsules, tablets and liquid (fluoxetine). You can take it with or without food; however there may be less stomach upset if you take it with food or milk. This medication should be taken at the same time each day as directed by your doctor. Try to connect it with something you do everyday (like eating breakfast or brushing your teeth) so that you don't forget.

Usually, your doctor will start with a low dose. Then, this dose may be slowly increased. You and your doctor can discuss the best dosage to stay on based on how well it helps decrease your symptoms and any side effects you have.

When will this medication start working?

These medications need to be taken for 3 to 6 weeks before you begin to feel better. Different symptoms start to improve at different rates. For example, improvements in sleep, appetite and energy may be seen within the first 2 weeks. Sometimes, others will notice improvements in you before you do. Full beneficial effects may take 4 to 8 weeks (or longer). Since these medications take time to work, do not increase, decrease or stop them without discussing it with your doctor.

If you are not feeling better within 6 to 8 weeks, your doctor may recommend you take a different antidepressant. There is also a small possibility that your depressive or anxiety symptoms may worsen or that you may experience some thoughts of self harm during the first couple months of taking this medication (see section on side effects). If this happens, tell your doctor IMMEDIATELY!

How long do I have to take this medication?



This depends on the symptoms you have, how frequent they occur and how long you have had them. Most people need to take this medication for at least 6 months. This allows time for your symptoms to stabilize and for you to regain your functioning. After this time, you and your doctor should discuss the benefits and risks to continuing treatment.

If you have had several episodes of severe depressive or anxiety symptoms and you tolerate this medication well, you may be asked to take this medication for an indefinite amount of time. By continuing to take this medication, you significantly decrease the chance that you may have another episode of depression or anxiety.

Once you have started taking this medication, your doctor and you will need to monitor for both the beneficial and unwanted effects of your medication. Your doctor will likely check your progress and discuss changes in symptoms during the next 3 months to confirm that the medication is working properly and that possible side effects are avoided.

Are SSRIs addictive?

No, SSRIs are not addictive. You will not have “cravings” for them like some people do with nicotine or street drugs. If you and your doctor decide it is best to stop taking them, your doctor will explain how to safely lower the dose so you don't feel any “flu-like” effects (chills, nausea, vomiting, dizziness, tingling in hands and feet, muscle aches, fever and electrical sensations) as your body adjusts to being without this medication.

What are the side effects of this medication and what should I do if I get them?

As with most medications, side effects may occur with SSRIs. Most side effects are considered to be mild and temporary. Side effects may occur before any of the beneficial effects. It is possible for some individuals to experience a side effect that they feel is serious or long lasting. If this occurs, speak to your doctor about ways to manage them. Here are some of the common side effects of taking SSRIs. In brackets are suggested ways to lessen these side effects.

Common mild side effects

Should any of these side effects be too troublesome for you, please discuss them with your doctor, nurse or pharmacist.

- Diarrhea (*usually disappears in the first week*)
- Difficulty sleeping (*try taking the medication earlier in the day*)
- Drowsiness/fatigue (*try taking the dose at bedtime; this usually disappears*)
- Mild energized/agitated feelings (*avoid caffeine, from colas and coffee*)
- Periods of physical restlessness
- Headache (*try using a pain reliever like acetaminophen*)
- Loss of appetite (*try eating smaller, more frequent meals*)
- Stomach aches and nausea (*try taking this medication with food or a glass of milk*)
- Unusually vivid dreams
- Adolescents: Changes in sexual performance or interest (*discuss with your doctor*)

Uncommon mild side effects (i.e., those that occur in less than 5% of patients)

- Constipation (*increase exercise, fluids, fruits and fibre*)
- Dizziness (*try getting up slowly from a sitting or lying down position*)
- Dry mouth (*try chewing sugarless gum, sour candies, ice chips, or popsicles*)
- Tingling in the hands or feet (*discuss with your doctor*)
- Motor tics or muscle twitches (*discuss with your doctor*)
- Muscle stiffness (*discuss with your doctor*)
- Apathy/lack of motivation (*discuss with your doctor*)
- Decrease in the rate of growth has been reported (*Suggest growth be monitored*)

Contact your doctor IMMEDIATELY if you have any of these uncommon, potentially serious side effects

- Unusual bruising or bleeding
- Skin rash or itchy skin
- An uncomfortable sense of severe inner restlessness or agitation
- Switch in mood to an unusual state of excitement, irritability or happiness
- Severe energized/agitated feelings
- Unusual sensations or experiences (e.g. hallucinations)
- Thoughts of self harm, hostility or suicide

What precautions should my doctor and I be aware of when taking this medication?



- Report any changes in mood or thoughts of self harm to your doctor immediately.
- Do not stop taking this medication suddenly as this may result in the following: chills, nausea, vomiting, dizziness, tingling in hands and feet, muscle aches and fever.
- Several other medications can interact with SSRIs. Before you begin taking any other new medication (prescription or non-prescription), or if you develop any new medical problem while you are taking an SSRI, check with your doctor, nurse, or pharmacist.
- SSRIs can be taken with meals (may help decrease stomach upset), milk, water, orange or apple juice. AVOID taking SSRIs with grapefruit as it may interact with these medications.
- SSRIs can make some individuals feel drowsy, dizzy or slowed down. If you experience these temporary side effects, it is important to avoid operating heavy machinery or driving a car.
- SSRIs may increase the effects of alcohol, resulting in more sedation or dizziness.
- Tell your doctor if you miss a period, become pregnant or are trying to become pregnant.



Tip: Tip: Use the Antidepressant Monitoring Form to help measure your progress on this medication.

What should I do if I forget to take a dose?

If you take your SSRI only at bedtime and you forget to take it, skip the missed dose and continue with your schedule the next day. Do NOT double your next dose. If you take it more than once a day, take the missed dose as soon as possible. However, if it is almost time for your next dose (e.g., within 4 hours), do not take the missed dose or double up on next dose. Instead, continue your regular dosing schedule.



What storage conditions are needed for this medication?

- Keep this medication in the original container, stored at room temperature away from moisture and heat (e.g., not in the bathroom).
- Keep this medication out of reach from children.