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PANDORA'S BOX

Pandora searches the world literature for evidence, news and other sources on matters of interest (doesn't shy away from controversy) to bring to the reader. She welcomes comments and suggestions (via ip@rcpsych.ac.uk)

Antidepressants – the trendy panacea but how safe are they?

According to the Health and Social Care Information Centre (HSCIC), antidepressant drugs are among the three most prescribed drug groups in the UK, alongside the statins and analgesics. One in 10 women, mostly of mature age and from deprived areas, are on antidepressant drugs. But let's not assume that these are all prescribed for the treatment of depression. A recent study by Wong *et al* in Canada, using data from electronic prescribing records by primary care physicians in Quebec, found that for only 55% of the prescriptions was the indication depressive disorder; among the rest the indications included anxiety, insomnia or pain, but also off-label indications such as migraine, menopausal vasomotor symptoms, attention-deficit/hyperactivity disorder and digestive disorders.

There are understandable concerns about the outcomes of off-label prescribing and the evidence shows that there is an association with an increased risk of adverse events. Another study in Quebec, by Equale *et al* and published in January this year, found that off-label prescribing was associated with higher rates of adverse events than on-label prescribing. Interestingly, off-label prescribing where there was strong scientific evidence was associated with the same risk of adverse events as on-label prescribing! So let's not give up on off-label prescribing as yet but make sure the reasoning behind this has a good scientific basis.

Equale, T., Buckeridge, D. L., Verma, A., *et al* (2016) Association of off-label drug use and adverse drug events in an adult population. *JAMA Internal Medicine*, **176**, 55–63. doi: 10.1001/jamainternmed.2015.6058.

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One suicide is too many

My local newspaper in London reports on average one suicide every 4–6 weeks; okay, it is a high-risk area, but is this acceptable? The UK's Office for National Statistics (ONS) reported a 2% reduction in suicide rates in 2014 but it should be noted that the year before there had been a 4% increase!

At the recent annual meeting of the American Psychiatric Association (APA), the issue of suicide was given special attention. Drs Shareh Ghani and Karen Chaney presented the Magellan programme, which they claimed brought suicide down to zero in the first 3 months and significantly reduced suicide rates in Arizona by 67% in the general population and by 42% among people with serious mental illness. They adopted Applied Suicide Intervention Skills Training (ASIST) to train staff in 12 out-patient centres. They claimed that their programme 'looks at suicide differently, as a systems issue, not a one therapist, one doctor issue. That's a big culture change.' The programme is 'quite laborious, but it is very effective'. They trained over 90% of the targeted workforce in ASIST and found a significant increase in the number of providers who 'felt strongly' they could engage and assist those with suicidal desire or intent. Key components of the programme include standardised suicide risk screening; if the screening is positive, a full assessment of suicide risk is conducted, and appropriate interventions are made to ensure safety, treatment, ongoing care and close follow-up. As part of the programme, a comprehensive clinical decision support tool is implemented in the electronic medical record.

The incoming APA President, Maria A. Oquendo, said, 'all suicides should be preventable,

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