

# Pulse

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DuPage County Health Department

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The purpose of this two-page surveillance update is to promote the control and prevention of disease, disability, and premature death, as well as to monitor and improve our community health status, by providing clinically relevant information and resources to healthcare professionals in DuPage County.

## Injury Deaths

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In the interest of reviewing and assessing our community health status, the vital statistics general mortality data from the National Vital Statistics System provides a fundamental source of demographic, geographic, and cause-of-death information.<sup>1</sup>

This is one of the few sources of comparable health-related data for relatively small geographic areas (e.g., DuPage County) and over a long time period in the United States. The data are also used to present the characteristics of those dying in the United States, to determine life expectancy, and to compare mortality trends with other countries.

In this issue, we focus on deaths due to injury, since injury is a serious public health problem because of its impact on the health of Americans, including premature death, disability, and the burden on our health care system. Like diseases, injuries are preventable—they do not occur at random.<sup>2</sup> Injury deaths represent perhaps the worst outcome of an injury, influenced not only by the injury itself, but by a variety of factors, including our healthcare delivery system, access to care, and environmental safety.

To offer perspective on the recently observed national increase in youth suicides, we invite Dr. David Baron, Administrative Psychiatrist, Mental Health Services at the DuPage County Health Department, to provide a guest editorial for our premier issue. We also thank Dr. Tiefu Shen, Chief, Division of Epidemiologic Studies, and Mark Flotow, Division Chief, Illinois Center for Health Statistics at the Illinois Department of Public Health, for their assistance.

### References:

1. [www.cdc.gov/nchs/about/major/dvs/desc.htm](http://www.cdc.gov/nchs/about/major/dvs/desc.htm)
2. [www.cdc.gov/nccipc/about/about.htm](http://www.cdc.gov/nccipc/about/about.htm)

## Youth Suicide Rate Increases After Years-long Decline:

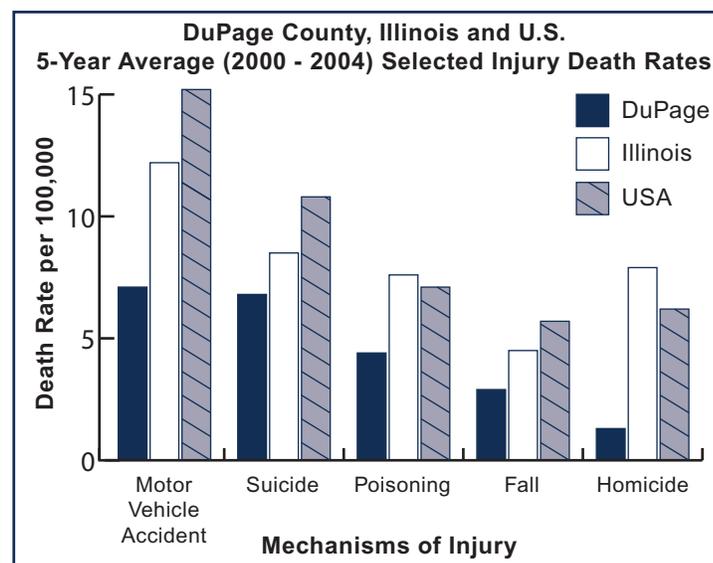
### Have We Been Scared Off From Using Antidepressants?

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Administrative Psychiatrist, Mental Health Services  
DuPage County Health Department

After a steady decline in the national suicide rate among youth from 1 to 19 years of age, the rate rose by 14% from 2003 to 2004, according to the CDC's National Center for Health Statistics. This parallels a 20% drop in the number of prescriptions written for antidepressant medications for the same population during 2003. Notably, suicide was the only cause of death whose frequency increased in this population during that time period.<sup>1</sup>

In 2004, the FDA ruled Pharma companies that market antidepressants must add a "black box" warning to their labeling, regarding the small but statistically significant increase in suicidal thinking and behavior associated with their use. The lead-up to this decision took place over a period of a year or more. Amid public hearings by the FDA, there was much controversy over this proposed labeling, with some patient advocacy groups and the American Psychiatric Association (APA) opposing it in the form it ultimately took.

The specific concern of the APA was that such a warning would discourage physicians and families from considering antidepressant medication for youth. It was noted at the time that there had been consistent reductions in the youth suicide rate beginning about the time selective serotonin reuptake inhibitors (SSRIs) were introduced in the late 1980s/early 1990s. Although this is not proof that wider prescription of antidepressants leads to fewer



child and teen suicides, the possibility of a correlation was striking.

was 4% in a treatment group compared with 2% in a placebo group, in the pooled analysis of studies cited by FDA in the warning.<sup>1</sup>

With this new data, the warnings of APA and others may appear to some to be prophetic. It is noteworthy that the data upon which FDA's decision to require stronger labeling was based found only an increase in suicidal "thinking or behavior," without any actual increase in suicide completions. The rate of these "thinking or behavior" complications

The current data suggest that the effort to protect youth from non-lethal suicidal thoughts and behaviors as a low frequency side effect of the treatment of depression may actually have had the result that fewer of those needing treatment receive it. This may paradoxically have increased the youth population risk of completed suicide.

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**RESOURCES**

**Mental Health Services**  
 (630) 682-7400

**Crisis Center**  
 (630) 627-1700

**Illinois Poison Center**  
 1-800-222-1222

**National Suicide Hotline**  
 1-800-273-TALK  
 (1-800-273-8255)

**Suicide Prevention**  
[www.cdc.gov/ncipc/dvp/suicide/default.htm](http://www.cdc.gov/ncipc/dvp/suicide/default.htm)

Please contact Peggy Iverson, BS  
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 to send suggestions or to be added  
 to the distribution list.

**Suicide Rate Increases**

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Notably, a recent article in JAMA reported on another larger meta-analysis of 27 studies of antidepressant use in children and adolescents. This analysis again found a small increase in the rate of suicidal thinking and behavior in patients treated with antidepressants compared with those receiving placebo. However, in reviewing the negative vs. positive outcomes of this treatment, the authors concluded that the benefits of antidepressant treatment significantly outweigh its risks in all groups: "While there was increased risk difference of suicidal

*"...it is crucial not to overlook the risk of withholding needed treatment for this serious illness."*

ideation/suicide attempt across all trials and indications for drug vs. placebo...the pooled risk differences within each indication were not statistically significant..."<sup>2</sup> Their findings replicated those of the earlier meta-analysis in that there were no completed suicides in any of the studies analyzed.<sup>2</sup>

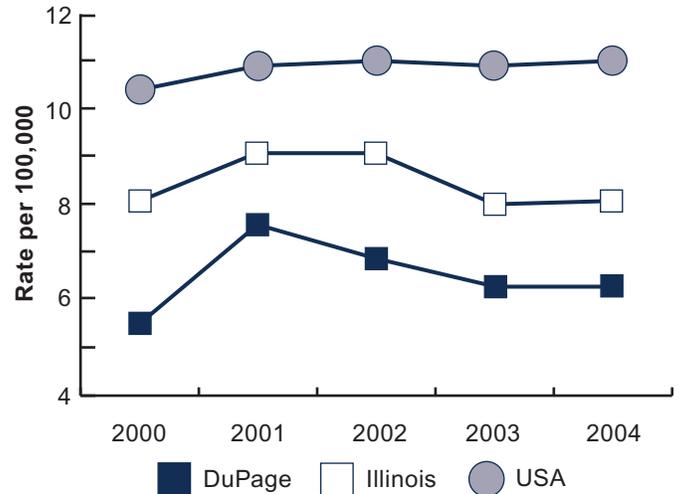
How should physicians respond to this news? As with any treatment associated with a serious potential side effect, that risk must be taken into account when making treatment recommendations to patients and their families. In dealing with depression and its treatment, however, it is crucial not to overlook the risk of withholding needed treatment for this serious illness. As the warning indicates, "Patients who are started on therapy should be observed closely for clinical worsening, suicidality, or unusual changes in behavior." Practitioners may also want to consider using written informed consent both as a tool for education of patients and their families, and as a means of documenting discussion about the potential risks and benefits of treatment.

In keeping with the FDA's warning, observing "closely" may mean more frequent follow-up visits, especially in the early phase of treatment. This is when rare increases in suicidal thinking associated with antidepressant medication are usually observed. In working with depressed children and adolescents, physicians should consider that major depression is a potentially lethal illness, weighing the risks and benefits of treatment vs. non-treatment carefully, and informing patients and their families accordingly.

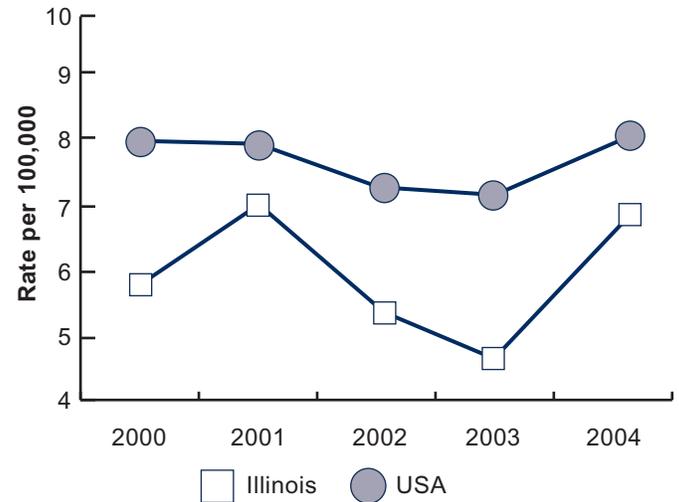
**References:**

1. Rosack, J. (2007). Impact of FDA Warning Questioned in Suicide Rise. *Psychiatric News*, 42(5), 1-4.
2. Bridge, J., et al. (2007). Clinical Response and Risk for Reported Suicidal Ideation and Suicide Attempts in Pediatric Antidepressant Treatment: A Meta-analysis of Randomized Controlled Trials. *JAMA*, 297(15). 1683-1696.

**DuPage County, Illinois and U.S. Suicide Rates, 2000-2004**



**Illinois and U.S. Age Specific (15 - 19 years) Suicide Rates, 2000-2004**



**DuPage County Suicides, Age 15-19 Years 3-Year Rolling Averages**

