



Medication Update

Antidepressant Medications for Children and Adolescents: Information for Parents and Caregivers

National Institute of Mental Health

Depression is a serious disorder that can cause significant problems in mood, thinking, and behavior at home, in school, and with peers. It is estimated that major depressive disorder (MDD) affects about 5 percent of adolescents, who have more frequent suicidal thinking and behavior and greater likelihood of substance abuse than youth in general.

Research has shown that, as in adults, depression in children and adolescents can be treated. In particular, antidepressant medications — called selective serotonin reuptake inhibitors (SSRIs) because they specifically target the neurotransmitter serotonin — have been shown to be of benefit to children and adolescents with major depressive disorder. Certain types of psychological therapies have also been shown to be beneficial. In those with moderate to severe depression they are especially useful when combined with medication. Our knowledge of antidepressant treatments in youth, though growing substantially, remains limited when compared with what we know about treatment of depression in adults.

Recently, concerns have been raised that the use of antidepressant medications themselves may induce suicidal behavior in youths. In fact, following a thorough and comprehensive review of all the available published and unpublished controlled clinical trials of antidepressants in children and adolescents, the FDA has warned the public about an increased risk of suicidal thoughts or behavior ("suicidality") in children and adolescents treated with SSRI antidepressant medications.

Studies show that there are substantial benefits from medication treatment for adolescents with moderate and severe depression, including many with suicidal ideation.

FDA Review of Clinical Trials

In the FDA review, no completed suicides occurred among nearly 2,200 children treated with SSRI medications; however, the rate of suicidal thinking or behavior, including actual suicidal attempts, was 4 percent for those on SSRI medications, twice the rate of those on inert placebo pills (2 percent).

The FDA adopted a "black box" label warning that antidepressants were found to increase the risk of suicidal thinking and behavior in children and adolescents with major depressive disorder. A black-box warning is the most serious type of warning in prescription drug labeling.

The warning also emphasizes that children and adolescents started on SSRI medications should be closely monitored for any worsening in depression, emergence of suicidal thinking or behavior, and in general for any unusual changes in behavior — such as sleeplessness, agitation, withdraw from normal social situations. This monitoring is especially important during the first four weeks of treatment. SSRI medications usually have few side effects in children and adolescents, but for unknown reasons, can trigger agitation and abnormal behavior in certain individuals.

What Do We Know About Antidepressant Medications?

The SSRIs (serotonin reuptake inhibitors) include:

- fluoxetine (Prozac)
- sertraline (Zoloft)
- paroxetine (Paxil)
- citalopram (Celexa)
- escitalopram (Lexapro)

Continued on page 3

From the Co-Presidents

Dear Members,

This spring ushers in the beginning of our 16th year at NAMI CCNS. Our Board of Directors, with eight new members, is buzzing with enthusiasm as we renew our commitment to provide education, advocacy, support, and research for people with mental disorders and their families.

We would like to introduce the new members to our Board. Agnes Byrne, a loan officer with GMAC in Schaumburg; Judy Graff, a Speech Pathologist in public schools and private practice for 25 years; Dr. Michael Rodbro, a dentist in Deerfield; Patricia Rodbro, a former high school English teacher and now her husband's office manager; Stan Rothbardt, a college instructor; Jill Friedberg Rubin, an Art Consultant; Candice Savastio, a music major at Columbia College; and Sandra Shovers who works for a company that offers Merchant Credit Card processing to banks.

We are proud of our expanding Community Outreach Program, organized by a team comprised of Ellen Roth, Stan Rothbardt, Mike and Pat Rodbro, and Jean Jorgenson. The team has created packets of information about our services that are being distributed to health care professionals, hospitals, churches, schools, police departments, libraries, and human resource departments in our membership area. When people understand the facts and learn where to go to access services, the fear that keeps them from finding the treatment and support can be eliminated. We are asking for volunteers. Please contact Ellen Roth at SuperMo16@aol.com or 847-480-0264.

Another focus of our Board is researching available housing options, and identifying new and creative ways to provide additional housing opportunities. As the need for housing and services has increased each year, the availability of funds to meet these needs has decreased. We're already moving toward building partnerships with other community organizations to help facilitate this need. As a guideline, NAMI National has provided us with a Tool Kit (available upon request). Please contact Judy Graff, our first housing chair, at 847-444-1505, or at JDGSLP@yahoo.com, if you have any questions or would like to volunteer on this committee.

Congratulations and thank you to Sandra Shovers, our new membership chair, who reconstructed our membership database, which will provide a more efficient and on-going management process.

NAMI CCNS was pleased to host a recent presentation by Jamie Blyth, author of [Fear Is No Longer My Reality](#). Jamie shared the story of his struggle with social anxiety disorder and panic attacks that began while he was attending college. Most enlightening and heartening were the decisions and actions he took to bring himself to a recovery state and move on with his life.

Board meetings are open to all members. We encourage you to attend (*see Calendar*). If you would like to contact us directly, please email: CHughesNamiCCNS@aol.com or anngeorge@comcast.net or call the NAMI-CCNS office: 847-724-1460.

Best regards,

Candice Hughes and Ann George

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Visit our website: www.namiccns.org

Website maintained by Tom Maier

May June 2005



Medication Update/ *continued*

- fluvoxamine (Luvox)
- venlafaxine (Effexor)—another antidepressant closely related to the SSRIs

SSRI medications are considered an improvement over older antidepressant medications because they have fewer side effects and are safer if taken in an overdose (which is an issue for patients at risk for suicide). They have been extensively tested in adult populations and have been proven to be safe and effective for adults.

Use of SSRI medications has risen dramatically in the past several years in children and adolescents age 10-19. Some studies show that this increase has coincided with a significant decrease in suicide rates in this age group, but it is not known if SSRI medications are directly responsible for this improvement.

Fluoxetine (also known as Prozac) is the only medication approved by the FDA for use to treat depression in children age 8 and older. The other SSRI medications, such as sertraline, citalopram, and paroxetine, and the SSRI-related antidepressant venlafaxine, have not been approved for treatment of depression in children or adolescents, though they have been prescribed to children by physicians in "off-label use"—a use other than the FDA approved use. In June 2003, the FDA recommended that paroxetine not be used in children and adolescents for the treatment of major depressive disorder.

Fluoxetine has been shown to be helpful for treating childhood depression in three different clinical trials—two supported by NIMH and the other supported by the manufacturer of the drug. The trials found that fluoxetine by itself, and even more so when combined with cognitive behavioral therapy, reduced depression for many children better than an inert placebo pill. However, fluoxetine failed to improve depression in at least one third of patients. Also, about one in 10 children experienced adverse side effects such as agitation and mania.

In the recently completed Treatment for Adolescents with Depression Study (TADS) funded by NIMH, suicidal thinking generally decreased during treatment with fluoxetine, but 15 of the 216 youths on fluoxetine (6.94 percent) had a suicide-related event, such as a suicidal attempt or threats, as compared with 9 of the 223 on the inert placebo pill (4.04 percent).

Fluoxetine leads to significant improvement of depression overall. The drug, however, may increase the risk for suicidal behaviors in a small subset of adolescents. As with all medical decisions, doctors and families have to weigh risks and benefits

of treatment for each individual patient.

What Remains Unknown

Currently, there is no way of telling who may be sensitive to an SSRI's positive or adverse effects. Results thus far are based on populations—some individuals may show marked improvement, some may see no change, and some may be vulnerable to adverse effects. The response to medication of an individual patient cannot be predicted with certainty from the kind of studies that have been done so far.

It is extremely difficult to determine whether SSRI medications do or do not increase the risk of completed suicide, especially since depression itself increases the risk for suicide and because completed suicide is a rare event. Controlled trials typically include only hundreds of patients, not the thousands needed to detect effects for rare events. In addition, controlled trials typically exclude patients considered at high risk for suicide, such as those with a history of suicide attempts.

What Should You Do for a Child With Depression?

Major depression in children and adolescents is a serious condition that should be adequately treated, which includes careful follow-up and monitoring.

Each child should be carefully and thoroughly evaluated by a physician to determine if medication is appropriate. Those who are prescribed an SSRI medication should receive ongoing medical monitoring, with particular care paid in the first four weeks of taking the drug.

Psychotherapy is often used as an initial treatment for milder forms of depression. Many times, psychotherapy accompanied by an early follow-up appointment may help to establish the persistence of depression before a decision is made to try antidepressant medications. Psychotherapies include "cognitive behavioral therapy" and "interpersonal therapy." For moderate to severe forms of depression, especially if persistent, the current evidence supports the use of fluoxetine alone or in combination with cognitive-behavioral therapy (CBT). See results for the recently completed Treatment for Adolescents with Depression Study (TADS).

Should suicidal thinking or behavior, nervousness, agitation, irritability, mood instability, or sleeplessness emerge or worsen during treatment with SSRI medications, parents should obtain a prompt evaluation by a clinician with expertise in these medications.

Continued on page 4

Medication Update / *continued*

Children already on any of the SSRI medications should remain on the drug if it has been helpful but they should also be carefully monitored by a physician for evidence of side effects. Once started, treatment with these medications should not be abruptly stopped, because of potential side effects. Families should not discontinue treatment without consulting with their physician.

All treatments can be associated with side effects. A careful weighing of risks and benefits, with appropriate follow-up to help reduce risks, is the best that can be currently recommended.

What NIMH Is Doing

In August of 2004, findings from the first phase of the NIMH-funded Treatment for Adolescents with Depression Study (TADS) demonstrated a combination of medication and psychotherapy to be the most effective treatment. The clinical trial of 439 adolescents with major depressive disorder (MDD) compared cognitive-behavioral therapy (CBT) with fluoxetine (Prozac), currently the only antidepressant approved by the FDA for use in children and adolescents. The results of the first 12 weeks of the trial, conducted at 13 sites nationwide, show that 71 percent responded to the combination of fluoxetine and CBT. The other three treatment groups, of participants between the ages of 12 and 17, also showed improvement, with a 60.6 percent response to fluoxetine-only treatment, and 43.2 percent response to CBT only. The response rate was 34.8 percent for the group that received an inert placebo pill with periodic clinical monitoring.

Clinically significant suicidal thinking, which was present in 29 percent of the TADS participants at the beginning of the study, improved significantly in all four treatment groups, with those receiving medication and CBT showing the greatest reduction in suicidal thinking. The rate of harm-related adverse events (aggression towards self and or others) was higher among patients who took the medication (10 percent) than among those who did not (5 percent). In particular, the rate of suicidal-related adverse events was 7 percent in the two medication groups and 4 percent in the two non-medication groups. The combination of fluoxetine and CBT is the most effective treatment for adolescents with major depressive disorder. Fluoxetine alone is effective, but not as effective as the combination. CBT alone is less effective than fluoxetine and not significantly more effective than placebo. Taking both risk and benefit into account, the combination of fluoxetine and CBT appears superior as a short-term treatment for major depressive disorder in adolescents.

The TADS study is the first large, federally funded study using an antidepressant medication to treat adolescents suffering with moderate to severe depression. TADS was conducted between the spring of 2000 and the summer of 2003, with results published August 18, 2004, in JAMA.

NIMH is currently funding other studies involving adolescents with depression, including Treatment of Resistant Depression in Adolescents (TORDIA), which is enrolling about 400 12-18 year-olds with depression to investigate how best to treat those whose condition is "resistant" to the first SSRI medication they have tried.

NIMH is also supporting the Treatment of Adolescent Suicide Attempters (TASA) study, which is currently enrolling about 120 participants who have recently attempted suicide. Participants will receive antidepressant medications or cognitive behavioral therapy, or both. ■

For more information on this topic, see "Antidepressant Medications in Children," Vitiello, B, Swedo, S. *New England Journal of Medicine* April 8; 350 (15):1489-91.

Source: Reprinted with permission National Institute of Mental Health. Available at: http://www.nimh.nih.gov/healthinformation/antidepressant_child.cfm

FDA Issues Warning about Antipsychotic Drugs for Elderly with Dementia

On April 11, the FDA warned that off-label use of atypical antipsychotics among the elderly with dementia has been shown to be associated with a higher death rate, compared to a placebo. In 15 out of 17 placebo-controlled trials of olanzapine (Zyprexa), aripiprazole (Abilify), risperidone (Risperdal), or quetiapine (Seroquel), elderly patients receiving these drugs as a treatment for their dementia were found to have a 1.6-1.7-fold increase in mortality. The FDA has recommended a black box warning describing this risk and noting that none of the drugs have been approved to treat behavioral disorders associated with dementia. ■

Source: The Food and Drug Administration, www.fda.gov

Housing Resource Guide for People with Mental Disorders: Volunteers Needed

Judy Graff is looking for people interested in the "Housing" issue. If you are willing to make calls, explore community resources and current availability, please contact Judy at 847-444-1505 or email: JDGSLP@yahoo.com

Legislative Update

Senate Opposes Budget Cuts to Medicaid and Public Health

Action Needed to Maintain Opposition and Defeat Cuts in Final Budget

By Sally Mann

Summary

Senate Passes Smith-Bingaman Amendment to Strike Medicaid Cuts: Thanks to grassroots pressure and the leadership of Senator Gordon Smith (R-OR) and Senator Jeff Bingaman (D-NM), the Senate approved an amendment that stripped a \$14 billion cut in federal Medicaid funding from the Senate budget resolution.

Senate Passes Kennedy Amendment to Restore Discretionary Funding: The Senate passed Senator Edward Kennedy's (D-MA) amendment to raise the cap on discretionary funding to nearly \$849 billion by a close 51-49. By raising the cap on discretionary funding by nearly \$6 billion, this amendment represents the best opportunity to allow Congress to make additional investments in federal health agencies, including the Substance Abuse and Mental Health Services Administration (SAMHSA,) Centers for Disease Control and Prevention (CDC,) National Institutes of Health (NIH,) and Health Resources and Services Administration (HRSA).

Senate Passes Kennedy-Grassley Amendment to Include Family Opportunity Act in Budget: The Senate agreed to an amendment by Senators Kennedy and Charles Grassley (R-IA) that would facilitate passage of the Family Opportunity Act (FOA) (S. 183) (also known as the Dylan Lee James Act). This legislation would allow families

whose children have significant disabilities, including mental illness, to buy into the Medicaid program. Under this bill, the Medicaid safety net would be extended to families whose incomes do not exceed 300% of the federal poverty level, thereby allowing them to affordably care for their children in community or home-based settings instead of resorting to institutional care.

Action Needed

We need your help to ensure that these three amendments are not stripped from the final budget that will be determined by a House-Senate conference committee. Please contact your Senators and Representatives with the following message:

I am calling/writing about the FY 2006 budget to urge that the final budget adopt three key amendments: the Smith-Bingaman amendment opposing Medicaid cuts, the Kennedy amendment to repeal discretionary program cuts, and the Kennedy-Grassley amendment to support the Family Opportunity Act.

To find your legislators, go to a search engine (Yahoo! Google, etc.) type in: *Illinois State Legislature*. Click on "Select Official Search by District or Official." When you reach this screen you can click on any one of the following to retrieve the names and district number: 1. Search by District; 2. Search by Official; 3. Search by Address. You can also check on the status of a particular bill when you go to the web site of the Illinois State Legislature. Or telephone the U.S Capitol Switchboard at 202-224-3121 and ask for the office number of your Senator or Representative. ■

Tag Day Volunteers Wanted

NAMI-CCNS is holding our annual Tag Day on May 13 and 14 in Glenview. Volunteers will hand out NAMI information, candy, and solicit donations. This is a great chance for family and friends to bring the NAMI message to our community.

Volunteers to organize and participate are needed. Please contact Julie Savastio 847-370-2243 or Deb Walsh 847-567-5883 or leave a message at the NAMI CCNS office 827-724-1460.

Calendar

May 3 Mental Health Rally and Lobby Day, in front of the State Capitol, Springfield, 2:00 p.m. Call NAMI of Greater Chicago 312-563-0445 or The Mental Health Association of Illinois 312-368-9070.

May 3 Judy Katz, M.A., supervisor of instructional services for Jewish Children's Bureau Center for Young Children with Autism in Northbrook, will discuss resources and supports offered through JCB; how and why to use TEACCH and/or a structured program at school and at home. For information, call Michael Kanter 847-541-9969.

May 4 Board of Directors Meeting. 7:30 p.m. Wilpower, Inc. 444 Frontage Road, Northfield.

May 5 "Stress, Pain, and Depression" Northbrook Radisson Hotel. Call for information 1-877-246-6336 (toll-free).

May 10 "Care and Share" is a support group for people with mental disorders and their families, friends, and caregivers. 7:30–9:00 p.m. at Sharfstein Auditorium, Rush North Shore Hospital, 9600 Gross Point Road, Skokie. No charge; no registration required. Call Maun Dee for information at NAMI CCNS 847-724-1460.

May 13-14 Tag Day Weekend. Volunteers are handing out NAMI information, candy, and soliciting donations. This is a great chance for family and friends to bring the NAMI message to our community. We need volunteers to organize and participate. Please contact Julie Savastio 847-370-2243, Deb Walsh 847-567-5883, or leave a message at the NAMI CCNS office 827-724-1460.

May 20 "Cognitive Behavioral Therapy," a NAMI Conference Call with child psychiatrist Dr. Duckworth. 11:00–12:30 p.m. To access the toll-free call, dial 888-669-7729, access code 999237#.

May 10-11 "Communication Strategies for Autism and Nonverbal Learning Disabilities" is a conference for speech-language pathologists, audiologists, therapists, special education teachers, and parents. Topics include an overview of deficit areas and innovative ideas for how to address the language and language-based social-

cognitive deficits associated with autism, Asperger syndrome, and non-verbal learning disability. Wyndam Hotel, Itasca. For information, call Spectrum Training Systems, Inc. 920-749-0332.

May 12 "Visions for Tomorrow" is a support group for parents of children, adolescents, and young adults with mental disorders. Kenilworth Union Church, 211 Kenilworth Avenue, Kenilworth, 7:30-9:00 p.m. Call Barb Maier for information 847-446-8416.

May 14 Attorney Matt Cohen will speak on the new IDEA provisions. Sponsored by A.S.K. Fiedler Hillel, 629 Foster, Evanston. 9:30 a.m. Free. For information, call 847-733-1739 or email A.S.K. at answersforspecialkids@comcast.net.

May 16 "ADA Update: What Has The Supreme Court Said Lately?" 1:00-3:00 p.m. Sponsored by Equip for Equality. 20 N. Michigan Avenue, Suite 300. Call 800-537-2632 for information. (Scent-Free Note: Please do not wear any perfumes or scented products to Equip for Equality events to ensure an accessible environment for people with chemical sensitivity.)

May 29 "Sundays at One" is a support group for young adults who want to do things together. 1:00-3:00 p.m. Borders Bookstore, 49 S. Waukegan Road, Northbrook (corner of Waukegan and Lake Cook Roads). For information and registration, call Nate Maier 847-446-8416.

June 6 Board of Directors Meeting (*see May 4*)

June 7 North Suburban Autism will feature Kim Garvey Hoehne, M.A., a developmental and educational consultant specializing in providing ADA services to families and children with Autism Spectrum Disorders. For information, call Michael Kanter 847-541-9969.

June 9 "Visions for Tomorrow" (*See May 12*)

June 14 NAMI CCNS Educational Program Speaker. TBA.

June 26 "Sundays at One" (*see May 29*).

NAMI-CCNS BUDGET EXPENSES DETAIL CY2005

3/15/05

LONG TERM GOAL	CATEGORY	BUDGET \$
PUBLIC AWARENESS	Distribution of materials to local Professionals	
	Brochures	\$1,100.00
	NAMI 4000	
	Fam - Fam 1000	
	Visions 1000	
	Fund Raisers	
	Tag Day (May '05)	\$900.00
	Theatre/Other	\$700.00
	Walk 2006	\$0.00
	INFORMATION SERVICES	Website
Newsletter (6 issues per year)		
Production & Printing		\$4,500.00
Postage.....		\$1,100.00
Family to Family		\$4,000.00
Visions for tomorrow		\$125.00
Family to Family and Visions Reunion		\$500.00
Sundays at One (\$50 per month)		\$600.00
Training WRAP/Visions.....		\$500.00
ADMINISTRATION		Administrative assistant
	Telephone	\$600.00
	Directors & Officers Liability Insurance.....	\$850.00
	Office Supplies	\$200.00
	Postage	\$200.00
	Miscellaneous.....	\$200.00
	Membership Renewal (printing & postage).....	\$600.00
	Donations	
	*NARSAD	\$500.00
	*Rush North Shore.....	\$100.00
	*WilPower	\$500.00
	*Kenilworth Union	\$50.00
*Presbyterian Church.....	\$100.00	
TOTAL EXPENSES.....	\$20,105.00	



NAMI CCNS
Box 612
Winnetka, IL 60093

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NAMI CCNS EDUCATION CLASSES, SUPPORT GROUPS AND OTHER SERVICES

***NAMI CCNS' two psychoeducational classes**

***Visions for Tomorrow** An 8-week course designed for primary care givers of children with mental disorders. The class covers bipolar disorder, schizophrenia, anxiety disorders, eating disorders, ADHD, as well as brain biology, treatments, medications, communication and coping skills. Class is free of charge. Call Barb Maier for information 847-446-8416.

***Family to Family** A 12-week class designed for family members and close friends of individuals with mental illnesses. The course covers schizophrenia, major depression, bipolar disorder, borderline personality disorder, panic disorder, obsessive compulsive disorder, co-occurring addictive disorders, as well as medications, coping skills, and advocacy. Class is free of charge. To register, call Joyce at 847-853-6191.

General Meeting is an educational program featuring speakers with expertise in the mental-health field. (*See Calendar for details*)

Care and Share is a support group for people with mental disorders, as well as their friends and families. (*See Calendar for details*)

Visions for Tomorrow Support Group is for parents of children, adolescents, and young adults with mental disorders. Call Barb Maier for information 847-446-8416. (*See Calendar for details*)

Response Team A "warm line" (*not* a crisis hot line) for anyone looking for resources, referrals (or just a chance to connect to others) about dealing with mental disorders. Call the NAMI CCNS office and leave a message at 847-724-1460 (messages are picked up three times a week by our response team members).

Sundays at One is a social meeting group for young adults (ages 18-35) coping with mental disorders. Run by Alan Carlile and Nathan Maier (who also struggle with chemical imbalances). Call Nate 847-446-8416. (*See Calendar for details*)

Other Organizations

Anorexia Nervosa and Associated Disorders offers information on referrals, information and local support groups for eating disorders. Call Dawn 847-831-3438.

The Depression Support Group meets the fourth Monday of every month at the Kenilworth Union Church, 211 Kenilworth Avenue, Kenilworth, 7:30 p.m. Individuals and families interested in learning more about depression and bipolar disorder are invited to attend. Call 847-251-4272 for information.

The Child and Adolescent Bipolar Foundation is a national, parent-led organization of families raising children diagnosed with bipolar disorder. For information on support groups, visit www.bpkids.org or call 847-256-8525.

Depression and Bipolar Support Alliance of Greater Chicago meets the second and fourth Mondays of each month at the Devon Bank, 6445 N. Western Ave., Chicago. 7:30 p.m. Call Chet for details 773-465-3280.

Obsessive Compulsive Disorder Support Group meets Thursday evenings at Resurrection Hospital, 7435 W. Talcott, Chicago. 7:30-9:00 p.m. Call Carol Miller for information 773-774-3019.

Obsessive-Compulsive support group Professionally-led group for adults (and their support persons) with OCD. Meets the first Monday of each month at Anxiety and Agoraphobia Treatment Center in Northbrook. 7:30-9:00 p.m. \$25 per session. Call Alona Ramati, M.S. 847-559-0001 ext. 8 before attending for information. ■