ATTACHMENT A

Prescribing of Antidepressant Medications for Children
Outcome Statement based on meetings of 18 February and 27 August 2009

The Department of Health and Ageing convened two meetings to discuss the prescribing of antidepressants to children and young people/adolescents. The first meeting was attended by medical specialists nominated by the Australian Medical Association (AMA), the Royal Australasian College of Physicians (RACP) and the Royal Australian and New Zealand College of Psychiatrists (RANZCP). The Royal Australian College of General Practitioners (RACGP) was invited but was unable to attend.

The second meeting was attended by representatives from the RACP and the RANZCP. The AMA was invited but was unable to attend. Dr John Primrose chaired both meetings which also included representatives from Medicare Australia and the TGA.

Data Analysis
At the first meeting in February 2009, participants identified the need to provide a more detailed breakdown of the data relating to the prescription of antidepressants to children, to assist in formulating a view of the appropriateness of current practices across Australia. Further age and prescriber breakdowns and PBS dispensed prescriptions per capita by child, age and State/Territory dispensed in 2007-08 were provided for review at the second meeting in August 2009. The data included a breakdown of:

- antidepressants by drug group, age group and State/Territory;
- SSRI medications, by age and number of prescriptions;
- antidepressants by drug group, age and State/Territory per 1,000 population; and
- antidepressants by drug group, by prescriber type and State/Territory.

The major limitation noted with the data was the fact that it does not include reasons for the prescribing of an antidepressant medication to a child. This information is not contained in currently available routinely collected data. The lack of a "reason for use" makes it difficult to determine the appropriateness of prescribing.

A number of other data limitations were also discussed. These included:

- previous analysis revealed that data for children aged under two years is likely to reflect data error;
- commentary on length of treatment is difficult as some patients may have started their medication late in the 12 month period;
- prescribing practices also must be considered. Treatment may involve use of only a portion of the tablet such as ¼ or ½ half a tablet which would influence the data;
- it is not possible from the data to determine the specialty of the prescriber who first started the medication. A general practitioner, for example, may be continuing a treatment initiated by a specialist paediatrician or psychiatrist.

Diagnosing Depression in Children and Adolescents
Diagnosis of depression in children is difficult. The presentation of symptoms in children and adolescents differs significantly from the symptoms found in adults. It can be difficult to determine the cause of the underlying symptoms, making diagnosis complex. Treatment should follow quality use of medicines principles and ideally be used in conjunction with non-medication treatments such as counselling or the psychological therapies. Some children and particularly adolescents with depressive illness respond well to medication.