Continuing fluoxetine treatment may delay relapse in children and adolescents with major depressive disorder


Does fluoxetine prevent relapse of major depressive disorder in children and adolescents?

The observed effect may not be entirely due to continued treatment with fluoxetine. Randomisation is less effective at balancing confounding factors in studies with small sample sizes. In this study the fluoxetine group was significantly older than the placebo group at baseline (mean 13.45 years vs 11.65 years; p = 0.025). The placebo group contained more participants who had needed higher doses of fluoxetine to achieve remission than the continuing fluoxetine group (60 mg/day fluoxetine: 10% of placebo group vs 0% of fluoxetine group; 40 mg/day: 15% of placebo group vs 5% of placebo group).

**METHODS**

- **Design:** Randomised controlled trial.
- **Allocation:** Unclear.
- **Blinding:** Double blinded.
- **Follow up period:** 32 weeks.
- **Setting:** USA; time frame not reported.
- **Patients:** Forty children and adolescents in remission (Children’s Depression Rating Scale, Revised (CDRS-R) score <28) from major depressive disorder (DSM-IV) after 19 weeks treatment with fluoxetine (20–60 mg daily) or switching to placebo.
- **Intervention:** Continuing fluoxetine treatment (20–60 mg daily) or switching to placebo.
- **Outcomes:** Primary outcome: relapse (CDRS-R score >40 plus clinical deterioration over 2 weeks, or clinician’s diagnosis of relapse); adverse events. Secondary outcomes: change in depression scores.
- **Patient follow up:** 100%.

**MAIN RESULTS**

Continuing fluoxetine increased time to relapse compared with switching to placebo (180.7 days with fluoxetine vs 71.2 days with placebo; p = 0.046). Fewer people in the fluoxetine group experienced relapse than in the placebo group (estimated at 34% with fluoxetine vs 60% with placebo; significance not reported). There was no significant difference between fluoxetine and placebo in change in CDRS-R total scores (mean increase: 8.2 with fluoxetine vs 14.7 with placebo; p = 0.139). One participant in the fluoxetine group discontinued treatment because of agitation.

**CONCLUSIONS**

In children and adolescents who achieve remission from major depression with fluoxetine (20–60 mg daily), continuing fluoxetine treatment can delay relapse compared with switching to placebo.

For correspondence: Dr John H Heiligenstein, c/o Dr Jacobson, Eli Lilly and Company, Lilly Corporate Center, Indianapolis, IN 46285, USA

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