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


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

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).

**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.

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