In brief

Millions of female fetuses aborted in India: around 10 million female fetuses may have been aborted in India over 20 years, says a study that found up to 0.74 million fewer female births in 1997 than were predicted. Fewer girls were born as second or third children to families who were yet to have a boy, suggesting that female fetuses may have been selectively aborted (www.thelancet.com, 9 Jan).

Cancer care in England could be better: People with cancer in England are still waiting too long to see a specialist and are being given inadequate information about their condition, and people with prostate cancer are given too low a priority, says a report from the parliamentary committee of public accounts. Greater effort also needs to be made to help more people die at home (www.parliament.uk).

Diabetes soars in New York: More than one in eight New Yorkers has diabetes, one third higher than the national US rate, says a report in the *New York Times* after a year long investigation into the disease. The estimated 800 000 diabetic people in the city could overwhelm existing health services.

Stress drives Britain to drink and cigarettes: Automated call centres, mobile phones, and crashing computers are the leading causes of stress, says a report from the health charity Developing Patient Partnerships. To cope, 41% of people say they would turn to their GP, 15% to a pharmacist, 34% to alcohol, and 25% to cigarettes.

Doctors get training in detecting child abuse: The Royal College of Paediatrics and Child Health has launched the first national course to enable doctors to better recognise possible cases of child abuse. The training day, funded by the Department of Health, will be rolled out to doctors training in paediatrics and will be available to GPs and doctors working in emergency departments.

US study questions use of black box warning on antidepressants

David Spurgeon *Quebec*

The risk of serious attempts at suicide or death by suicide decreases in the weeks after adults start taking antidepressants, a new study has found. The study, which was funded by the US National Institute for Mental Health, also found that the risk of suicidal behaviour after patients start to take the drugs is generally less for the newer types of antidepressant drugs than for the older types (*American Journal of Psychiatry* 2006;163:41-7).

The study's findings run counter to a 2004 advisory by the US Food and Drug Administration, which recommended close observation for emergence of suicidality in all patients treated with 10 newer antidepressants, including fluoxetine (Prozac) and paroxetine (sold in the US as Paxil and in the United Kingdom as Seroxat) (*BMJ* 2005;331:70).

The study looked at the risk of death by suicide and serious attempt at suicide in the acute phase of antidepressant treatment—the first month after treatment begins. It also looked at whether the newer antidepressants that have an FDA “black box” warning carried a higher risk of suicide than older antidepressants, such as the tricyclic antidepressants.

It was based on computerised medical and pharmacy records of more than 65 000 patients in two US states who filled pre-

scriptions for antidepressants from 1992 to 2003. The study used data from a prepaid health plan, Group Health Cooperative, which has some 500 000 members in Washington and Idaho. From 1992 to 2002 the overall mortality from suicide in this group was approximately 17 per 100 000 people.

The researchers included people if they had had outpatient prescriptions for antidepressants filled between 1 January 1992 and 30 June 2003, if no antidepressant had been filled in the previous 180 days, and if the patient had been given a diagnosis of a depressive disorder in the 30 days before or 30 days after first being treated with an antidepressant drug.

The researchers found that, for all types of antidepressant, the risk of serious suicide attempt was higher in the month after starting treatment than in the subsequent five months.

Children and adolescents in the study were more likely than adults to attempt suicide: during the first six months of treatment the rate of suicide attempts was 314 per 100 000 among children and adolescents (95% confidence interval 160 to 468) and 78 per 100 000 among adults (58 to 98). For all age groups, the rate of suicide attempts was highest in the month before treatment and fell after treatment began.

The study also concludes that

there is no evidence of a greater risk of suicidal behaviour among people taking the newer drugs (see figure). Among patients taking the older drugs the risk of suicide attempt was as high in the first month of treatment as it was in the month before treatment began, but the researchers attribute this to the longer time needed to reach a therapeutic dose with these drugs.

Greg Simon, a psychiatrist and the study's lead researcher, agrees with the FDA's recommendation to carefully monitor patients taking antidepressants, “not because these medications are especially risky or dangerous” but to “ensure they're getting the right medication in the amount that can help them feel better.”

Paul Seligman, director of the FDA's Office of Drug Safety, told the *Baltimore Sun* newspaper that the study will not lead to the removal of the black box warning on the newer antidepressants (1 Jan 2006: 2). He said that there is a continuing need for vigilance, which the study findings do not change.

But two UK researchers, Charles Medawar, chief executive of the charity Social Audit, and David Healy, a psychiatrist and reader in psychosocial medicine at Cardiff University, noted the absence of any sort of controls in the study. “This study, extraordinarily, does not include a control of any kind, neither placebo nor drug [group],” said Mr Medawar. “We do not know how many of these patients would remit without active drug treatment—but the same obviously applies to risk, as well as to supposed benefit.”

Dr Healy added: “The point is not whether there are lower rates of suicidal acts in the week or weeks just after treatment has started, in that suicidal acts may be a trigger to treatment. It's whether the rates would be even lower if these people had been treated conservatively rather than with drugs. What is completely missing from the study are people who attempted suicide and did not receive drug therapy, or people who attempted suicide and did not even see a psychiatrist.”

Dr Simon declared that he had received research funds from Eli Lilly, which makes fluoxetine, and consulting fees from Pfizer Pharmaceuticals, which makes sertraline. □