

Perspectives on Suicide and Depression in Children and Adolescents and Beyond

By Eric Hollander, MD

Depression is common among adolescents, is associated with a high risk of suicide, and is one of the leading causes of death among this population in the United States. Much is not fully understood and there is considerable controversy regarding many issues in child and adolescent suicide and depression. Do antidepressants cause an increase in the rates suicidal thoughts and behavior in this population? Are suicidal thoughts and behaviors associated with true suicidal attempts? Has a decrease in prescribing of antidepressants in the child/adolescent population over the last few years resulted in an increase in completed suicides? A clearer understanding of adolescent depression and its relationship to suicide may help to clarify some of these issues.

I would like to thank Kelly Posner, PhD, the guest editor of this issue. She is the director of the Suicide Classification Center at Columbia University. She has contributed important work for the Food and Drug Administration to develop a system to classify suicidal symptoms in pediatric antidepressant pharmacotherapy trials. For this issue, Posner has collected articles that summarize existing data and treatments and looks to future of treatment for suicide and depression in young people.

Anat Brunstein Klomek, PhD, and Barbara Stanley, PhD, describe cognitive-behavioral therapy and interpersonal psychotherapy to target suicidal behavior in depressed adolescents. Taryn L. Mayes, MS, and colleagues report that contrary to expectations, fluoxetine-placebo difference was greater in children compared to adolescents.

Suicide remains a leading cause of death among youth, and suicide ideation and behavior are relatively common in normal and clinical populations. Clinicians working with young people are often required to assess for the presence of suicidal ideation, suicidal behavior, and other risk factors, and to determine the level of risk. Kelly Posner, PhD, and colleagues provide the clinician with a summary of risk factors for youth suicide as well as providing standardized terminology to enhance the clinician's assessment of suicidal ideation and behavior.

Compulsive buying disorder is characterized by excessive or poorly controlled preoccupations, urges, or behaviors regarding shopping and spending that lead to subjective distress or impaired functioning. Donald W. Black, MD, describes how compulsive buying disorder has a lifetime prevalence of 5.8%, and that in clinical but not epidemiologic settings, most persons with compulsive buying disorder are women. The disorder occurs mainly in developed countries and tends to run in families with a history of mood disorders and substance misuse. There is no standard treatment for compulsive buying disorder, but group cognitive-behavioral models seem promising, and psychopharmacologic treatments are being actively studied. Other treatment options include simplicity circles, 12-step programs, financial counseling, bibliotherapy, marital therapy, and financial counseling.

Daniel D. Christensen, MD, reviews the amyloid hypothesis—the leading mechanistic theory of Alzheimer's disease. An imbalance in production or clearance of amyloid β ($A\beta$) results in accumulation of $A\beta$ and triggers a cascade

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of events leading to neurodegeneration and dementia. Different classes of potentially disease-modifying treatments that interrupt early pathological events (ie, decreasing production or aggregation of A β or increasing its clearance) and potentially prevent downstream events are in phase II or III clinical studies: immunotherapies; secretase inhibitors; selective A β_{42} -lowering agents; statins; anti-A β aggregation agents; peroxisome proliferator-activated receptor-gamma agonists; and others.

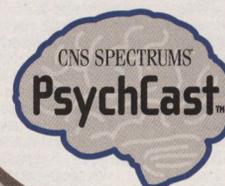
David E. Kemp, MD, and colleagues show how bipolar disorder is frequently associated with obsessional symptoms. However, no reports have identified a pattern of obsessional-ity that is associated with a specific mood stabilizer treatment. Five patients with bipolar II disorder were identified who developed a form of obsessional-ity characterized by intrusive, recurrent phrases after taking lamotrigine. A possible mechanism for the development of the intrusive phrases involves the influence of lamotrigine on glutamatergic regulation in a bipolar II disorder population vulnerable to the expression of obsessional-ity.

Also this month, *CNS Spectrums* is very pleased to launch a new regularly occurring column by Stephen M. Stahl, MD, PhD, called "Trends in Psychopharmacology." I think that you will find it of great interest, and a nice complement to our current selection of columns. **CNS**

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Richard H. Weisler, MD, on the topic of
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J. Craig Nelson, MD, on the topic of
"Treating Late-Life Depression"

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