From: APRIL [millie@april.org.uk]
Sent: 22 August 2005 10:50
To: Professor Louis Appleby
Subject: When will the Suicide Prevention Stragegy include medication risks?
Dear Professor Appleby

Since I met you and asked about the lack of a mention of medication induced suicide or even the serious and well known adverse effect of akathisia, in the 'Suicide Prevention Strategy' , I had expected to hear that you had, as promised, re addressed the issue.

If the strategy is genuinely 'Suicide Prevention' you should be pulling out all the stops to PREVENT suicide.

Please let me know what you intend to do to about re-addressing the issue. There are enough studies of the clinical trials including today's Norwegian report to back up that there is a real risk of medication induced suicide for some people.

I am sure you know that the USA FDA have issued a warning for adults as well as young people of the need to be vigilant that
the SSRI's may cause suicidal actions. This of course applies to Mirtazapine, Effexor and other SNRI's and similar antidepressants.

On June 30th 2005 The FDA Public Health Advisory "Suicidality in Adults Being Treated with Antidepressant Medications" states that "adults being treated with antidepressant medications, particularly those being treated for depression, should be watched closely for worsening of depression and for increased suicidal thinking or behaviour. Close watching may be especially important early in treatment, or when the dose is changed, either increased or decreased."

The Health Canada warning FOR ALL AGES was issued in June 2004

The EMEA issued a warning for adults up to 30 years of age

As far as I know the MHRA have only issued a warning for those up to 18years of age

The DSRU study of Mirtazapine published in Journal of Psychopharmacology 2003;**17(1):**121-126.
The Pharmacovigilance of Mirtazapine: results of a prescription event monitoring study on 13554 patients in England. Drug Safety Research Unit, Southampton, UK London School of Hygiene and Tropical Medicine, showed the following ADRs in the first month of treatment **Agitation (73), aggression (70), rash (20), hallucinations (13) and abnormal dreams (31)**
All these were unlabelled AES.

sincerely

Millie Kieve

From Millie Kieve
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