Teens' Suicidality Risk Differs by Ethnicity

BY SHERRY BOSCHERT

SAN FRANCISCO — There may be ethnic-specific risk factors in youth suicidality that could inform the design of culturally influenced suicide prevention, a study of 648 Mexican and European American adolescents suggests.

The study found high rates of suicidality (ideation and behavior) and associations between friendship problems

Pristig desvenlafaxine Extended-Release Tablets

BRIEF SUMMARY. See package insert for full Prescribing Information. For further product information and current package insert, please visit www.wyeth.com or call our medical communications department toll-free at 1-800-934-5556.

WARNING: Suicidality and Antidepressant Drugs

Warking, successing and Antucy essain Drugs Antidepressants increased the risk compared to placebo of suicidal thinking and behavio (suicidality) in children, adolescents, and young adults in short-term studies of Major Depressive Disorder (MDD) and other psychiatric disorders. Anyone considering the use of Pristig or any other antidepressant in a child, adolescent, or young adult must balance this risk with the clinical need Short-term studies did not show an increase in the risk of suicidality with antidepressant compared to leade in a rick with antidepressant antidepressant in a child, adolescent, or young adult must balance this risk with the clinical need. Short-term studies did not show an increase in the risk of suicidality with antidepressants compared to placebo in adults beyond age 24; there was a reduction in risk with antidepressants compared to placebo in adults aged 65 and older. Depression and certain other psychiatric disorders are themselves associated with increases in the risk of suicide. Patients of all ages who are started on antidepressant therapy should be monitored appropriately and observed closely for clinical worsening, suicidality, or unusual changes in behavior. Families and caregivers should be advised of the need for close observation and communication with the prescriber. Pristig is not approved for the need for close observation and communication with the prescriber. Pristig is not approved for the need for close observation and communication with the prescriber. Pristig is not approved for the need for close observation and communication with the prescriber. Pristig is not approved for the need for close observation and communication with the prescriber. Pristig is not approved for the need for close observation and communication with the prescriber. Pristig is not prescriber and prescriber approved prescriber and prescriber. The prescriber of the prescriber. Pristig is not prescriber of the prescriber o ved for use in pediatric patients [see Warnings and Precautions (5.1), Use in Sp tations (8.4), and Patient Counseling Information (17.1 in the full prescribing information

INDICATIONS AND USAGE: Pristiq, a selective serotonin and norepinephrine reuptake inhibitor (SNRI), is indicated for the treatment of major depressive disorder (MDD).

CONTRAINDICATIONS: Hypersensitivity-Hypersensitivity to desvenlafaxine succinate, venlafaxine hydrochloride or to any excipients in the Pristig formulation. Monoamine Oxidase Inhibitors-Pristig must reprocumence or to any excipents in the Pristiq formulation. Monoamine Oxidase inhibitors-Pristiq must not be used concomitantly in patients taking monoamine oxidase inhibitors (MAOIs) or in patients who have taken MAOIs within the preceding 14 days due to the risk of serious, sometimes fatal, drug interactions with SNRI or SSRI treatment or with other serotonergic drugs. Based on the half-life of desveniafaxine, at least 7 days should be allowed after stopping Pristig before starting an MAOI [see Dosage and Administration (2.5) in the full prescribing information].

Taken MODS within the preceding 14 days due to the risk of serious, sometimes faul, cing interactions with ADM or SSRI treatment or with other seriotnergic dusy, Based on the half life of desentialization (2.5) in the half prescription juncmatica).
WARMES AND PRECATIONS: Clinical Worsening and Suicke Risk-Patents with major depressive disorder (MD), both adult and petavior (suickelity) or unsual changes in behavior, whether or not prescription of the disorder treatment in the prescription of the depression and or the mergence of suickal lesten and behavior (suickelity) or unsual changes in behavior, whether or not prescription of the disorder treatment. Provide analyses of short-term placebo-controlled treatment patients during the early phases of treatment. Provide analyses of short-term placebo-controlled treatment patients during the early phases of treatment. Provide analyses of short-term placebo-controlled treatment patients during the early phases of treatment. Provide analyses of short-term placebo-controlled treatment and adoleccentric treatment. Provide analyses of short-term placebo-controlled treatment and adoleccentric treatment. Provide analyses of short-term placebo-controlled treatment and adoleccentric treatment. Provide analyses of antidepressant fungs in over-t placebo-controlled studies in children and adoleccentric treatment in the provide analyses of analyses of the provide analyses of the term sant with MDO or other psychiatric disprets induces a total at the trans and adoleccentric treatment in the provide analyses of analyses of suickelity with antidepressant some and trans as the provide analyses of analyses induces a total at the trans and adoleccentric term and adoleccentric trans and trans and the provide analyses of analyses in the school suickelity and the trans and adoleccentric trans and trans and trans and the provide trans and the trans treatment and the provide analyses of the the control of an analyses of the trans and the provide treatment and the trans analyse a WARNINGS AND PRECAUTIONS: Clinical Worsening and Suicide Risk-Patients with major depressive

and suicidality. However, the associations were found to differ by ethnicity, Erin Winterrowd reported in a poster presentation at the annual conference of the American Society of Suicidology.

For Mexican American girls, having friends who were disconnected from school was associated with suicidal ideation. For European American girls and boys, friends' delinquency was related to suicidal behavior, said Ms. Winterrowd of Colorado State University, Fort Collins, and her associates.

The cohort of youths aged 14-20 years came from two midsized, urban Southwestern communities and was 52% Mexican American and 51% female. The subgroups of Mexican American and European American youths were matched by sex, age, and grade.

Overall, 32% reported suicidal ideation, and 11% reported nonfatal suicidal behavior. Suicidality rates were higher among Mexican Americans (32%) than among the European Americans (12%).

For both ethnic subgroups, other risk factors for suicidality included youth, depression, and low family support. Physical abuse or low self-esteem were risk factors for Mexican American teens, delinquency or sexual abuse were risk factors for suicidality in European Americans.

Sconsecutive on-therapy visits. In clinical studies, regarding the proportion of patients with sustained hypertension, the following rates were observed: placebo (0.5%), Pristiq 50 mg (1.3%), Pristiq 100 mg (0.7%), Pristiq 200 mg (1.3%), and Pristiq 400 mg (2.5%), Analyses of patients in Pristiq controlled studies who met criteria for sustained hypertension revealed a dose-dependent increase in the proportion of patients who developed sustained hypertension. Anomad Bleeding-SSRs and SNRs to Studies, and petichical studies who met criteria for sustained hypertension. Anomad Bleeding-SSRs and SNRs to Studies, Patients should be cautioned about the risk of bleeding associated with readed to SSRs and SNRs to Studies, Patients Should be cautioned about the risk of bleeding associated with readed intraocular pressure or those at risk of acute narrow-angle glaucoma (angle-closure glaucoma) should be innitored. Activation of Manaf/Mpomania-During all MDD and MS (vasomatir swith raised intraocular pressure or those at risk of acute narrow-angle glaucoma (angle-closure glaucoma) should be innitored. Activation of Manaf/Mpomania-During all MDD and MS (vasomatir swith raised intraocular pressure or those at risk of acute narrow-angle glaucoma (angle-closure glaucoma) should be innitored. Activation of Manaf/Mpomania-In a salo been reported in a small proportion of patients with major affective disorder who were treated with often marketed antidopressants. As with all antidopressants, Pristiq and SSR and S Intersphave been rarely reported. The possibility of these adverse events should be considered in patients is should medical evaluation, and discontinuation of Pristig should be considered. In patients is should be considered on patients is should be considered. In adverse events should be considered. In adverse the of placebo in the 50- or 100-mg dose groups) were nausea, diziness, insomnia, hyperhidrosis, i constpation, somodence, decreased appetite, aniety, and specific maile evaul function disorders. Adverse reactions leading to discontinuation in a tract 2% of the Pristiq-tractad patients in the short-term study, up to 8 weeks, were nausea (4%); diziness, headabte and vomiting (2% each); in the long-term study, up to 8 weeks, were nausea (4%); diziness, headabte and vomiting (2% each); in the long-term study, up to 8 weeks, were nausea (4%); diziness, headabte and vomiting (2% each); in the long-term study, up to 8 weeks, were nausea (4%); diziness, headabte and vomiting (2% each); in the long-term study, up to 8 weeks, were nausea (4%); diziness, headabte and vomiting (2% each); in the long-term study, up to 8 weeks, series to a 10 adverse reactions that accurate in 2%. Of Pristiq-treated MDD patients at any dose in the 8-week, placebo-controlled, fixed-dose, premarketing of clinical studies. In general, the adverse reactions were most frequent in the first week of treatment. Cardiaa Cdi disorders: Nausea, Dry Cdinada Studies Construction 12%. Construction 12% constructions and termistration second the adverse reactions were most frequent in the first week of treatment. Cardiaa Cdi disorders: Papitations, Tabity, Abnorma daverse exactions that occurred in 2%. Chilk, resetup faith should be construction were most faced with Pristiq-treated MDD patients in any fixed-of dose group (4week) placebo-controlled, fixed-towere necetors sevents have the ser therapy have been rarely reported. The possibility of these adverse events snould be considered in patients treated with Pristiq who present with progressive dyspinea, cough, or chest disconfort. Such patients should undergo a prompt medical evaluation, and discontinuation of Pristiq should be considered.

from supine to standing position) occurred more frequently in patients ≥65 years of age receiving Pristiq (8.0%, 7/87) versus placebo (2.5%, 1/40), compared to patientis <65 years of age receiving Pristiq (0.9%, 7/87) versus placebo (2.5%, 1/40), compared to patientis <65 years of age receiving Pristiq (0.9%, 7/87) versus placebo (0.7%, 8/1,218). DRUG INTERACTIONS: Central Nervous System (CNS)-Active Agents-The risk of using Pristiq in combination with other CNS-active drugs has not been systematically evaluated. Consequently, caution is advised when Pristig is taken in combination with other CNS-active drugs [see Warnings and Precautions (5.13). Monoamine Oxidase Inhibitors (MAOIs)-Adverse reactions, some of which were serious, have been reported in patients who have recently been discontinued from a monoamine oxidase inhibitor (MAO) and started on antidepressants with pharmacological properties similar to Pristiq (alt the potential for serotoner). Serotonergic Drugs-Based on the mechanism of action of Pristiq and the potential for serotoner yacturorizansmiter systems (see Warnings and Precautions (5.2). Drugs that Interfere with Hemostasis (eg, NSAIDs, Aspirin, and Warfarin)- Serotonin release by platelets plays an important role in hemostasis. Epidemiological studies of case-control and cohor design have demonstrated an association between use of psychotropic drugs that interfere with serotonin reuptake and the occurrence of upper gastrointestinal bleeding. Altered anticoagulant effects, including increased bleeding, have been reported when SSRIs and SNRIs are coadministered with warfarin. Patients receiving warfarin therapy should be carefully monitored when Pristig is initiated or discontinued. Ethanol - A clinical study has shown that desventafaxine dees not increase the impairment of metal and motor skills caused by ethanol. However, as with all CNS-active drugs hat inhibitors of CYP3A4 (ketoconazole)- CYP3A4 may result in higher concentrations of Pristiq, Inbibitors of CYP3A4 (ketoconazole)- CYP3A4 In pregnant women. Therefore, Pristiq should be used during pregnancy only if the potential benefits justify the potential risks. <u>Non-terratoric effects</u>. Neonates exposed to SNRIs (Serotonin and Norepinephrine Reuptake Inhibitors), or SRIs (Selective Serotonin Reuptake Inhibitors), and the third trimester have developed complications requiring prolonged hospitalization, respiratory support, and tube feeding. Such complications can arise immediately upon delivery. Reported clinical findings have included respiratory distress, cyanosis, apnea, seizures, temperature instability, feeding difficulty, vomiting, hyportonia, hypertonia, hypertenia, in some cases, the clinical picture is consistent with either a direct toxic effect of SSRIs and SNRIs or possibly a drug discontinuation syndrome. It should be noted that, in some cases, the clinical picture is consistent with serotonin syndrome. [S2]. When treating a pregnant woman with Pristiq during the third trimester, the physician should carefully consider the potential risks and benefits of treatment [see Dosage and Administration (2.2)]. Labor and Delivery. The effect of Pristiq on labor and delivery in humans is unknown. Pristiq should be used during labor and delivery only if the potential benefits justify the potential risks. **Nursing Mothers**- Desvenlafaxine (0-desmethylvenlafaxine) is excreted in human milk. Because of the potential for serious adverse reactions in nursing infants from Pristiq, a decision should be made whether or not to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother. Only administer Pristiq is doreations (5.1), Nonvo considering the use of Pristig in a child or adolescent must balance the potential risks with the clinical need. **Geriatric Use-** Of the 3, 292 patients in clinical studies with Pristiq, 5% were 65 years of age or older. No overall differences in safety or efficacy were observed between these patients and younger patients, however, in the short-term, placebo-contro

approximately to nous a meaning subjects and subjects with mild heplate implamment to 1's and 1 hold is in moderate and severe heplatic implamment. **OVERDOSAGE: Human Experience with Overdosage.** There is limited clinical experience with desventilation succinate overdosage in humans. In premarketing clinical studies, no cases of fatal acute overdose of desventilation were reported. The adverse reactions reported within 5 days of an overdose >600 mg that were possibly related to Pristig included headache, vomiting, agitation, diarnhea, dry mouth, paresthesia, and tachycardia. Desventilatione (Pristig) is the major active metabolite of ventataxine. Overdose segretience reported with ventataxine (the parent drug of Pristig) is presented below; the identical information can be found in the *Overdosage* section of the ventafaxine (supported with ventataxine). The overdose age include tachycardia, changes in level of consciousness (ranging from somnolence to corna), mydraiss, secures, and vomiting. Electrocardiogram changes (eg. prolongation) of OT interval, budle branch block, QRS prolongation), sinus and ventricular tachycardia, horadycardia, hypotension, rhabdomyolysis, vertigo, liver necrosis, serotonin syndrome, and death have been reported. Published retrospective studies report that ventataxine overdosage may be associated with an increased risk of fatal outcomes compared to that observed with SSN antidepressant products, but lower than that for tricycic antidepressants. Epidemiological studies have shown that ventafaxine in verdosage, as opposed to some characteristic(s) of ventasame-treated patients. The extent to which the finding of an increased risk of fatal outcomes can be attributed to the toxicity of ventataxine in overdosage, as opposed to some characteristic(s) of ventasame-treated patients, is not clear. Prescriptions for Pristig shudub be written for the smalest quantity of tablets consistent with good patient management, in order to reduce the risk of overdose. **Management of Ove**

This brief summary is based on Pristiq Prescribing Information W10529C004. revised February 2009