Letters to the Editor

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PROZAC AND SUICIDE

To the Editor:

Never before Prozac (fluoxetine) has a medication been so misrepresented by so many people for so long in the absence of adequate data. The resultant rampant distortions have done a real disservice to the medical profession and to patients. Physicians are barraged by conflicting stories, making it difficult to discern the facts. We therefore have reviewed the few available facts regarding Prozac and suicidality, and we present them here within a clinical context.

Teicher et al[1] first noted the possibility of Prozac causing intense suicidal ideation. The six cases they studied, however, were confounded by the patients' past histories of suicidal ideation, concurrent use of other medications, and lack of a relationship between the initiation of treatment with Prozac and the emergence of suicidal ideation. Dasgupta[2] and Hoover[3] added one case each to the literature that again suggested the connection between Prozac and suicide. Masand et al[4] then reported two convincing cases that demonstrated a clear temporal relationship of suicidal ideation to the initiation of or increase in the dose of Prozac, and the disappearance of ideation when the drug was discontinued. Both of these patients had never been suicidal in the past. Recently, Wirshing et al[5] described five more cases involving female patients that definitely associate Prozac with akathisia leading to suicidality. (The akathisia–suicidal ideation relationship has also been present in several of the cases studied by Teicher et al and one of the two cases presented by Masand et al.) In all five women, feelings of agitation, restlessness, and suicidality remitted when Prozac was discontinued. We conclude from these 15 cases that Prozac *can* cause suicidal ideation in some patients.

Several studies have attempted to determine how often suicidality due to Prozac occurs and whether this is unique to Prozac. In a retrospective study of 1017 patients, Fava and Rosenbaum[6] found that treatment-emergent suicidal ideation occurred in 3.5% of patients taking Prozac, 3.0% taking tricyclic antidepressants, and 6.5% of patients taking a combination of Prozac and tricyclics. While they emphasized that there was no statistical difference between the antidepressants, it should be reiterated that they did find an association of suicidality with Prozac in 3.5% of patients.

The Fava and Rosenbaum study also clearly found that treatment-emergent suicidality is not unique to Prozac. About 3% of patients on any antidepressant (Prozac or tricyclic) may develop suicidal ideation, according to Damluji et al,[7] who reported suicidal ideation associated with desipramine in four patients. These patients again experienced suicidal ideation when they were subsequently treated with amoxapine (two cases), trazodone (one case), and nortriptyline (one case). Interestingly, two of these patients were finally successfully treated with Prozac.

Given these currently available facts, we suggest the following guidelines for clinicians:

1. Carefully evaluate the need for antidepressants and consider effective alternate therapies in depressed patients.

2. Do not withhold treatment with antidepressants because of the adverse publicity they have received since untreated depression has very high morbidity and mortality associated with it.

3. Continue to prescribe Prozac as one of the antidepressants of choice, even in patients with active suicidal ideation, because of its favorable side effect profile including safety in overdose. (Note: Switching to another antidepressant does *not* reduce the risk of treatment-emergent suicidality. There is also no evidence that a past or current history of suicidal ideation increases the likelihood of Prozac or other antidepressants causing suicidality.)

4. Educate and monitor patient for akathisia, since it may lead to suicidality in some patients.

5. Clearly inform all patients of the very real but small risk of treatment-emergent suicidality, whether they are to be treated with Prozac or another antidepressant. Emphasize that discontinuation of the drug, if suicidal ideation does occur, has led to quick and complete remission in every reported case.

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