

Suicidal Risk During Antidepressant Treatment

To the Editor: The recent report by Stübner and colleagues¹ of a large clinical survey of over 142,000 European patients treated with various antidepressants from 1993–2008 concluded that antidepressant treatment may, rarely, increase risks of suicidal behavior. The rate of suicide was 3/142,090 in an unspecified exposure time, or 2.1/100,000, and for suicide attempts, 18/142,090, or 12.7/100,000.

The risk-ratio of 6.0 attempts/suicide in patients treated with antidepressants (presumably diagnosed with depressive or anxiety disorders) accords with comparable findings among patients with *DSM-IV* major depression under various conditions of treatment.² However, the observed suicide rate (2.1/100,000) is far lower than expected in clinical samples (approximately 50/100,000/year among patients with major depressive disorder²) and lower even than the annual suicide rate in the international general population (approximately 15/100,000³). Despite the limited number of suicide-related adverse events and associated lack of statistical power, these considerations may suggest that antidepressant treatment was associated with a lower risk of suicides and attempts, particularly if the rates remain much lower than expected when adjusted for exposure time.

Finally, the rates of identified suicidal ideation (12/142,090 = 8.4/100,000) were lower than the rate for suicide attempts (12.7/100,000). This result suggests that suicidal ideation may not be reliably ascertained in such studies of reported adverse events, again indicating that the nonspecific term *suicidality* may sometimes be misleading.⁴

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