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THE OCCURENCE OF MANIA AND SUICIDALITY IN THE BACKGROUND OF SELECTIVE SEROTONIN REUPTAKE INHIBITORS TREATMENT IN CHILDREN

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Introduction. The use of selective serotonin reuptake inhibitors (SSRIs) in pediatric depression management has surged in recent years. Despite their perceived efficacy and safety, concerns have been raised regarding the possibility of adverse psychiatric effects, particularly the onset of mania and suicidal ideation. The purpose of this review is to examine the literature to assess the prevalence and risk factors of mania and suicidality associated with SSRI treatment in children.

Results. The literature review found 14 studies from 2019 to 2024 meeting inclusion criteria. Prevalence rates of mania and suicidality among pediatric patients receiving SSRIs are increased in the majority of studies. Notably, patients displayed a heightened risk of suicidality within the initial 6 weeks following SSRI initiation, with paroxetine and venlafaxine demonstrating the highest risk profiles. No statistically significant increase in completed suicides was observed. However, SSRI did not significantly differ from placebo in precipitating manic episodes. Factors such as age, gender, SSRI treatment duration, psychiatric comorbidities, and history of self-harm or suicide attempts influenced the occurrence of adverse events.

Discussion. The review underscores the intricate relationship between SSRI treatment and the onset of mania and suicidality in children, revealing conflicting findings and the need for individualized risk assessment across studies. Furthermore, many studies exclude individuals at risk of self-harm or suicide, limiting confidence in the medication's effects on this subgroup.

Results are conflicting, with some suggesting an increased risk, others showing no change, and some indicating reduced risk.

Conclusions. The relationship between SSRI treatment and adverse psychiatric effects in children is complex. Clinicians must consider the benefits of SSRIs against the risks of adverse psychiatric effects, like mania and suicidality, in children, while also emphasizing personalized treatment and close monitoring. Further research is needed to clarify these associations and identify risk factors.

Keywords. Adolescent; children; mania; psychosis; selective serotonin reuptake inhibitors (SSRI); suicidality.