Reviewer’s report

Title: Antidepressant Prescribing in Irish Children: secular trends and international comparison in the context of a safety warning

Version: 2 Date: 14 January 2015

Reviewer: Georgina Cox

Reviewer’s report:

This paper investigates the rate of antidepressant prescribing in a sample of Irish children before and after the FDA warnings were issued. Rates generally decreased, however fluoxetine continued to be prescribed, and a slight increase was seen. Some gender differences between older and younger children were also found.

Overall, this is a well-written manuscript, which adds to a growing body of literature in this field, and will allow cross-country comparisons to be made by researchers. The limitations of the data set are eluded to, and despite these, the paper is likely to be of interest to researchers and practitioners alike. I have a few minor comments mostly regarding references below, which should not take the authors too long to address. All are minor essential revisions.

Introduction

Reference 1: Please cite a more recent, and relevant reference to children and adolescents.

“Common symptoms of depression in childhood include low mood, loss of interest in once enjoyed activities, psychosomatic symptoms and in severe cases thoughts of suicide”. Please provide a reference.

Pg 3. “This rise was influenced by two factors; early studies showing their effectiveness in treating adult depression and drug trials that showed the ineffectiveness of tricyclic antidepressants in the treatment of childhood depression”. Please provide a reference.

Pg 3. Last parag. Reference 7: This was published in 2004 and as the discussion is regarding early RCTs conducted in the late 1990s which fuelled increased prescribing, can you provide earlier evidence of efficacy?

Pg 4: Typo for GlaxoSmithKlein.

Pg. 4 Reference 15. This was published in 2001. As you are referring to ‘recent times’ and the preceding paragraphs are referring to antidepressant prescribing following the FDA investigation, can you find a more relevant reference please?

Methods

Line 145 space is needed between antidepressants and in.
Ref 24/23: These do not refer to the correct studies. Please correct.

Table 1. It seems a bit odd to include the Panorama documentary in here considering the rest of the warnings were from official agencies. Please explain why you feel it is relevant here.

Discussion:

“This suggests that while the prevalence of SSRIs decreased over time, the prevalence of fluoxetine, in Ireland, was not affected by the general black box warning placed on all SSRIs by the FDA”. Any thoughts on why this might be?

Ref 26 is missing.

Line 239. I would like to see the Cochrane review by Hetrick et al included here as this is one of the most recent, and through reviews regarding side effects (Hetrick SE1, McKenzie JE, Cox GR, Simmons MB, Merry SN. Cochrane Database Syst Rev. Newer generation antidepressants for depressive disorders in children and adolescents. 2012 Nov 14;11:CD004851. doi: 10.1002/14651858.CD004851.pub3.

“Research shows that girls aged 3-13 years are less likely than boys to be diagnosed with depression and girls age 12-17 are more likely to meet the diagnostic criteria of major depression than boys [11]”. Is the first statement regarding any type of depressive disorder (e.g. dysthymia) or MDD. Just need to be consistent.

References: Please check consistency as there are some errors (e.g. ref 5 Costello).

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

I declare that I have no competing interests