*Note from Dr. Breggin: This is an excerpt from the 2007 PDR containing the paragraph warning of an increased rate of suicidality on Paxil in depressed patients of all ages. The drug company fought this and it was excluded from future versions of the Paxil Full Prescribing Information and hence from the PDR. Nonetheless, the fact remains true: Paxil causes increased suicide in depressed people of all age. Click here to see confirmation in GSK's 2006 "Dear Doctor" letter.
of Treatment With PAXIL, for a description of the risks of discontinuation of PAXIL.

Families and caregivers of pediatric patients being treated with antidepressants for major depressive disorder or other indications (obsessive-compulsive disorder, panic disorder) should be alert about the need to monitor patients for the emergence of suicidal ideation and behavior (suicidality) or unusual changes in behavior, whether or not a particular symptom is noted as an adverse event. Both parents and caregivers should be alert for the emergence of suicidal ideation and behavior, and to report any symptoms immediately to their health care provider. Monitoring should include daily interpersonal interaction with the patient as well as observation of patients at risk for suicidal ideation and behavior. Pooled analyses of short-term placebo-controlled trials of 9 antidepressant drugs (SSRIs and others) in children and adolescents with depression, Obsessive-compulsive disorder, or other psychiatric disorders (a total of 24 trials involving over 4,400 patients) have revealed a greater risk of adverse events representing suicidal behavior or suicidal ideation during the first 2 months of treatment in those receiving antidepressants. The average risk of such events in patients receiving antidepressants was 4%, twice the placebo risk of 2%. There was one death due to suicide in a child treated with paroxetine, an antidepressant. The risk of suicide was most consistently observed in MDD studies but there were signals of risk arising from some trials in other psychiatric indications (obsessive-compulsive disorder, and social anxiety disorder) as well. No suicides were reported in any of the active treatment groups, whether the suicide risk in pediatric patients extends to longer-term use, i.e., beyond several months.

All pediatric patients being treated with antidepressants for any indication should be monitored closely for CPP (eg, suicide attempt or behavior, suicidality, and unusual changes in behavior, especially during the initial few months of a course of drug therapy, or at times of dose changes, either increases or decreases), Seizures: Seizures have been reported in children and adolescents treated with paroxetine or placebo in short-term placebo-controlled trials of adults with psychiatry disorders (paroxetine vs. placebo: 1.5% vs. 1.0%). Although this difference was not statistically significant. In the older age groups (aged 25-64 years and >65 years), no seizure increases were observed with paroxetine compared with placebo (1.0/45.0 vs. 0.2% vs. 1.2/1.2, 0.95% [0.3%], all of which were asymptomatic. However, the majority of these attempts for paroxetine (8 of 11) were in younger adults aged 15-24 years. These data suggest that the high frequency observed in the younger adult population across psychiatric disorders may extend beyond the age of 24.

In the majority of reports of suicide behavior or thoughts, those patients exhibiting a significant degree of suicidal ideation prior to commencement of treatment, and those demonstrating increased risk of suicidal thoughts or suicide attempts, and should receive careful monitoring during treatment. The following symptoms, anxiety, agitation, panic attacks, insomnia, irritability, outbursts of anger, and hypomania, have been reported in adult and pediatric patients being treated with paroxetine. A suicide attempt or behavior has been reported as an adverse event for all psychiatric disorders, including MDD, OCS, and OCD, although this difference was not statistically significant. In the older age groups (aged 25-64 years and >65 years), no seizure increases were observed with paroxetine compared with placebo (1.0/45.0 vs. 0.2% vs. 1.2/1.2, 0.95% [0.3%], all of which were asymptomatic. However, the majority of these attempts for paroxetine (8 of 11) were in younger adults aged 15-24 years. These data suggest that the high frequency observed in the younger adult population across psychiatric disorders may extend beyond the age of 24.

In the majority of reports of suicide behavior or thoughts, those patients exhibiting a significant degree of suicidal ideation prior to commencement of treatment, and those demonstrating increased risk of suicidal thoughts or suicide attempts, and should receive careful monitoring during treatment. The following symptoms, anxiety, agitation, panic attacks, insomnia, irritability, outbursts of anger, and hypomania, have been reported in adult and pediatric patients being treated with paroxetine. A suicide attempt or behavior has been reported as an adverse event for all psychiatric disorders, including MDD, OCS, and OCD, although this difference was not statistically significant. In the older age groups (aged 25-64 years and >65 years), no seizure increases were observed with paroxetine compared with placebo (1.0/45.0 vs. 0.2% vs. 1.2/1.2, 0.95% [0.3%], all of which were asymptomatic. However, the majority of these attempts for paroxetine (8 of 11) were in younger adults aged 15-24 years. These data suggest that the high frequency observed in the younger adult population across psychiatric disorders may extend beyond the age of 24.

The following symptoms, anxiety, agitation, panic attacks, insomnia, irritability, outbursts of anger, and hypomania, have been reported in adult and pediatric patients being treated with paroxetine. A suicide attempt or behavior has been reported as an adverse event for all psychiatric disorders, including MDD, OCS, and OCD, although this difference was not statistically significant. In the older age groups (aged 25-64 years and >65 years), no seizure increases were observed with paroxetine compared with placebo (1.0/45.0 vs. 0.2% vs. 1.2/1.2, 0.95% [0.3%], all of which were asymptomatic. However, the majority of these attempts for paroxetine (8 of 11) were in younger adults aged 15-24 years. These data suggest that the high frequency observed in the younger adult population across psychiatric disorders may extend beyond the age of 24.

In the majority of reports of suicide behavior or thoughts, those patients exhibiting a significant degree of suicidal ideation prior to commencement of treatment, and those demonstrating increased risk of suicidal thoughts or suicide attempts, and should receive careful monitoring during treatment. The following symptoms, anxiety, agitation, panic attacks, insomnia, irritability, outbursts of anger, and hypomania, have been reported in adult and pediatric patients being treated with paroxetine. A suicide attempt or behavior has been reported as an adverse event for all psychiatric disorders, including MDD, OCS, and OCD, although this difference was not statistically significant. In the older age groups (aged 25-64 years and >65 years), no seizure increases were observed with paroxetine compared with placebo (1.0/45.0 vs. 0.2% vs. 1.2/1.2, 0.95% [0.3%], all of which were asymptomatic. However, the majority of these attempts for paroxetine (8 of 11) were in younger adults aged 15-24 years. These data suggest that the high frequency observed in the younger adult population across psychiatric disorders may extend beyond the age of 24.

In the majority of reports of suicide behavior or thoughts, those patients exhibiting a significant degree of suicidal ideation prior to commencement of treatment, and those demonstrating increased risk of suicidal thoughts or suicide attempts, and should receive careful monitoring during treatment. The following symptoms, anxiety, agitation, panic attacks, insomnia, irritability, outbursts of anger, and hypomania, have been reported in adult and pediatric patients being treated with paroxetine. A suicide attempt or behavior has been reported as an adverse event for all psychiatric disorders, including MDD, OCS, and OCD, although this difference was not statistically significant. In the older age groups (aged 25-64 years and >65 years), no seizure increases were observed with paroxetine compared with placebo (1.0/45.0 vs. 0.2% vs. 1.2/1.2, 0.95% [0.3%], all of which were asymptomatic. However, the majority of these attempts for paroxetine (8 of 11) were in younger adults aged 15-24 years. These data suggest that the high frequency observed in the younger adult population across psychiatric disorders may extend beyond the age of 24.

In the majority of reports of suicide behavior or thoughts, those patients exhibiting a significant degree of suicidal ideation prior to commencement of treatment, and those demonstrating increased risk of suicidal thoughts or suicide attempts, and should receive careful monitoring during treatment. The following symptoms, anxiety, agitation, panic attacks, insomnia, irritability, outbursts of anger, and hypomania, have been reported in adult and pediatric patients being treated with paroxetine. A suicide attempt or behavior has been reported as an adverse event for all psychiatric disorders, including MDD, OCS, and OCD, although this difference was not statistically significant. In the older age groups (aged 25-64 years and >65 years), no seizure increases were observed with paroxetine compared with placebo (1.0/45.0 vs. 0.2% vs. 1.2/1.2, 0.95% [0.3%], all of which were asymptomatic. However, the majority of these attempts for paroxetine (8 of 11) were in younger adults aged 15-24 years. These data suggest that the high frequency observed in the younger adult population across psychiatric disorders may extend beyond the age of 24.