# Atomoxetine use doesn't up suicide risk in children

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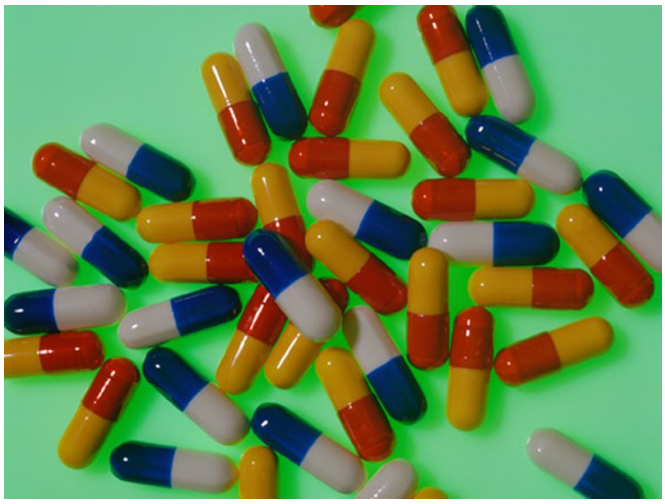

(HealthDay)—Treatment with the selective noradrenalin-reuptake-inhibitor atomoxetine is not associated with increased suicide risk compared with stimulant use in children and adolescents, according to a study published online April 26 in *Pediatrics*.

Stephan Linden, Ph.D., from the University of Florida in Gainesville, and colleagues examined the risk of suicide and suicide attempt in pediatric patients initiating treatment with atomoxetine versus stimulants in a retrospective cohort design study. The first- and second-line treatment cohorts included 279,315 and 220,215 patients, respectively.

The researchers found that in the first-line treatment cohort the adjusted hazard ratio for current atomoxetine use versus stimulant use was 0.95 during the first year of follow-up (95 percent confidence interval, 0.47 to 1.92; P = 0.88). The adjusted hazard ratio for current atomoxetine use versus stimulant use was 0.71 during the first year of follow-up in the second-line treatment cohort (95 percent confidence interval, 0.30 to 1.67; P = 0.43).

"First- and second-line treatment of youths age 5 to 18 with atomoxetine compared with stimulants was not significantly associated with an increased risk of suicidal events," the authors write. "The low incidence of suicide and suicide attempt resulted in wide confidence intervals and did not allow stratified analysis of high-risk groups or assessment of suicidal risk associated with long-term use of atomoxetine."

Two authors disclosed financial ties to the pharmaceutical industry.

**More information:** Full Text (subscription or payment may be required)