

Letters

Channelling new antidepressants to problem patients may be factor in fatal toxicity

EDITOR—Buckley and McManus provide a good overview of all reported deaths in the United Kingdom that were suspected to be due to overdosing with antidepressants over the past 15 years compared with prescription rates of the individual drugs.¹ However, we seriously doubt the validity of their conclusions.

Buckley and McManus assume that the prescription rate is a valid proxy for the frequency of intentional overdosing of the drugs studied. This will not be the case in daily clinical practice. Antidepressant drugs are used for various psychiatric indications, including depressive disorder, anxiety disorder, eating disorder, and obsessive compulsive disorder. Since the risk of taking an overdose as well as the choice of the antidepressant will be related to the underlying disease, confounding by indication will be inevitable.

Channelling of new antidepressants into problem patients has been described before² and may be a factor in the high fatal toxicity index found for venlafaxine. In these types of studies the question is did the drug bring the problem to the patient or did the patient bring the problem to the drug?

This question cannot be answered from the data presented in this study, since (severity of) the indication, age and sex of the patients, comorbidity, and comedication all have not been taken into account. The conclusion that treatment with venlafaxine is questionable in patients prone to suicide is in our view therefore unsubstantiated.

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Competing interests: ERH and WEEM have done contract research for pharmaceutical companies and the government.

1. Buckley NA, McManus PR. Fatal toxicity of serotonergic and other antidepressant drugs: analysis of United Kingdom mortality data. *BMJ* 2002; 325: 1332-1333 [[Free Full Text](#)]. (7 December.)
 2. Egberts AC, Lenderink AW, de Koning FH, Leufkens HG. Channeling of three newly introduced antidepressants to patients not responding satisfactorily to previous treatment. *J Clin Psychopharmacol* 1997; 17: 149-155 [[CrossRef](#)][[ISI](#)][[Medline](#)].
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