

# Antidepressant doesn't ease obsessive behaviors of autism

October 22 2019, by Serena Gordon, Healthday Reporter

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(HealthDay)—The commonly used antidepressant Prozac doesn't appear

to help reduce obsessive-compulsive behavior in children and teens with autism, new research suggests.

The study randomly compared use of the drug to a placebo over 16 weeks. In the end, the researchers saw no meaningful clinical benefits from the drug.

"We found that there was little evidence for the effectiveness of fluoxetine [Prozac]. The evidence is not strong enough to recommend it as a treatment," said study author Dr. Dinah Reddihough, a pediatrician at Royal Children's Hospital in Victoria, Australia.

But, she added that the researchers couldn't exclude the possibility that the [medication](#) might help some [children](#).

"As we gain further understanding of the effects of medication in individual [children](#)—personalized medicine—it may be possible to determine more precisely which children, if any, are likely to gain benefit from the use of these drugs," Reddihough said.

Autism spectrum disorders (ASDs) include a range of conditions that lead to communication challenges, social skills difficulties and [repetitive behaviors](#), according to Autism Speaks.

There are a number of restrictive and [repetitive behaviors](#) related to autism. These behaviors can vary from person to person, Autism Speaks says, but may include repetitive body movements (such as rocking and running back and forth), ritualistic behaviors (lining things up, repeatedly touching things in a set order), a need for an unchanging routine and an extreme interest in certain topics.

These behaviors can interfere with everyday living. More than half of children with an [autism spectrum disorder](#) are prescribed medication,

and about one-third take an [antidepressant medication](#), the Australian researchers said.

But these medications are being used even though there isn't sufficient evidence to show that they work for obsessive-compulsive behaviors in autism, the researchers noted.

The latest study recruited nearly 150 children and teens with [autism](#). Just 109 completed the study. Eighty-five percent were male. The average age was 11.

Half of the group was given fluoxetine (between 4 and 30 milligrams daily) for four months. The other half was given a placebo daily for four months. Fluoxetine is a type of selective serotonin reuptake inhibitor, a class of antidepressants commonly called SSRIs.

Though it initially looked as if the drug might help reduce obsessive-compulsive behaviors, when researchers factored in the high dropout rate in the trial, they concluded that the drug likely didn't make a meaningful difference.

"Clinicians and families should be cautious about the use of these medications," Reddihough said.

Dr. Andrew Adelman is chief of developmental and behavioral pediatrics at Cohen Children's Medical Center in New Hyde Park, N.Y.

"We need to better understand why a large number of children with ASDs are being treated with SSRIs despite a growing body of evidence that suggests these medications may not be at all effective," he said after reviewing the findings.

"Now that we have an additional placebo-controlled study failing to find benefit from treatment with an SSRI medication, clinicians may want to

reconsider the use of SSRIs in children with [\[autism\]](#)," he said.

But Adesman added, if children are already on an SSRI, parents shouldn't stop the [medication](#) abruptly. The dose of these medications is usually lowered slowly to prevent side effects from quickly stopping. Plus, parents should speak with their child's doctor about whether or not the medicine seems to be providing any benefits for their individual child.

The study was published Oct. 22 in the *Journal of the American Medical Association*.

**More information:** Read more about autism from the [U.S. National Institute of Mental Health](#).

Dinah S. Reddihough et al, Effect of Fluoxetine on Obsessive-Compulsive Behaviors in Children and Adolescents With Autism Spectrum Disorders, *JAMA* (2019). DOI: 10.1001/jama.2019.14685

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