

FENTON PEDIATRICS, LLC

Information Regarding the Use of Antidepressant Medications in Children and Adolescents

The Food and Drug Administrations (FDA) has issued a public health advisory regarding the use of antidepressant medication in children, adolescents and adult patients. Please read the following information carefully. You will be asked to sign this consent form stating that you understand the information and that you consent to having your child treated with an antidepressant medication.

The FDA recommends that all patients receiving antidepressant drugs for depression, obsessive-compulsive disorder (OCD), or anxiety be monitored carefully for worsening depression and /or suicidal thoughts. Parents, mental health professionals and healthcare providers should be aware that worsening of symptoms may be due to the underlying disease or may be a result of the drug therapy.

Symptoms to watch for include anxiety, agitation, panic attacks, difficulty sleeping irritability, hostility and manic episodes. If these symptoms are severe, abrupt in onset, or were not part of your child's initial symptoms the medication may need to be discontinued.

Do not make any changes in your child's medication without first speaking with your child's doctor. Some of these medications need to be tapered and cannot be discontinued abruptly.

You will need to schedule an appointment in 1 month to monitor your child's adjustment to a new antidepressant medication and every 3-6 months, or as your physician suggests, thereafter to monitor your child's progress. If you child is receiving counseling services from a mental health professional, please have the counselor send treatment notes to your child's doctor.

As the parent of _____, I acknowledge that I have received information regarding antidepressant medication and the possible worsening of depression symptoms. I understand the information provided and consent to having my child medicated with antidepressant medication. I agree to follow this office's policy on scheduling follow-up appointments for the purpose of monitoring my child's progress and understand that future refills of the medication may be withheld if I do not comply with this policy.

Signature of parent

Date