



**Newsletter
#1-2005**

14 February 2005

Dear Fellows, Members, Inceptors and Affiliates,

Please take note of the following announcements:

I. Yao Yiu Sai Education and Charitable Memorial Fund

The results of the YYS Education and Charitable Memorial Fund 2004 are as follow:

1. Best Part III candidate award: **Dr. John SO**
2. Best Part II candidate award: **Dr. CHUNG Kwok Hang**
3. Scholarships for fellows of or less than three years seniority: **Dr. LUI Wing Cheong, Victor** and **Dr. CHENG Kin Shing**

Each winner will be given not more than HK\$20,000 for the purpose of financing a period of overseas training in psychiatry of his/her choice before July 2005.

II. Best Presentation Award in the Annual Scientific Meeting 2004

The prize for the best presentation in the Senior Trainee Forum of the Annual Scientific Meeting 2004 was awarded to **Dr. Jessica WONG** for her presentation entitled "*Plasma clozapine levels and clinical response in treatment refractory Chinese schizophrenic patients*". Dr. WONG will receive HK\$3000 worth of book token.

III. The Osaka Travel Award

The College has received one application from **Dr. CHAN Wai Chi**. Dr. CHAN has been nominated to the Osaka Travel Award Committee in Japan.

IV. Intercollegiate Scientific Meeting - Disaster Management

The Intercollegiate scientific meeting 2006 organised by the Hong Kong Academy of Medicine is tentatively scheduled on 25-26 February 2006. The theme of the scientific meeting is "Disaster Management". Colleagues are all cordially invited to contribute to the meeting. Interested colleagues should contact **Dr. YK Ng (KCH)**, who is the College representative to the organising committee.

V. Recommendations on the Suicidal Risks of New Antidepressants in Children and Adolescents

The Working Group of Child and Adolescent Psychiatrists has appointed a working group to prepare a recommendation on the suicidal risk of newer antidepressants in children and adolescents (Appendix I). The recommendation has also been disseminated to the Colleges of Family Physicians and Paediatricians. An evening seminar to further disseminate the recommendation will be organised by the Scientific Committee and the meeting details will be announced in due course.

VI. List of non-specialist doctors with quotable qualification in community psychological medicine

The College has issued a response to the SD&O Subcommittee regarding the captioned. The letter is enclosed in Appendix II.

Thank you for your attention

Best regards,



Dr. Eric CHEUNG
Honorary Secretary
The Hong Kong College of Psychiatrists

Appendix I:

November 2004

Recommendations on the Suicidal Risks of New Antidepressants in Children and Adolescents

Prepared by: The Working Group on the Suicidal Risks of New Antidepressants in Children and Adolescents

Regulatory bodies and professional associations from different countries have expressed concerns on the possibility of increased suicidal behaviours and ideas among children and adolescents receiving new antidepressants. These new antidepressants include bupropion, citalopram, escitalopram, fluoxetine, fluvoxamine, mirtazapine, paroxetine, sertraline, and venlafaxine. The Working Group of Child and Adolescent Psychiatrists in Hong Kong has appointed a working group to review the efficacy and risk of these new antidepressants in children and adolescents.

This recommendation highlights issues relevant to the use of new antidepressants in this age group in view of the possible escalated suicidal risk. This recommendation is not intended to be a treatment guideline for youth depression or youth suicidal behaviours.

Suicide is a leading cause of death in children and adolescents. About one in five of all deaths in the 10 to 19-years-olds in Hong Kong could be accounted for by suicide. Psychological autopsy studies consistently reported that 90% of adolescent suicides suffered from psychiatric disorders and about half of them suffered from depression. Despite the fact that most adolescent suicide suffered from psychiatric disorders, the majority of them did not receive any psychiatric treatment. Among the few who were treated, the prescribed antidepressants were often not taken.

Though completed suicide is rare, community surveys estimate that 3-8% of adolescents reported suicidal attempts and 20-25% had suicidal thinking. The prevalence of suicidal ideas or attempts is more striking among depressed youths. More than half of depressed children and adolescents had suicidal ideas. About 30-50% of depressed children and adolescents has made, or will make, a suicide attempt.

The working group has reviewed published clinical trials, considered discussion papers from professional journals, and discussed reports from regulatory bodies and professional organisations in different countries. It is concluded that there is a possible risk of increased suicidal behaviours and ideas among children and adolescents taking new antidepressants, though a direct causation could not be clearly established. Reviewing 25 paediatric trials (both published and non-published trials) of new antidepressants conducted from 1983 to 2004 using a blind classification of suicidal behaviours, the FDA estimated that 2-3% of children and adolescents might have increased "definitive suicidal behaviours/ideas" due to treatment. The overall risk estimate was nearly double for the drug treatment group compared to the placebo group. The relative risk was 1.95 for all drug trials (95% confidence intervals 1.28, 2.98) and 1.66 for SSRIs trials for depression (95% confidence intervals 1.02, 2.68). However, it should be noted that there were no suicidal deaths in any clinical trials.

The use of these new antidepressants to treat youth depression is a relatively new development. There are limited data on their efficacy. The paucity of data should not be taken to mean a lack of efficacy. The effectiveness of fluoxetine in the treatment of youth depression has been replicated in a recent large-scale clinical trial. It is relevant to note that fluoxetine is the only drug approved by the FDA in the USA and none of these new antidepressants are authorised for use in the UK for the treatment of depression in children and adolescents.

Depressed children and adolescents should have comprehensive assessment of psychiatric morbidity, suicidal risk, and associated impairments. The choice of treatment, including the use of medication, should be based on comprehensive assessment and thorough evaluation. Depressed children and adolescents receiving antidepressants should be closely monitored for their mental state, severity of depression, and suicidal risk, especially at the beginning of therapy and at time of worsening depression and increased suicidal risks. A decision to use antidepressants to treat youth depression should be made after careful balance of risks and benefits by clinicians with experience and knowledge in paediatric psychopathology and psychopharmacology.

Patients receiving these new antidepressants and their relatives should be informed of the benefits and risks of these medications.

Children and adolescents who have been taking antidepressants should not be stopped abruptly. They should be advised to consult their prescribing doctor.

New antidepressants have been used in the treatment of psychiatric disorders other than depression and they should be used cautiously.

Members of the Working Group:

Dr. Kathy Chan, Kwai Chung Hospital

Dr. TP Ho, Queen Mary Hospital

Dr. SF Hung, Kwai Chung Hospital

Dr. TS Lai, Castle Peak Hospital

Dr. SM Lam, Castle Peak Hospital

Ms. Matina Ling, Central Pharmacy Office

Ms. Rosa Yao, Princess Margaret Hospital

Appendix II:

26 January 2005

Dr. KC Yip,
Convenor,
Service Development & Operations Subcommittee,
Hospital Authority

Dear Dr. Yip,

List of non-specialist doctors with quotable qualification in community psychological medicine

Further to our letter dated 8 November 2004, the council of The Hong Kong College of Psychiatrists has convened and the captioned issue with regard to non-specialist doctors possessing the quotable qualification of "Postgraduate Diploma in Community Psychological Medicine" was discussed.

While it is commendable that non-specialist doctors seek to obtain further professional development by enrolling in the Postgraduate Diploma Course in Community Psychological Medicine, holders of the diploma are nevertheless not specialists in Psychiatry, but primary care practitioners with one year of part-time training.

Because of budgetary constraints and contractual issues in the Hospital Authority, an increasing number of trainees in Psychiatry are expected to take up private practice in the near future and some of them may do so before obtaining the quotable qualification of *Fellowship of the Hong Kong College of Psychiatrists* and *Fellowship of the Hong Kong Academy of Medicine (Psychiatry)*. The majority of these trainees would have received more than one year of **full-time** training in Psychiatry in a **recognised training scheme** and indeed some may even have obtained the intermediate qualification of the Part II of the Fellowship of the Hong Kong College of Psychiatrists Examination (which is unfortunately not quotable). The College considers that the expertise and skills of these individuals in Psychiatry is at least equivalent to primary care practitioners who has completed the one-year Postgraduate Diploma Course in Community Psychological Medicine and is concerned that their expertise may not be fully recognised in relation to the captioned proposal by the SD&O Subcommittee.

The Hong Kong College of Psychiatrists therefore believes that if the captioned list were to be given to patients referred to psychiatric specialist outpatient clinics, it should also include non-specialist private practitioners who have received at least one year of recognised training in Psychiatry.

Thank you for your attention

Yours sincerely,

Dr. CW Lo
President,
The Hong Kong College of Psychiatrists.