Dr Leon and Colleagues Reply

To the Editor: We thank Dr Goldberg for his comments on our article.[1] The question of differential effects of antidepressants in unipolar and bipolar patients extends beyond the scope of the article. We intend to pursue this extensive set of analyses (diagnosis-specific propensity models and propensity-based matched safety models) in our future work.

The purpose of our article was to examine the risk of suicidal behavior with antidepressants in a more generalizable sample than was included in the FDA meta-analyses that served as the empirical basis for the boxed warning for antidepressants. We hypothesized, on the basis of the FDA warning, that we would find an elevated risk of suicide attempts and suicide deaths when patients received an antidepressant. Instead, we found a protective effect of antidepressants. We chose not to distinguish among diagnostic groups in our analyses because the FDA warning is not diagnosis specific: "[P]atients of all ages who are started on antidepressant therapy should be monitored appropriately and observed closely for clinical worsening, suicidality, or unusual changes in behavior."[2]

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