Depressive Disorders in Children and Adolescents

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DISCLOSURE

• No Disclosures
FEELINGS OF INADEQUACY, DIRECTIONLESS. IT'S A CLASSIC CASE, YOU NEED GOALS!
Learning Objectives

• Improve understanding of Depressive Disorders in Children

• Learn to identify Depressive disorders in Children and Adolescents

• Identify some strategies to help children with depressive disorders

• Provide resources for families and care givers of children with Depressive Disorders
FACT

Depression affects about 19 million Americans annually.
PROBLEM

Majority of depressed children and young people do not receive assessment, treatment or care.
What can we do?

• Determine and recognize those who are at risk of depression
• Identify children with depression
• Educate families, schools, care giver
• Refer to appropriate services
Overview of the presentation

- Epidemiology
- DSM5 definitions
- Etiology
- Risk Factors
- Clinical Course
- Evaluation
- Prevention
- Conclusions
Epidemiology

- Female : Male rate (1:1 until adolescents, then 2:1).
- Children aged 6–11 years. Incidence of 0.5 to 0.75%
  - 1 in 130 to 1 in 200 children aged 6–11
- Children aged 12–18 years, Incidence of 2–4%
  - 1 in 50 to 1 in 25 children aged 12–18 years
- Prevalence rate of up to 8%.
  - 5-10% of youth report subsyndromal symptoms
  - 2% in children have MDD
  - 4-8% in adolescents have MDD
Suicide numbers....

• Suicide is major public health problem.

• In 2011, 39,518 suicides were reported.

• Suicide the 10th leading cause of death for Americans

• In 2011, adolescents and young adults aged 15 to 24 had a suicide rate of 11.0
Suicide numbers... In C&A

- 157,000 youth (10-24) receive medical care for self-inflicted injuries
- Suicide is the 3 cause of death for middle and high school children
- Risk of suicide increases at adolescence, and peaks at age of 16
- The earliest onset reported for suicidal behavior is 4-5 years of age
Suicide numbers... In C&A

- A nationwide survey of youth in grades 9–12 in public and private schools in the United States (U.S.)
  - 16% of students reported seriously considering suicide
  - 13% reported creating a plan
  - 8% reporting trying to take their own life in the 12 months preceding the survey.
FACT

Someone in the country died by suicide every 13.3 mins
DSM 5 changes
DSM 5 changes

- No change in any of the core criteria symptoms for MDD
- Bereavement exclusion: bereavement typically lasts > 2 months
- Specifiers for Depressive Disorders
- Change name from Dysthymia to Persistent Depressive Disorder
- Change name from Depressive disorder NOS to unspecified depressive Disorder
- Adding DMDD diagnosis
DSM5 definitions

Depressive Disorders

- Major depressive disorder (MDD)
- Persistent Depressive Disorder
- Unspecified Depressive Disorder
- Adjustment disorder with depressed mood
Clinical Description DSM5

• Major Depressive Disorder (MDD)

A. 5 or more of the following symptoms for ≥2 weeks and represent a change in functioning: Depressed or irritable mood*
  • Decreased interest or pleasure*
  • Appetite disturbance or weight change
  • Insomnia or hypersomnia
  • Psychomotor agitation or retardation
  • Fatigue or loss of energy
  • Worthlessness or guilt
  • Decreased concentration or decisiveness
  • Ongoing thoughts of death, suicidal ideation, or attempt

• NOTE: Symptoms must occur most days, and last over 50% of the day.
MDD Continued

B. Symptoms cause significant distress or impairment.
C. Symptoms are not due to the direct physiological effects of substances or medical condition.
D. Symptoms not exclusively during a chronic psychotic disorder (e.g. schizophrenia).
E. No prior manic, hypomanic, or mixed episodes; no cyclothymic
Persistent Depressive Disorder

A. Depressed or irritable mood most of day, more days than not, for at least 2 years (youth may be 1 year)

B. 2+ of the following Change in appetite
   • Insomnia or hypersomnia
   • Fatigue or low energy
   • Low self-esteem
   • Poor concentration or decisiveness
   • Hopelessness
   • Appetite changes

C. Never without A & B for more than 2 months
Persistent Depressive Disorder Continued

• D. MDD may be present during 2 years (1 year for youth)
• E. No prior manic, hypomanic, or mixed episodes; no cyclothymic
• F. Symptoms not exclusively during a chronic psychotic disorder (e.g. schizophrenia).
• G. Symptoms are not due to the direct physiological effects of substances or medical condition.
• H. Symptoms cause significant distress or impairment.
Unspecified Depressive Disorder

• Depressive disorders with symptoms that do not meet criteria for MDD or dysthymia. Minor depression (<5 symptoms)
• Differs from Other Specified Depressive Disorder.
FACT

54% of people believe Depression is a personal weakness.

... It’s not!!!
It's so different in my head.
Why is Monday so far from Friday and Friday so near to Monday?
Etiology

• Biological
  • Genetics (Family history)

• Environmental/Psychological
  • Life Stress
Theories

• Genes appear to act through increasing the liability for other ‘depressogenic’ risks.
• Biochemical theories of depression, such as the monoamine hypothesis
• There is also evidence for a steroid vulnerability to depression
• Ingrained patterns of thinking: tendency to negative thinking about oneself increases risk
Risk Factors

- MDD arises in long-standing psychosocial difficulties
  - Family or marital disharmony
  - Divorce and separation
  - Domestic violence
  - Physical and sexual abuse
  - School difficulties including bullying
  - Social isolation.

- MDD also arises after an event that carries a high negative and distressing impact in vulnerable people.
Risk Factors

- Familial depression
- Psychosocial stressors
- Trauma and abuse
- Prior depression
- Presence of other psychiatric disorder
- Negative cognitive styles, rumination, hopelessness
- Other disorders in the family (anxiety, substance abuse)
Clinical Course
FACT

Less than 33% of teens with Depression get help, yet 80% of teens with depression can be successfully treated.
FACT

1 in 4 young adults will suffer an episode of depression before age 24.
Depression is living in a body that fights to survive, with a mind that tries to die.
Clinical Course (Everyone)

• There is a change in mood from pleasant to unpleasant that is relatively pervasive.

• Low energy, poor sleep, apathy, tiredness and poor motivation.

• Poor concentration, guilt, changes in appetite.

• Deterioration in functionality for no apparent reason.

• Suicidal ideations
DEPRESSION

- Emotional symptoms
  - Anxiety or phobias
  - Brooding
  - Obsessive rumination

- Physical symptoms
  - Suicidal
  - Lack of interest
  - Sadness
  - Change in sleep
  - Change in appetite
  - Decreased concentration
  - Lack of energy
  - Irritability
  - Excessive worry over physical health
  - Pain

- Associated symptoms
  - Feelings of guilt
  - Feelings of guilt
  - Change in psychomotor skills
  - Change in sleep
  - Change in appetite
  - Decreased concentration
  - Lack of energy
  - Irritability
  - Excessive worry over physical health
  - Pain
What's different compared to adults?

- Children and Adolescents have lower verbal capacity.
- Present more often with irritability than low mood.
- Can manifest with behavioral problems (r/o ODD, DMDD or ADHD)
- Typically young depressed patients have poor self-esteem
- Self critical with little to say when asked about their good points.
- Low concentration: Failure to complete tasks may make feelings of guilt and lack of confidence worse.
What’s different b/w children and Adolescents?

• Somatic features, such as aches and pains, tend to be more prominent in children

• Separation Anxiety more common in Children

• Children: Appetite is less reliable than Sleep and energy

• Cognitive features of worthlessness, self-criticism and poor attention increase in adolescence

• Anhedonia is a very common symptom helps differentiate from other diagnosis (15-20% Adolescents)
Common Symptoms

Luby et al., 2003
Preschoolers: Masked Symptoms

Luby et al., 2003
General Course of Illness

• Median duration: 8 months
• 34-75% experience a recurrence, most within the first 6 months to 1 year.
• Factors associated with recurrence:
  • Severity of illness
  • H/o recurrent episodes
  • Comorbidities
  • Residual symptoms
  • Hopelessness
  • Negative cognitions
  • Family difficulties
  • Negative life events
General Course of Illness

- 10% of Children recover spontaneously within 3 months.
- 40% recover within the first year
- At 12 months 50% remain clinically depressed.
- By 24 months this figure is around 20 to 30%
Complication of depression

• Suicide
• Declining school performance
• Chronic difficulties with making and retaining friendships
• Long-term consequences with work performance
• Substance abuse
• Legal difficulties
FACT

Each year 42,773 Americans die by suicide..

On average, there are 117 suicides per day
And how do you feel about that?
Evaluation (Scales)

- Children’s Depression Rating Scale – Revised (CDRS-R)
- Quick Inventory of Depressive Symptons (QIDS)
- Beck Depression Inventory (BDI); Children’s Depression Inventory (CDI)
- Mood and Feelings Questionnaire (MFQ)
- Reynolds Adolescent Depression Scale (RADS)
Evaluation

- Information obtained from multiple sources (e.g. child, parents, teachers, other healthcare providers)
- Review of medical history
- Review of psychiatric history
- Review of family psychiatric history
- Assessment of severity and impairment
- Assessment of safety (including safety plan if only suicidal ideation is present)
Evaluation (Preschool Depression)

- Interview primarily involves parents.
- ...but don’t forget to talk to the child
- Not necessary presents with depress mood
- Observe behavior
- Get collateral information
- Use common sense
- Equal rates in boys and girls
Evaluation (Adolescents)

• Information obtained from multiple sources
• Spend significant time with adolescent alone.
• Try to build rapport to develop a relationship
• Look for stressors
• Functionality being affected?
• School, Social and Home setting
FACT

Depression affects about 20% of adolescents by the time they become adults.
REMEMBER
Safety first!
Prevention

• Universal
  • Designed to reach the entire population, without regard to individual risk factors. EDUCATION

• Selective
  • Target subgroups of the general population that are determined to be at risk.

• Indicated
  • Prevention interventions in individuals who are experiencing early signs of Depression but due not meet diagnosis.
Prevention of Depression

• Focus is on reducing potential risks.
• Reduce stressful psychosocial situations.
• Treat depression in parents.
• Cognitive, coping, and social skills training
• Family therapy
• Treatment of anxiety or other disorder
• Sleep hygiene, exercise, behavioral activation, pleasurable activities
Tips for patients and families

• Try to be active and exercise.
• Set realistic goals for yourself.
• Try to spend time with other people and confide in a trusted friend or relative.
• Try not to isolate yourself, and let others help you.
• Expect your mood to improve gradually, not immediately.
• Postpone important decisions until you feel better.
• Continue to educate yourself about depression.
FACT

Depression, even the most severe cases, can be treated. The earlier that treatment can begin, the more effective it is.
Warning Signs

• Social symptoms
• Psychological symptoms
• Physical symptoms
Warning Signs

• Monitor for any changes in baseline behavior of children.
• Monitor for problems functioning at previous level
  • Lower grades
  • Isolating themselves
  • No interest in previous enjoyable activities
  • Not sleeping well
  • Not eating well
  • Having behavioral issues
Social symptoms:

• Not doing well at work

• Taking part in fewer social activities, not seeing friends

• Neglecting hobbies and interests

• Difficulties in home and family life
Psychological symptoms:

- Continuous low mood or sadness
- Feeling hopeless and helpless
- Low self-esteem
- Feeling tearful
- Feeling guilt-ridden
- Feeling irritable and intolerant of others
- No motivation or interest in things
- Difficulty making decisions
- Not getting any enjoyment out of life
- Having suicidal thoughts or thoughts of harming yourself
- Feeling anxious or worried
Physical symptoms:

• Moving or speaking more slowly than usual

• Change in appetite or weight

• Unexplained aches and pains

• Lack of energy or lack of interest

• Sleep problems
Best advice for parents/families/educators:

- Maintain a good communication with your children
- Communicate with teachers on the regular bases
- Supervise social media
- Look for Warning signs
- If at risk, monitor
- In doubt seek professional help
CONCLUSIONS

• Depression affects about **19 million** Americans annually

• Majority of depressed children and young people do not receive assessment, treatment or care.

• Most of the children express their emotions in a different way compared to adults

• Monitor for changes in previous functioning

• Maintain good communication avenues with your children
CONCLUSIONS

• Get collateral information School, social media, friends...

• If there are risk factors try to change the ones you an

• When in doubt seek professional help

• The earlier that treatment can begin, the more effective it is.

• Suicide is preventable! Speak up... Reach out...
“I'm thinking about killing myself”

If you are thinking about suicide, you may want to speak with someone at the National Suicide Prevention Lifeline.

They’re at 1 800 273 8255. Shall I call them for you?

No

Yes
Crisis Line

Serving the Rio Grande Valley. Our 24 hour crisis line is available to assist you and provide information on resources during stressful times.

877-289-7199

TDY: 800-735-2988

TTY: 800-735-9289
Childhood Depression
Resources for Families

• American foundation for suicide prevention
  http://www.afsp.org/

• National Alliance of Mental illness
  http://www.nami.org/

• Internet support group for families NAMI
  www.moodswing.org

• National Depressive and Manic-Depressive Association
  www.ndmda.org

• AACAP Practice Parameters
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• Early Childhood Depression, Joan Luby, Am J Psychiatry 2009; 166:974–979

• Longitudinal investigation into childhood and adolescence-onset depression:psychiatric outcome in early adulthood, British Journal of Psychiatry (2006), 188, 216-222

• https://www.nimh.nih.gov/health/topics/depression/index.shtml

