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Depression in Adolescence

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Case Scenario: Jim

Jim, aged 16 years, comes in for his annual checkup accompanied by his mother. He is in good health. However, Jim complains of difficulty sleeping in the past few months and of frequently being tired. His mother asks for a few minutes alone to discuss her concerns about her son. She states that "Jim has been much more irritable than his usual self" and that "his teachers have been complaining that he doesn't seem to attend to his work lately and his grades are slipping." Jim's mother remembers being an unhappy adolescent herself and asks for advice.

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Depression: Why talk about it?

- Normal emotion vs. Depressive illness
- Serious consequences
  - Development of health problems via its effects on eating, sleeping, and physical activity.
  - Disruption of relationships with family and friends
  - Poor school performance; limit other educational opportunities
  - Substance abuse
  - Suicide
- Treatable illness

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Depression: Who does it affect?

- 5% of children and adolescents in the general population suffer from depression at any given point in time.
- Adolescents affected more than children
- Before puberty, boys = girls.
- After puberty, girls > boys.

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Depression: What causes it?

- Genetic: Increased risk in children of parents with a history of depression
- Environmental: Increased risk in children under stress or those experiencing a loss
- Comorbidities: Increased risk in children with attention, conduct, learning, and anxiety disorders and medical illness

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Depression: What does it look like?

- Different than adults
  - Vague physical complaints
  - Changes in behavior
  - Irritability
- Cluster of symptoms present for at least 2 weeks with sadness or irritability that interferes with the child’s ability to function at school, home, or with friends.

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Symptoms of Depression

- Irritability or cranky mood
- Boredom, loss of interest in sports or video games; giving up favorite activities
- Failure to gain weight as normally expected; however, there is a subset of teens that will overeat and gain weight
- Changes in sleep patterns—difficulty falling asleep or waking up early
- Difficulty sitting still, pacing, or very slowed down with little spontaneous movement
- Persistently tired, feels lazy
- Self-critical; blaming oneself for things beyond one's control; "no one likes me, everyone hates me"; feels stupid
- Decline in school performance due to decreased motivation and ability to concentrate; frequent absences
- Frequent thinking and talking about death; writing about death; giving away favorite toys or belongings

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Case Scenario: Continued…

When directly questioned, Jim admits to "feeling pretty bad for the last few months, since school began." He concedes that he feels sad and blue most days of the week and believes that he is "a loser." He's been spending more time alone and, despite complaining of chronic boredom, has little energy or desire to engage in recreational activities.

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Depression: To treat or not to treat?

- If left untreated…
  - The depressive episode often lasts 6-9 months, which is an entire school year for most adolescents, thus worsening the burden on friends and family while compromising physical health and academics.
  - Increase the risk of …
    - Substance abuse
    - Eating disorder
    - Adolescent pregnancy
    - Suicidal thoughts and behaviors
    - Developing a chronic and more difficult to treat depression
- After experiencing one depressive period, more likely to experience another.

Depression: Treatment options

- Individual therapy
  - Cognitive Behavioral Therapy (CBT)
  - Interpersonal therapy (IPT)
- Family Therapy
- Group therapy
- Antidepressant medications

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Depression: Medication

- Usually required to treat moderate to severe depression.
- Best response rates when combined with therapy.
- Usually required for 6-9 months in order to prevent relapse. Some people require longer treatment with medication.
- Increase in antidepressant Rx was found to be related to a decrease in suicides among 15-24yo.

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Case Scenario: Continued…

Jim is referred to a psychiatrist who diagnoses him with a mild to moderate depression. The psychiatrist decides to treat Jim using interpersonal therapy to help him cope with the disappointments of the past year, develop new peer relationships, and reintegrate himself into high school activities. He refers Jim to a peer support group and offers him the option of engaging in family therapy as well.

This multifaceted approach will address the psychological symptoms Jim has been experiencing and provide him with skills he can use to combat future depressive symptoms and interpersonal problems.

Depression and Suicide

- 16% of high school students think about suicide
  - Vs. 3-8% show suicidal behaviors
  - Vs. very few who commit suicide
- 3rd leading cause of death in youth; 2nd leading cause among 15-34 year olds
- Not all depressed adolescents are suicidal and vice versa but depression does increase the risk in untreated teens.
- Family and friends are often the first to recognize warning signs.

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Suicide: Risk Factors

- Depression, other mental disorders, or substance abuse disorder
- Prior suicide attempt
- Family history of mental disorder or substance abuse
- Family history of suicide
- Family violence, including physical or sexual abuse
- Guns in the home
- Exposure to others' suicidal behavior, such as that of family members, peers, or celebrities

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Family and Social Protective Factors of Suicide in Adolescents

- Parent-child bond
- High parental expectations
- Parental supervision and availability
- School connection
- Religious affiliation
- Non-deviant peer group

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Where is Jim now?

Upon completing his treatment, Jim noticed an increase in energy so that he became more engaged at school. His grades improved and a renewed interest in sports led him to join the school's soccer team. Through therapy, Jim was able to relate his depression to the inability to live up to his parents' expectations. In response to the inability to express his feelings, family therapy helped Jim to become more assertive and confront his parents with such issues.

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Depression: References

- National Institute of Mental Health (NIH): www.nimh.nih.gov
- National Alliance on Mental Illness (NAMI): www.nami.org
- American Academy of Child and Adolescent Psychiatry (AACAP): www.aacap.org/AACAP/Families_and_Youth/Glossary_of_Symptoms_and_Illnesses/Depression.aspx

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Do antidepressants increase suicidal thoughts?

The FDA described an increase in reports of suicidal thoughts and/or behaviors in children and adolescents taking antidepressants.

- There were no suicides in the cases they studied.
- Autopsies of teenagers who have committed suicide show that very few of them had traces of an antidepressant, making the link between antidepressant use and suicide even weaker.
- Between 1992 and 2001, there was a large increase in the number of adolescents being prescribed SSRI antidepressants. But, during that time the rate of suicide among American youth ages 10-19 actually dropped by more than 25%.

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