Clinical Corner – Children and Depression

This fact sheet, prepared by the National Institute of Mental Health (NIMH), the lead Federal agency for research on mental disorders, summarizes some of the latest scientific findings on child and adolescent depression and lists resources where families and physicians can obtain more information.

Depressive disorders, which include major depressive disorder (unipolar depression), dysthymic disorder (chronic, mild depression), and bipolar disorder (manic-depression), can have far reaching effects on the functioning and adjustment of young people. Among both children and adolescents, depressive disorders confer an increased risk for illness and interpersonal and psychosocial difficulties that persist long after the depressive episode is resolved; in adolescents there is also an increased risk for substance abuse and suicidal behavior. Unfortunately, these disorders often go unrecognized by families and physicians alike. Signs of depressive disorders in young people often are viewed as normal mood swings typical of a particular developmental stage. In addition, health care professionals may be reluctant to prematurely "label" a young person with a mental illness diagnosis. Yet early diagnosis and treatment of depressive disorders are critical to healthy emotional, social, and behavioral development.

Although the scientific literature on treatment of children and adolescents with depression is far less extensive than that concerning adults, a number of studies-mostly conducted in the last four to five years-have confirmed the short-term efficacy and safety of treatments for depression in youth.

Given the challenging nature of the problem, it is usually advisable to involve a therapist or psychologist with experience diagnosing children in the evaluation, diagnosis, and treatment of a child or adolescent in whom depression is suspected.

Scope of The Problem

A number of studies have reported that up to 2.5 percent of children and up to 8.3 percent of adolescents in the U.S. suffer from depression. A NIMH-sponsored study of 9- to 17-year-olds estimates that the prevalence of any depression is more than 6 percent in a 6-month period, with 4.9 percent having major depression. In addition, research indicates that depression onset is occurring earlier in life today than in past decades. A recently published longitudinal prospective study found that early-onset depression often persists, recurs, and continues into adulthood, and indicates that depression in youth may also predict more severe illness in adult life. Depression in young people often co-occurs with other mental disorders, most commonly anxiety, disruptive behavior, or substance abuse disorders, and with physical illnesses, such as diabetes.

Suicide

Depression in children and adolescents is associated with an increased risk of suicidal behaviors. This risk may rise, particularly among adolescent boys, if the depression is accompanied by conduct disorder and alcohol or other substance abuse. In 1997, suicide was the third leading cause of death in 10 to 24 year-olds. NIMH-supported researchers found that among adolescents who develop major depressive disorder, as many as 7 percent may commit suicide in the young adult years. Consequently, it is important for therapists and parents to take all threats of suicide seriously. Early diagnosis and treatment, accurate evaluation of suicidal thinking, and limiting young people's access to lethal agents-including firearms and medications-may hold the greatest suicide prevention value.

Clinical Characteristics

The diagnostic criteria and key defining features of major depressive disorder in children and adolescents are the same as they are for adults. However, recognition and diagnosis of the disorder may be more difficult in youth for several reasons. The way symptoms are expressed varies with the developmental stage of the youngster. In addition, children and young adolescents with depression may have difficulty in properly identifying and describing their internal emotional or mood states. For example, instead of communicating how bad they feel, they may act out and be irritable toward others, which may be interpreted simply as misbehavior or disobedience. Research has found that parents are even less likely to identify major depression in their adolescents than are the adolescents themselves.

Symptoms of Major Depressive Disorder Common to Adults, Children and Adolescents

- Persistent sad or irritable mood
- Loss of interest in activities once enjoyed
- Significant change in appetite or body weight
- Difficulty sleeping or oversleeping
- Psychomotor agitation or retardation
- Loss of energy
- Feelings of worthlessness or inappropriate guilt
- Difficulty concentrating
- Recurrent thoughts of death or suicide

Five or more of these symptoms must persist for 2 or more weeks before a diagnosis of major depression is indicated.

Signs that may be associated with Depression in Children and Adolescents

- Frequent vague, non-specific physical complaints such as headaches, muscle aches, stomachaches or tiredness
- Frequent absences from school or poor performance in school
- Talk of or efforts to run away from home
- Outbursts of shouting, complaining, unexplained irritability, or crying
- Being bored
- Lack of interest in playing with friends
- Alcohol or substance abuse
- Social isolation, poor communication
- Fear of death
- Extreme sensitivity to rejection or failure
- Increased irritability, anger, or hostility
- Reckless behavior
- Difficulty with relationships

While the recovery rate from a single episode of major depression in children and adolescents is quite high, episodes are likely to recur. In addition, youth with dysthymic disorder are at risk for developing major depression.

Prompt identification and treatment of depression can reduce its duration and severity and associated functional impairment.

Risk Factors

In childhood, boys and girls appear to be at equal risk for depressive disorders; but during adolescence, girls are twice as likely as boys to develop depression. Children who develop major depression are more likely to have a family history of the disorder, often a parent who experienced depression at an early age, than patients with adolescent or adult-onset depression.

Other Risk Factors Include:

- Stress
- Cigarette smoking
- A loss of a parent or loved one
- Break-up of a romantic relationship
- Attentional, conduct or learning disorders
- Chronic illnesses, such as diabetes
- Abuse or neglect
- Other trauma, including natural disasters

Treatment

Treatment for depressive disorders in children and adolescents often involves short-term psychotherapy, medication, or the combination, and targeted interventions involving the home or school environment.

Psychotherapy

Recent research shows that certain types of short-term psychotherapy, particularly cognitive-behavioral therapy (CBT), can help relieve depression in children and adolescents. CBT is based on the premise that people with depression have cognitive distortions in their views of themselves, the world, and the future. CBT, designed to be a time-limited therapy, focuses on changing these distortions. An NIMH-supported study that compared different types of psychotherapy for major depression in adolescents found that CBT led to remission in nearly 65 percent of cases, a higher rate than either supportive therapy or family therapy. CBT also resulted in a more rapid treatment response. Another specific psychotherapy, interpersonal therapy (IPT), focuses on working through disturbed personal relationships that may contribute to depression.

Continuing psychotherapy for several months after remission of symptoms may help patients and families consolidate the skills learned during the acute phase of depression, cope with the after-effects of the depression, effectively address environmental stressors, and understand how the young person's thoughts and behaviors could contribute to a relapse.

Medication

Research clearly demonstrates that antidepressant medications, especially when combined with psychotherapy, can be very effective treatments for depressive disorders in adults. Using medication to treat mental illness in children and adolescents, however, has caused controversy. Many doctors have been understandably reluctant to treat young people with psychotropic medications because, until fairly recently, little evidence was available about the safety and efficacy of these drugs in youth. In the last few years, however, researchers have been able to conduct randomized, placebo-controlled studies with children and adolescents. Some of the newer antidepressant medications, specifically the selective serotonin reuptake inhibitors (SSRIs), have been shown to be safe and effective for the short-term treatment of severe and persistent depression in young people.

Medication as a first-line course of treatment should be considered for children and adolescents with severe symptoms that would prevent effective psychotherapy, those who are unable to undergo psychotherapy, those with psychosis, and those with chronic or recurrent episodes. Following remission of symptoms, continuation treatment with medication and/or psychotherapy for at least several months may be recommended by the psychiatrist, given the high risk of relapse and recurrence of depression. Discontinuation of medications, as appropriate, should be done gradually over 6 weeks or longer.

Talking with Parents

It is very important for parents to understand their child's depression and the treatments that may be prescribed. Physicians can help by talking with parents about their questions or concerns, reinforcing that depression in youth is not uncommon, and reassuring them that appropriate treatment with psychotherapy, medication, or the combination can lead to improved functioning at school, with peers, and at home with family. In addition, referring the youth and family to a mental health professional and to the information resources listed at the back of this publication can help to enhance recovery.

Other Types Of Depression In Children And Adolescents

Although rare in young children, bipolar disorder-also known as manic-depressive illness-can appear in both children and adolescents. Bipolar disorder, which involves unusual shifts in mood, energy, and functioning, may begin with either manic, depressive, or mixed manic and depressive symptoms. It is more likely to affect the children of parents who have the disorder.

Existing evidence indicates that bipolar disorder beginning in childhood or early adolescence may be a different, possibly more severe form of the illness than older adolescent and adult-onset bipolar disorder. When the illness begins before or soon after puberty, it is often characterized by a continuous, rapid-cycling, irritable, and mixed

symptom state that may co-occur with disruptive behavior disorders, particularly attention deficit hyperactivity disorder (ADHD) or conduct disorder (CD), or may have features of these disorders as initial symptoms. In contrast, later adolescent- or adult-onset bipolar disorder tends to begin suddenly, often with a classic manic episode, and to have a more episodic pattern with relatively stable periods between episodes. There is also less co-occurring ADHD or CD among those with later onset illness.

Bipolar Disorder: *Manic Symptoms*

- Severe changes in mood-either extremely irritable or overly silly and elated
- Overly-inflated self-esteem; grandiosity
- Increased energy
- Decreased need for sleep-able to go with very little or no sleep for days without tiring
- Increased talking-talks too much, too fast; changes topics too quickly; cannot be interrupted
- Distractibility-attention moves constantly from one thing to the next
- Hypersexuality-increased sexual thoughts, feelings, or behaviors; use of explicit sexual language
- Increased goal-directed activity or physical agitation
- Disregard of risk-excessive involvement in risky behaviors or activities

A child or adolescent who appears to be depressed and exhibits ADHD-like symptoms that are very severe, with excessive temper outbursts and mood changes, should be evaluated by a psychiatrist or psychologist with experience in bipolar disorder, particularly if there is a family history of the illness. This evaluation is especially important since psychostimulant medications, often prescribed for ADHD, may worsen manic symptoms. There is also limited evidence suggesting that some of the symptoms of ADHD may be a forerunner of full-blown mania.

The essential treatment of bipolar disorder in adults involves the use of appropriate doses of mood stabilizing medications, typically lithium and/or valproate, which are often very effective for controlling mania and preventing recurrences of manic and depressive episodes.

Bipolar Disorder: A Warning About Antidepressants and Psychostimulants

Using antidepressant medication to treat depression in a person who has bipolar disorder may induce manic symptoms if it is taken without a mood stabilizer, such as lithium or valproate. In addition, using psychostimulant medications to treat ADHD or ADHD-like symptoms in a child or adolescent with bipolar disorder may worsen manic symptoms. While it can be hard to determine which young patients will become manic, there is a greater likelihood among children and adolescents who have a family history of bipolar disorder.

Dysthymic Disorder (Or Dysthymia)

This less severe yet typically more chronic form of depression is diagnosed when depressed mood persists for at least one year in children or adolescents and is accompanied by at least two other symptoms of major depression. Dysthymia is associated with an increased risk for developing major depressive disorder, bipolar disorder, and substance abuse. Treatment of dysthymia may prevent the deterioration to more severe illness.

Information Resources

National Institute of Mental Health
Office of Communications and Public Liaison
Information Resources and Inquiries Branch
6001 Executive Boulevard, Rm. 8184, MSC 9663
Bethesda, MD 20892-9663
(301) 443-4513
Mental Health FAX 4U: (301) 443-5158
E-mail: **nimhinfo@nih.gov**
NIMH home page: **www.nimh.nih.gov**

American Academy of Child and Adolescent Psychiatry
3615 Wisconsin Avenue, N.W.

Washington, DC 20016
(202) 966-7300
www.aacap.org

National Mental Health Association
1021 Prince Street
Alexandria, VA 22314
(800) 969-NMHA (-6642)
www.nmha.org

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Children's Depression Inventory. Developed by Kovacs M. Available from Multi-Health Systems (MHS, Inc.), 65 Overlea Blvd., Suite 10,Toronto, Ontario M4H1P1 Canada; phone: 800-456-3003.

Beck Depression Inventory. Developed by Beck A. Available from Psychological Corporation, 555 Academic Court, San Antonio, TX 78204; phone: 210-299-1061.

Center for Epidemiologic Studies Depression Scale. Developed by NIMH. Available from NIMH, 6001 Executive Boulevard, Room 8184, MSC 9663, Bethesda, MD 20892-9663; phone: 301-443-4513.

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