



MASSACHUSETTS
GENERAL HOSPITAL

PSYCHIATRY ACADEMY

The Assessment of Depression in Children and Adolescents

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Disclosure

Neither I nor my spouse/partner has a relevant financial relationship with a commercial interest to disclose.

The Agenda

- What do we mean by Clinical Depression?
- How common is depression in our kids!
- Etiology: Genetic predispositions and interactions with environmental influences
 - Risk factor: who should be screened
- Assessment: including diagnostic dilemmas

What Do We Mean by Clinical Depression?

Defining Clinical Depression

DSM-V

A. Five (or more) of the following symptoms for a 2-week period and representing a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.

(1) Depressed mood. *Note: In children and adolescents, can be irritable mood.*

(2) Diminished interest or pleasure in all, or almost all, activities

DSM-V Criteria for Major Depressive Episode

≥5 symptoms in the same 2-week period

Sleep: insomnia or hypersomnia

Concentration: diminished ability to think or make decisions

Interest: depressed mood,* loss of interest or pleasure*

Appetite: weight change

Guilt: feelings of worthlessness

Psychomotor: psychomotor retardation or agitation

Energy: fatigue

Suicidality: Preoccupation with death, hopelessness

DSM-V Criteria for Clinical Depression (continued)

- B. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- C. The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hypothyroidism).

Common Presenting Somatic Complaints in Patients with Depression

- Tired all the time, “blahs”
- Headache
- Malaise
- Vague abdominal or joint pains
- Disturbed sleep
- Sexual dysfunction or loss of sexual interest
- “Stressed out”
- GI complaints (e.g., constipation, diarrhea)

Common Presenting Psychological Symptoms in Patients with Depression

- Hopelessness
- Low self-esteem
- Impaired memory
- Difficulty concentrating
- Anhedonia
- Anxiety
- Preoccupation with negative thoughts

Natural Course Major Depressive Disorder

- Length of Average Episode 7-9 months
- 6% to 10% become protracted
- Recurrence: 30 -50%

Etiology: Genetic Predispositions and Environmental Influences Associated With the Development of a Depressive Disorder

- Genetics
 - Twin Studies indicate 50 % variance in the transmission of a mood disorder is genetic
- Family Environment
 - Parental conflict, abuse , neglect, rejection
- Stressful Life Events
 - Losses, bullying, serious medical illnesses
- Negative Cognitive Style
 - Low self-esteem, high self-criticism, cognitive distortions

Prevalence of Clinical Depression in Children and Adolescents

Children

- Point prevalence rate 1%, Male to Female 1:1

Adolescents

- Point prevalence rate 14% to 20%, Male to Female 1:2
- 65% of adolescents report some depressive symptoms

Clinical Depression in Children and Adolescents

Sequelae of Depression

- Impaired school and interpersonal functioning in Children and Adolescents
- Development of substance abuse disorders in Adolescents
- Early pregnancy
- Suicide in Adolescents

Assessment of Depression in Children and Adolescents: Including Diagnostic Dilemmas

Diagnostic Evaluation of Clinical Depression in Children and Adolescents

- Full *BIOPSYCHOSOCIAL* Assessment
- *DSM-V CRITERIA*
- Use of Depression Scales
- Screening for co-morbidities
- No Current Biological Test (i.e., blood test or X-ray). At least not yet!

Dilemmas in Diagnosing Depression in Children and Adolescents

- There is an overlap of mood symptoms in different mood disorders
 - Major depression/Bipolar depression/Depression with Psychosis/Dysthymia
- Symptoms overlap with comorbid disorders.
 - 50% of children and adolescents with depression have another psychiatric condition.
 - High incidence of Dysthymic Disorder (40%), anxiety (40%), Substance abuse (25%)
- Developmental variations in symptom manifestations

Developmental Differences in Depression

Children(6-11)

- Some fluctuation in mood
- Somatic complaints
- Suicidal thoughts are rare
- More irritable than sad
- More behavioral problems
- More separation anxiety

Adolescents(12-18)

- Some fluctuation in mood
- Suicidal thoughts are common
- Sad and irritable
- More neurovegetative symptoms
- More psychosis
- Greater impairment in functioning
- Substance abuse

Using Depression Rating Scales

- Patient Health Questionnaire for Adolescents (PHQ-A)
 - Ages 11-17
 - Quick and easy to score based on DSM-IV criteria for Major Depressive Disorder and Dysthymia
- Children's Depression Rating Scale (27)
 - Ages 6-12
 - Measures distress; clinical cut-off 20
- Beck Depression Inventory for Primary Care (BDI-PC)
 - Ages 13 and up
 - is a 9-item self-report measure of depressive symptoms, The primary care version has been shown to have high internal consistency, good concurrent validity in adolescent samples

References

- Guidelines for adolescent depression in primary care toolkit, Version 2. (The Reach Institute. 2010)
www.thereachinstitute.org
- Schoolpsychiatry.org Mass General Hospital Comprehensive list of screening tools and information for parents and educators
- AAP: Addressing Mental Health Concerns in Primary Care: A Clinician's Toolkit
- Bright Futures Mental Health Toolkit
www.brightfutures.org/mentalhealth/pdf/tools.html

Thank you!



www.projectTEACHny.org