



The Assessment of Depression in Children and Adolescents

Khadijah Booth Watkins, M.D., M.P.H.

Associate Director, Child and Adolescent Psychiatry Residency Training
Massachusetts General Hospital and McLean Hospital
Associate Director, The Clay Center for Young Healthy Minds
Massachusetts General Hospital and McLean Hospital

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