



## Overview

Though only recognized by the medical community 20 years ago, major depression in children and adolescents is serious; it is more than "the blues." When feelings of sadness persist in a child's life and begin to interfere with functioning in daily life activities, clinical depression may be the cause. It is important to seek medical assistance if a child is exhibiting signs or symptoms of depression, as early diagnosis and treatment are essential for depressed children and adolescents.

## Who Gets It

Anywhere from 5 percent to 10 percent of children and adolescents in the general population suffer from depression at any given point in time. Depression is believed to be genetic and tends to run in families. Children under stress, who experience loss, or who have attention or learning disorders are at a higher risk for depression. Research has shown that a pre-existing anxiety disorder in early childhood or low-level depressive symptoms may also be indicators of those children who may be vulnerable to depression. Children with a depressive disorder may also have another concurrent psychiatric disorder, such as anxiety, bipolar disorder or a conduct disorder. Additionally, individuals who experience a depressive disorder during childhood are more likely to have recurring episodes of depression later in life.

## Symptoms

Depressed behavior in children may differ from that of depressed adults. If a child is exhibiting depressed symptoms for more than two weeks, and they are having an impact on his/her life, medical treatment should be sought.

Possible signs of depression in children include:

- Depressed mood
- Frequent sadness, tearfulness, or crying
- Feelings of hopelessness
- Loss of interest in favorite activities
- Lack of enthusiasm, energy or motivation
- Changes in eating or sleeping habits, or fatigue
- Relationship difficulty and/or social withdrawal
- Increased irritability, anger or hostility
- Frequent physical complaints
- Poor concentration, forgetfulness, indecision
- Feelings of worthlessness or excessive guilt
- Extreme sensitivity to rejection or failure
- Talk of running away or actually running away
- Poor school performance or excessive absences
- Talk or thoughts of suicide, or self-destructive behavior

Depressed adolescents may abuse alcohol or drugs in an effort to feel better. Troublesome behavior may also be a sign of depression, even if the child does not always appear sad. Additionally, depressed children and adolescents are at increased risk of suicide.

## How It Is Diagnosed

Obtaining an accurate and early diagnosis and getting treatment quickly are crucial for depressed children. Sometimes, it may be difficult for parents to distinguish a normal childhood phase from actual depression. If parents are concerned, and a pediatrician rules out physical symptoms, an evaluation by a mental health professional, such as a child psychiatrist, may be recommended. Extreme stressors or tragic events can affect children and adolescents, just as they do adults, and should be considered when conducting an evaluation of mental, emotional, or behavioral symptoms in a child.

## What Causes It

Depression is most likely the result of a chemical imbalance in the brain, which is inherited, or genetic. The chemicals in the brain involved in depression are called neurotransmitters. These neurotransmitters regulate mood – one believed to be related to depression is serotonin. A family history of depression, particularly in a parent, increases the chance that a child or adolescent may develop depression. While stressful life events can certainly affect a child's mood, a pre-existing physiological vulnerability to the disorder may lead to the depressed reaction.

Once a young person has experienced an episode of depression, he/she is at an increased risk for having another episode of depression within the next five years. Children who have had a depressive episode are five times more likely to have depression in adulthood.

## Treatments and Their Side Effects

Early diagnosis and treatment are essential for depressed children and adolescents. Research has shown that children and adolescents with depressive disorders respond well to psychosocial treatments, including individual or family therapy. Two types of individual therapy – interpersonal psychotherapy and cognitive behavioral therapy – have been found to be effective.

Cognitive behavioral therapy (CBT) can aid a depressed child by addressing certain aspects of how he or she thinks, such as the negative thoughts typically associated with depression. The behavioral aspect of the therapy teaches improved interpersonal skills (e.g., social or problem-solving skills). Research has shown that adolescents with depression may benefit the most from a combination of cognitive behavioral therapy and medication.

Treatment may include antidepressant medication. However, it should be noted that in 2004, the Food and Drug Administration (FDA) directed manufacturers to add a "black box" warning on antidepressant medications to describe increased risk of suicidal thoughts and behavior in children and adolescents being treated with these medications and to emphasize the need for close monitoring of patients on antidepressants. In 2007, the FDA expanded this warning to include young adults up to the age of 26. Scientists are currently investigating the issue of medication use in children and adolescents with depression.

The medications most widely prescribed for depression are the selective serotonin reuptake inhibitors (SSRIs). Serotonin is a neurotransmitter in the brain that affects mood, and the drug acts to increase the level of this chemical. Other types of antidepressants are given to adults, but they have not proven to be effective in children and adolescents. Fluoxetine (Prozac) is the only medication approved by the FDA for use in children and adolescents with depression. These drugs can be effective for children and adolescents who don't respond to other therapeutic interventions, but mental health professionals must monitor progress closely and inform parents about the risk of suicidal thoughts or behavior that may be associated with SSRIs.

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in the diagnosis and treatment  
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