



Education

Depression in Children and Teens

What is depression?

Childhood depression is a serious problem. Depression is more than just feeling down or sad. Even when major disappointments and setbacks make people feel sad and angry, the negative feelings usually lessen with time. But when depression lasts for weeks or months and limits a child's ability to function normally, it is called major depression.

How does it occur?

The exact causes of depression in children and young teens are unclear. It may be triggered by stressful events like problems at school, troubles with other children, loss of a friend, parents' divorce, or the death of a pet or family member. Children with severe learning disabilities, physical handicaps, or medical problems often develop depression. However, depression can start with no specific cause.

In childhood, both boys and girls are equally at risk. Depression is more serious when it begins before the age of 10 or 11 and is not the result of a specific event. During the teen years, girls are twice as likely as boys to develop depression.

Depression runs in families. If you, or others in your family, have had depression or bipolar disorder then your child is more likely to develop depression.

Some research suggests that depression may be caused by a chemical imbalance in the brain.

What are the symptoms?

Depression is somewhat different in children and teens than in adults. Adults usually describe feelings of sadness and hopelessness along with fatigue. Depressed children are usually more irritable and moody. They may be defiant. They may shift from sadness or irritability to sudden anger.

Teenagers have to deal with puberty, peers, and developing a sense of self. In all the confusion, it's easy to miss the signs of teenage depression. Some children and teens don't know that they are depressed. Instead of talking about how bad they feel, they may act out. You may see this as misbehavior or disobedience.

A child with symptoms of depression:

- Gets irritated often. Little things make him or her lose his or her temper or become tense. Your child may have frequent outbursts of shouting or complaining, or acting reckless.
- May start destroying things such as household items or toys.
- Has low self-esteem, saying things like, "I hate myself" or "I'm stupid."
- Feels restless, bored, or tired most of the time.
- Loses interest in a lot of the things he or she used to like, such as music, sports, or being with friends, and wants to be left alone most of the time.
- Forgets lots of things, and has trouble paying attention. Unlike a child with attention deficit/hyperactive disorder (ADHD), the depressed child is not distracted by noises or events, but rather by thoughts or daydreams. Staying on task with homework can be a major problem.
- May sleep a lot more or have trouble falling asleep at night. Many depressed children and teens wake up in the middle of the night and can't get back to sleep.
- Loses his or her appetite, becomes a picky eater, or eats a lot more.
- Becomes extremely sensitive to rejection or failure. Or your child rejects others, such as refusing affection from parents or pushing friends away.
- Talks about death and suicide, such as saying, "I wish I were dead."
- Feels guilty for no reason or believes that he or she is just no good. Your child may self-injure, for example by biting, hitting, or cutting him- or herself.
- Doesn't care about rewards or consequences of doing or not doing chores or homework.

How is it diagnosed?

Many symptoms of depression are also symptoms of other disorders. Sometimes it is hard to tell depression from other problems such as bipolar disorder, anxiety, and post-traumatic stress disorder. A mental health therapist who specializes in working with children and teens is best qualified to diagnose depression. Along with depression children and teens may have other disorders as well, such as:

- anxiety disorders
- attention deficit/hyperactive disorder (ADHD)
- oppositional defiant disorder (ODD) or conduct disorder (dangerous anger or violence, destroying property, and stealing).

The mental health professional will ask about your child's behavior and symptoms, medical and family history, and any medicines your child takes. Sometimes your child may need lab tests to rule out medical problems such as thyroid disorders.

Diagnosing depression in children is difficult and often requires seeing your child over weeks or months.

How is it treated?

Both medicines and therapy are useful to treat depression in children and adolescents.

Cognitive behavior therapy (CBT) helps children learn about depression, along with teaching skills for managing their physical symptoms, negative thoughts, and problem behaviors.

Family therapy is often very helpful. Family therapy treats the family as a whole rather than focusing on just the child. Children often feel very supported when parents and siblings attend therapy with them and work as a group.

Antidepressant medicines may be needed. Some of the medicines used for children and teens include fluoxetine (Prozac), paroxetine (Paxil), citalopram (Celexa), escitalopram (Lexapro), venlafaxine (Effexor), sertraline (Zoloft), and bupropion (Wellbutrin). These may help reduce symptoms including irritability and symptoms of anxiety. If anxiety symptoms continue, then medicines just for anxiety may be added. If your child also has ADHD, medicines for ADHD may be prescribed.

While rare, antidepressants may make a child or teen more depressed or even suicidal. It is very important to watch for worsening depression and suicidal thoughts or behavior, especially when the child first starts taking the medicine. Talk with your child's prescriber about the risks and benefits of these medicines. In most cases there are more benefits than risks.

It is important to have an experienced professional working with you and your child. Symptoms of depression may return. The mental health professional treating your child may recommend continuing with therapy or medicines even after your child begins to feel better.

How long will the effects last?

Depression in children may be a one-time problem or may continue. Many children have trouble for weeks or months. Without treatment, depression may come back and get worse. With proper medicine and regular therapy, however, the disease is often well controlled. Many children function normally once a good treatment program is in place.

Children who have had depression are at greater risk for depression in their late teens and adult years.

What can I do to help my child?

- If your child or teen is suicidal, get professional help immediately.
- Don't dismiss your concerns if the symptoms have lasted more than 6 weeks. The symptoms may not go away, and may get worse, without professional help.
- Learn all you can. Read, join support groups, and talk with others who are dealing with depression.
- Understand that you are not responsible for your child's depression, even if something such as a divorce may have triggered it.
- If your child shuts you out, don't walk away. Let children know that you are there for them whenever they need you. Remind children of this over and over again. They may need to hear it a lot because they feel unworthy of love and attention.
- Encourage children to talk about whatever they want to talk about. Be a good listener. This helps children begin to realize that their feelings and thoughts really do matter, that you truly care about them, and that you never stopped caring even when they became depressed.
- Make sure your child takes his or her medicines every day, even if feeling well. Stopping medicines when he or she feels well may start the problems again.
- Stick to daily routines like regular bed and meal times. Keep activities very structured and predictable for your child.

- Be firm and consistent with rules and consequences. Staying calm and in control while you enforce rules and consequences is important with depressed children.
- Watch your child for the beginning signs of depression. Ask others, such as school counselors or teachers, to also watch closely.
- Tell all health care providers who treat your child about all medicines the child takes to make sure there is no conflict with antidepressant medicines.

When should I seek help?

If your child or teenager often has the symptoms of depression listed above, seek professional help. Do not try to treat these symptoms by yourself. Professional treatment is necessary. Get emergency care if your child or teenager has ideas of suicide or harming others or harming him- or herself.

You can get more information from organizations such as:

Depression and Bipolar Support Alliance Telephone: 800-826-3632 Web site: <http://www.dbsalliance.org>

National Alliance for the Mentally Ill Telephone: 800-950-NAMI (6264) Web site: <http://www.nami.org>

National Institute of Mental Health Telephone: 866-615-NIMH (6464) Web site: <http://www.nimh.nih.gov/>

National Mental Health Alliance Telephone: 800-969-NMHA (6642) Web site: <http://www.nmha.org>

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