How is depression in childhood and adolescence diagnosed and treated?

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Depression in childhood used to be thought uncommon, but recent research indicates that at least 2 to 4 per cent of teenagers are depressed. Major depression in childhood can be diagnosed using criteria similar to those used in adults.

The main diagnostic symptom is dysphoric mood – a pathological degree of sadness. Other key symptoms include:

- loss of energy, interest and appetite
- weeping, suicidal thoughts, social withdrawal
- loss of pleasure in usual activities
- a sense of pessimism and hopelessness
- a sense of not being loved
- loss of concentration.

For a diagnosis of depression, a child should have dysphoric mood and several of the other symptoms. Milder symptoms should be ignored, to avoid the concept of depression becoming so wide as to be meaningless. To avoid giving too much importance to minor symptoms, each feature is rated on a four-point scale:

- no evidence
- some evidence
- much evidence
- marked evidence.

Only the third and fourth points should be considered when making a diagnosis. The symptoms should be present in most situations, show minimal fluctuation and last a reasonable time.

Information from parents

In childhood and adolescence information is usually obtained from the parents, mainly the mother. But it is now known that mothers are generally unaware of the symptoms of intrapsychic distress, *eg* a sense of emptiness or a sense of guilt, which young people might better be able to describe to a skilled physician.

While parent and teenager do not always agree on this, they usually agree about symptoms that can be observed objectively, *eg* loss of appetite, inactivity, insomnia or loss of interest in school work.

The risk of suicide

During the past 40 years, depression has not only increased among young people but has started earlier. The suicide rate in teenagers has also grown considerably, and this has raised the subject of the link between suicide and parasuicidal behaviour and depression in childhood.

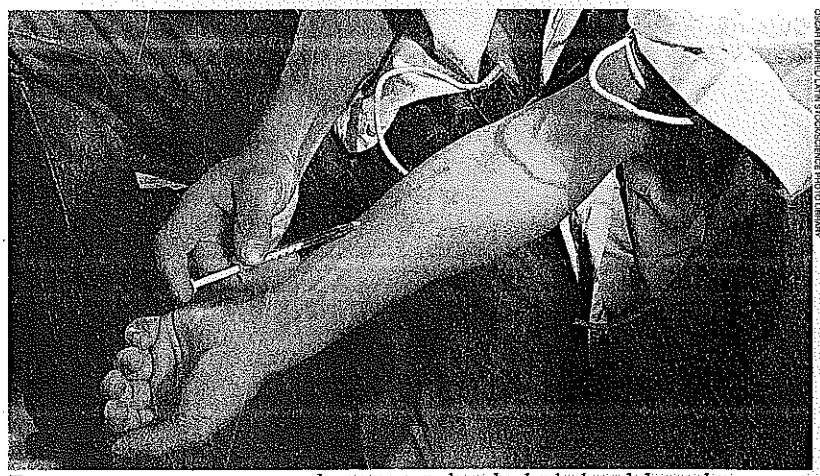
Recent work suggests that psychiatric and psychological disorders, especially depression, are important causes of suicide in teenagers, but not the only ones. It is important to note that:

- depressive symptoms have commonly been reported – especially in older girls
- associated alcohol and substance abuse may impair judgment and decrease personal control
- important links exist between antisocial behaviour and depression and between antisocial behaviour and suicidal behaviour in boys.

Shorter, less severe depressions have a reasonable prognosis. But if the depression is severe and prolonged, the outlook is worse than was previously thought, especially if it is not treated.

Antidepressants

Treatment is not usually effective. Some authorities suggest the poor response to tricyclic antidepressants is due to inadequate dosage, but there is no evidence for this. Most clinicians can



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Depression in teenagers may be associated with alcohol and drug abuse.

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'Track marks': the injection sites of an iv drug user.

The debate about depression in childhood

- The issues concern diagnostic criteria.
- Symptoms of misery and unhappiness are fairly common in adolescence and may constitute ordinary fluctuations of mood.
- Do depressive symptoms in children differ from those in adults? Some consider in childhood one should not even expect the presence of an obviously depressive mood – this leads to the concept of masked depression, *ie* depression without a depressed mood.
- An allied concept is that of depressive equivalents, which usually manifest as somatic complaints. But these are no longer considered useful and assessment usually reveals a range of depressive symptoms.
- It is not yet certain whether depression in childhood is homogeneous or heterogeneous but recent work suggests:
  – an endogenous type, which broadly resembles adult endogenous depression;
  – a type characterised by a range of depressive cognitions, *ie* pessimistic thoughts about the present, future and past.

provide anecdotes of individual cases of major depression in childhood and adolescence that have responded to antidepressants.

If the depression is severe or persistent, antidepressants should be considered, but patients must be seen regularly so that anticholinergic and cardiotoxic side-effects can be monitored. Some of the new antidepressants may offer an improved risk/benefit ratio in older adolescents but are not recommended in children.

Combining four approaches

Because of its complexity and risks, severe depression in children and adolescents should be managed in a hospital child psychiatry department.

A treatment formula is needed for each child. It should take into account any associated comorbidity, be able to influence any associated family problems and be tailored to the type and severity of the depression and any associated psychiatric problems. It will thus combine family therapy approaches, cognitive and/or psychotherapy and counselling for the patient. ▷