Child and Adolescent Depression

- GLAD Guidelines for Depression – Age 10-21
- www.gladpc.org
Depression Screening/Assessment.

- All children > age 12 screened for depression/suicide every visit
  - PHQ-A
  - Columbia

- Monitor Child and Adolescents who are high risk for depression
  - Family history of
    - Depression
    - Bipolar disorder
  - Suicide related behavior
  - Substance use
  - Other psychiatric illness
  - Significant psychosocial stressors
  - Frequent somatic complaints
  - Foster care and adoption

Screen for DSM –V criteria for Depression (SIGMECAPS)

- Even if the PHQ-9 is negative
- If cc: is emotional problem

<table>
<thead>
<tr>
<th>Mood</th>
<th>Excess sleep</th>
<th>Family conflict</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irritability</td>
<td>Weight loss</td>
<td></td>
</tr>
<tr>
<td>Fatigue</td>
<td>Weight gain</td>
<td></td>
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<tr>
<td>insomnia</td>
<td>Decline in academic function</td>
<td></td>
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</tbody>
</table>
• Interview adolescent alone
• Obtain information from collaterals (parent family Caregivers)
• Asses comorbid (substance use, anxiety, ADHD, bipolar, Abuse, Trauma)
• Always asses safety.

Develop a Treatment Plan

• Teaching/psychoeducation re: depression treatment and outcomes
  • GLAD
  • North Dakota Pediatric Mental Health Consortium
  • AACAP
  • APA
• Develop a Treatment plan
  • Better outcome if set goals/outcomes together
  • Outcomes are better if there is a readiness for change and if treatment is patient choice.
• Mild Depression – Active monitoring
  • Encourage exercise,
  • nutrition,
  • sleep,
  • regular meeting at home to address issues
  • consider 10,000 lux light

• Moderate to severe depression or comorbid substance use
  • Psychotherapy
  • Consider medication

To Treat or not to treat depression

• Untreated depression has average 6 to 9 month episode
• Treated depression often resolves in 12 weeks.
Psychotherapy

- Cognitive Behavior Therapy
- Interpersonal Therapy

Medications

- FDA approved medications in children and adolescents
- Fluoxetine age 8
- Escitalopram age 12
- Treat for 6 to 9 months
- 1-2 year length of treatment
  - Family history mood disorder
  - Severe or complex depression
  - Slow/difficult to treat
  - Chronic depression
  - Multiple episodes
Difficult to Treat Depression

• Choose medication – Increase dose until effective.
  • If no effect seen in 4 weeks increase dose. If max dose is not effective at 12 weeks switch to another SSRI
  • Max dose fluoxetine 60-80 mg
  • Max dose escitalopram 20 mg

• Tordia Study
  • Switch to another SSRI equally effective as switch to venlafaxine –SSRI had less side effects.