

# Child and Adolescent Depression

- GLAD Guidelines for Depression – Age 10-21
- [www.gladpc.org](http://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

Mood	Excess sleep	Family conflict
Irritability	Weight loss	
Fatigue	Weight gain	
insomnia	Decline in academic function	

- 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.