Depression in Children and Adolescents

9th of November 2016
Day in Psychiatry
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Adolescent Depression
Dr. Ola Mabifa

Declaration of Conflict of Interest:

I HAVE been a member of a Sunovion pharmaceutical company advisory board for the development of Latuda.

I INTEND to make therapeutic recommendations for medications that have not received regulatory approval (e.g. “off-label” use).
Adolescent Depression
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This Day in Psychiatry educational event has received unrestricted educational grants from the following organizations:

- Lundbeck
- Otsuka
- Pfizer
- Janssen
- Purdue
- Shire
- Sunovion
- KW Guardian Pharmacy
- HLS therapeutics
Adolescent Depression
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Mitigating Potential Conflicts of Interest:
I will not specifically address the clinical use of Sunovion pharmaceutical products (specifically Latuda) for which I have been an advisory board member.

I will specifically mention when my therapeutic recommendations have not received regulatory approval.
Pre-pubertal children: 1-2%
Adolescents: 5%
Cumulative prevalence
   Girls: 12%
   Boys: 7%
Table E.1.1 Differences in the presentation of depression according to age. These symptoms can all be present at any age but are more common in the age group specified.

<table>
<thead>
<tr>
<th>Pre-pubertal children</th>
<th>Adolescents</th>
<th>Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irritability (temper tantrums, non-compliance)</td>
<td>Irritability (grumpy, hostile, easily frustrated, angry outbursts)</td>
<td>Anhedonia</td>
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<tr>
<td>Affect is reactive*</td>
<td>Affect is reactive*</td>
<td>Lack of affective reactivity</td>
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<td>Frequently comorbid with anxiety, behavior problems, and ADHD</td>
<td>Hypersomnia</td>
<td>Psychomotor agitation or retardation</td>
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<td>Somatic complaints</td>
<td>Increased appetite and weight gain</td>
<td>Diurnal variation of mood (worse in the morning)</td>
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<tr>
<td></td>
<td>Somatic complaints</td>
<td>Early morning waking</td>
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<td></td>
<td>Extreme sensitivity to rejection (e.g., falsely perceived putdown or criticism) resulting, for example, in difficulties maintaining relationships.</td>
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</tbody>
</table>

*Ability to be momentarily cheered up in response to positive events (e.g., visit by peers).
Average episode: 7-9 months
40% probability of recurrence in 2 years
60% likelihood in adulthood
Predictors of recurrence:
  - poorer response, greater severity, chronicity, previous episodes, comorbidity, hopelessness, negative cognitive style,
  - family problems, low SES, abuse or family conflict
Types
Major depressive Disorder (MDD)
Persistent Depressive disorder (PDD)
Premenstrual Dysphoric Disorder (PMD)
Disruptive Mood Dysregulation Disorder (DMDD)
Other Specified Depressive Disorder (OSDD)
Unspecified Depressive disorder (USDD)
**Specifier**

MDD

Single episode - Mild
   Moderate
   Severe +/- Psychotic features

MDD

Recurrent - Mild
   Moderate
   Severe +/- Psychotic features

Partial remission

Full remission
With Anxious distress
  Mixed features
  Melancholic features
  Atypical features
Mood congruent/incongruent psychotic features
  Catatonic
  Peripartum onset
  Seasonal pattern (only in recurrent)
Grief Vs Depression
According to the way diagnostic categories were presented in the _DSM IV_, there were distinct differences between grief and major depression. Now, in the new manual, those differences have been eliminated. In other words, if someone is grieving for more than two weeks, they fall into the category of having major depression._(DSMIV)_
Comparing the differences and similarities in symptoms of grieving after a loss as opposed to major depression.
Grief VS MDD

Grief:
- 1. Sadness, despair, mourning
- 2. Fatigue or low energy
- 3. Tears
- 4. Loss of appetite
- 5. Poor sleep
- 6. Poor concentration
- 7. Happy and sad memories
- 8. Mild feelings of guilt

Gradually and after an undetermined amount of time, these feelings remit as the individual regains their equilibrium as they return to normal life. Many of these symptoms are shared by people with major depression but significantly different symptoms are part of the profile.

Major Depression
- 1. Worthlessness
- 2. Exaggerated guilt
- 3. Suicidal thoughts
- 4. Low self-esteem
- 5. Powerlessness
- 6. Helplessness
- 7. Agitation
- 8. Loss of interest in pleasurable activities
- 9. Exaggerated fatigue

In major depression, these feelings are unremitting and carry with them the real danger of suicide. Daily functioning at work and home are impaired and the individual feels as if they will never climb out of these feelings.
**Aetiology**
Genetics
Prenatal factors
Family relationships
Parental depression*
Cognitive style
Stressful life events
Lack of parental care
Comorbid Conditions
Anxiety disorders
Post Traumatic Stress Disorder
Conduct problems
Attention Deficit Hyperactivity Disorder
Obsessive Compulsive Disorder
Learning difficulties
Psychiatric Differential Diagnosis
Unipolar vs. bipolar
Psychotic depression vs. schizophrenia
Depression vs. substance use
Depression vs. adjustment disorder with depressed mood
Depression vs. demoralization from disruptive disorders
Medical Differential Diagnosis

Medications
Substances of abuse
Infections
Neurological disorders
Endocrine
Sleep disorder
Inflammatory conditions
Treatment
Robust evidence of effectiveness for:

- Medication (moderate and severe depression)
- Psychotherapy (milder depression)
  - Cognitive behaviour therapy (CBT)
  - Interpersonal psychotherapy (ITP)
CBT

Identify links between mood, thoughts, activities
Challenge negative thoughts
Increase enjoyable activities
Build skills to maintain relationships
Other Treatments

Electroconvulsive therapy (ECT): good evidence of effectiveness in severe cases
Transcranial Magnetic Stimulation (rTMS)
Light Therapy (in seasonal mood disorder)
Complementary and Alternative Medicine (CAM)
  St. John’s Wort
  Omega 3 Fatty Acids
  S-Adenosyl Methionine (SAMe)
Exercise
Yoga
Meditation
Medication

Two considerations: effectiveness and safety
   SSRIs are safest
   Fluoxetine is most effective

Begin fluoxetine
   Start with 10mg of fluoxetine
   Increase to 20mg after one week
   20mg for pre-pubertal children
   30 or 40mg for adolescents

If not fluoxetine try another SSRI (e.g., sertraline or escitalopram)
Continue treatment 6 months after recovery
Treatment Resistance

Determining treatment resistance
Handling treatment resistance
Possible causes:
   Patient factors
   Family factors
   Environmental factors
   Clinician factors
Barrier to Treatment

Shortage of child psychiatrists and allied professionals

Few training programs

Stigma

Few medications

Minimal inpatient facilities

Cost
References

• Diagnostic and Statistical Manual of Mental Disorder -DSM -5
• IACAPAP Textbook of Child and Adolescent Mental Health-Joseph Rey
• Essential of Psychiatric Diagnosis- Allen Frances
• Oxford Textbook of Psychiatry
• CANMAT guidelines for Major Depressive Disorder
• Nice guidelines
• Maudsley guidelines
Thank you