Adolescent Depression

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Magnitude of the Problem

- 18% of Adolescents have experienced symptoms of depression at least once in their lives.
- Untreated depression leads to concomitant disorders, a chronic course and numerous negative events

- School Failure
- Substance Abuse
- Suicide
- Strong specific risk for recurrence into adulthood- 40%-70%

Genetic Risk

- In adolescent depression genetic influences are thought to play a more important role than in younger children.
- Adverse life-events in this group leads to a style of coping that increases interpersonal stressors

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  Provokes and perpetuates continuing depression

Sub-threshold Depression

- Indications that in adolescents with sub-threshold depression suffer the same fate with a risk of adult depression and suicidal ideation.
- Newer data has revealed that the risk for recurrence is the same for both male and females

Sequential Comorbidity

- This is where one disorder reliably precedes before another disorder.
- ***Anxiety*** has been shown to precede the onset of adolescent depression.
- 25%-30% with MDD have a co-morbid Anxiety Disorder
- 10%-15% of Adolescents with an Anxiety Disorder have depression

- Can Anxiety be viewed as an age-dependent expression of the same underlying disorder as depression?
- Co-morbid anxiety disorders and depressive disorders have strong effects on one another

eparatianxiety disorder,

Generalized anxiety disorder and Panic Disorders are anxiety disorders that are most likely to develop into adult MDD

We can safely conclude that GAD's constitute a risk factor for later onset depression.

Window of lost opportunity

Only a small percentage of Adolescents have their illness diagnosed and fewer have their condition treated.

Presentation

- Clinical presentation similar as that seen in adults
- Academic failure usually first symptom
- Suicidal and para- suicidal attempts
- A worry is the indiscriminate sexual activity
- Substance abuse
- 25% present with behavioural problems

Diagnostic Criteria

- DSM 5
- ICD 10

Diagnosis of Depression

- At least one episode in which the young person has had or more of the following Sx including one of the first two for a minimum period of one week:

  -Depressed or irritable mood
  -Markedly decreased interest/pleasure in activities
  -Weight or appetite loss or gain

-Insomnia or hypersomnia
- Psychomotor agitation or retardation
-Fatigue or loss of energy
-Feelings of worthlessness/ excessive guilt
-Decreased ability to think
-Recurrent thought of death, suicide, or a suicide attempt or plan

Scholastic Functioning

- Always ask about Academic progress and the presence of learning disabilities
- School Dropout-carries the increase risk of drugs, emotional strain, exposure to violence-increase risk of suicide in males esp.

Depression and Early Adversary

- Includes abuse-sexual, physical or emotional
- neglect and maladaptive parenting
- Marital conflict, economic hardship

- Adversity-a role in early onset and chronic forms of depression
- Animal studies-early adversary alters gene expression
- Lasting neuro- endocrine and neurotransmitter system abnormalities involved in response to stress
- Development of depressive cognitive styles

Bullying

Bullying on our schools is something that every School needs to fight against. It is a destructive activity that is not only demeaning but also has long standing consequences emotionally for the victim.

Treatment of Depression

- Multimodal- psychological intervention, includes family work, CBT, social skills training
- Medication-major controversy in the media the past years
- SSRI's often used rather than TCA's-risk of cardio- toxicity especially in overdose.

Antidepressants

- Substantial increase over past decade
- 1998-2002: increase of 1.6% in 1998 to 2.4% in 2002 with regards antidepressant use in young persons
- Growth particularly greater in female than males (68%vs34%).
- 2002-the most common use of AD was in females between ages 15-18 years.

Controlled Antidepressant Trials

- 3 agents have demonstrated superiority over placebo in double-blind RCT's

  -fluoxetine

  -sertraline

  -citalopram

Nice Guidelines

- First step is to offer CBT, IT, FT for 3 months.
- It is also important to offer social and environmental interventions.
- Anti-bullying programs in school should be offered where applicable.

- CBT is to address cognitive distortions. Help the young person with better problem-solving repertoire
- IT attempts to help understand the role that conflicts have on their depression
- Helping young persons make life-style changes is also important.

Antidepressants and CBT

- Combination of AD and CBT significantly superior to placebo and to either treatment alone
- Fluoxetine found to be superior to CBT alone
- CBT alone did not show superiority to placebo

Cognitive- Behavioural Group Therapy? (GCBT)

- Meta-analyses –CBT is effective, but expensive, long term
- Goodyer et al (2007) – **brief** psychosocial intervention, 21% improvement of moderate to severely depressed adolescents (7 weeks)
- Joana Straub et al, 2013-pilot study on mild to severely depressed adolescents – good results

Maintenance Studies

Few Controlled Data available

Safety Issues

- AD generally well tolerated by adolescent group
- Common side-effects include, headache nausea, abdominal pain, dizziness
- Emotional behavioural disinhibitions reported

Suicide Related Events

- In 24 controlled trials that were reviewed involving a total of 4400 children and adolescents-no successful suicides and 78 incidents of suicidal behaviour
- Black box warning-FDA ordered
- APA and AACAP raised objections to this-not consistent with research and clinical experience

Suicide Risk Assessment

- Functional Impairment
- Degree of Hopelessness
- Prevalence of a Psychosis
- Stability of the home environment
- Quality of available support

Consensus Guidelines

- SSRI-first line treatment-mono therapy
- Alternative SSRI when failure to respond
- Both fail then Mono therapy with another AD class or combinations
- Duration: -minimal data; consensus panel recommends a 6-9 month period in adolescents after remission

HEADDS

- Adolescent Psychosocial Risk Assessment Tool
- Helpful in identifying Adolescent depression as well as general well being of the Adolescent

- H= Home and Environment
- E=Education and Employment
- A=Activities
- D=Drugs
- S=Sexuality
- S =Suicide and Depression

- UNTREATED DEPRESSION IN YOUTH CARRIESS A SUBSTANTIAL RISK FOR SUICIDE IN ITSELF
- RECENT EVIDENCE SUPPORTS THE VIEW THAT AD ACTUALLY REDUCES RATE OF SUICIDES

Conclusion

- Adolescent depression is a treatable condition.
- It needs to be diagnosed and managed correctly.
- It can be a debilitating condition if missed at a crucial period in a young person's life

- Thank you!