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Adolescent Depression and Its Signs

Parents' Coalition Of Bay Area High Schools

Eva C. Ihle, MDPHd
HS Associate Clinical Professor
Depts. of Psychiatry & Pediatrics

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OVERVIEW

- **What depression is (biology, epidemiology)**
- **What depression looks like (diagnostic criteria, symptoms/signs)**
- **What we can do for depression (treatment)**

Biology

- **Brain disorder**

Biology

- **Brain disorder**
- **Genetics**
- **Family history**
 - Depression may run in families
- **Brain chemistry**
 - Decreased levels of some molecules may lead to increased risk of depression
- **Gene x Environment interaction**

Biology

- **Environmental factors**

- Most important environmental factor is trauma/adverse events
 - Physical/emotional/(contact) sexual abuse
 - Witnessing domestic violence (mother treated violently)
 - Incarceration of household member
 - One or no parents/separation/divorce
 - Emotional/physical neglect
 - Exposure to substance abuser / parent with mental illness
- Drug/alcohol use
- Malnutrition

Epidemiology

- **Statistics** (Luby et al., 2009; Lewis, 2002; CDC, 2013)
 - At any one point in time:
 - 2% of kids
 - 8% of adolescents
 - Lifetime prevalence (adults): 20 - 25%
 - Lifetime prevalence (12-17 y.o.): 12.8%
 - Episode in the past 12 months: 8.1%
 - Depression by PHQ-9 in past 2 weeks: 6.7%

Epidemiology

- **Impact**
 - **Morbidity** (Weissman et al., 1999):
 - Increased risk of substance use
 - Increased use of medical services
 - Impaired functioning as adults

Epidemiology

- **Impact**

- **Morbidity** (Weissman et al., 1999):

- Increased risk of substance use, use of medical services, impaired functioning as adults

- **Mortality** (CDC, 2007 & 2013):

- 11 attempts for every completion
 - Suicide is 3rd leading cause of death of TAY
 - 2nd leading cause of death in youngsters 12 – 17 years old
 - Per 1 million people:
 - 9 children commit suicide
 - 69 adolescents commit suicide

Diagnostic Criteria

- **At least 5 symptoms (list on next slide)**
- **Duration of more than 2 weeks**
- **Causing distress, impairment**

Symptoms

- **Mood**
 - “grumpy,” “gloomy,” “down,” “I’m bad,” “no one loves me”
 - Irritability, negativity
- **Attitude**
 - Loss of interest
 - Low self esteem
 - Hopelessness / life not being worth living
- **Physiological**
 - Disrupted sleep
 - Decreased/increased appetite
 - Poor concentration
 - Decreased/increased activity level

Signs



Signs

- **Boredom**
- **Problems paying attention / change in school performance**
- **Monotone voice**
- **Physical complaints (tummy aches, headaches, feeling sick)**
- **Fatigue**
- **Withdrawal**
- **Misbehavior (acting bad because feeling bad)**

Not Signs

- **Boredom** change in interests
- **Problems paying attention / change in school performance** unmasking of latent ADHD, LD
- **Monotone voice**
- **Physical complaints** (tummy aches, headaches, feeling sick)
- **Fatigue** adolescent sleep demands
- **Withdrawal** time spent with friends, not family
- **Misbehavior** novel, risky hobbies

More Signs

- **Statements**
 - “I wish I were dead”
 - “I won’t be a burden much longer”
- **Preoccupation with death, dying**
- **Stop planning for the future**
- **Giving away possessions**
- **Risk factors**
 - Access to firearms
 - Exposure to violence, history of being bullied
 - Acute loss
 - Agitation, disruptive behavior

What to do when you see the signs

- **Be curious**
 - Conversation, not interrogation
 - Talking about depression does not cause depression
- **Be calm**
 - Even if you are worried
- **Be connected**
 - Contact pediatrician
 - Depression screening
 - Referrals to specialty care
 - Call Child Crisis, hotlines

It Takes a Village

- **Title of Hillary Clinton's 1996 book**
- **Collective social responsibility**
- **Overall well-being of the community**
- **Applies to observing and responding to signs**
 - Not only in your own children, but also their friends
 - Expect reciprocity as well

Crisis Resources

- **Child Crisis**
 - In SF: 415-970-3800
 - In Santa Clara County: 408-379-9085 or 877-412-7474
 - In Alameda County: 800-309-2131
 - Text service (4-11pm): “safe” to 20121
- **CBHS Suicide Prevention: 415-781-0500**
- **National suicide hotline**
 - 1-800-273-8255 (TALK)



Crisis Resources

- **Child Crisis**
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- **National suicide hotline**
 - 1-800-273-8255 (TALK)
 - Online chat and Twitter
- **911 or go to nearest ER**

Treatment Options

Therapy

- **Brief Therapy**
 - Cognitive Behavior Therapy (CBT)
 - Interpersonal Therapy (IPT)
 - Dialectic Behavioral Therapy (DBT)
- **Supportive/psychodynamic therapy**
 - Talk
 - Art
 - Music

Treatment Options

Therapy (cont'd)

- **Family therapy**
- **Parent-Child Interaction therapy**
- **Group therapy**
 - Includes multi-family group therapy

Treatment Options

Medications

- **Types of medications are the same as for adults**
 - SSRIs (Selective Serotonin Re-uptake Inhibitors)
 - SNRIs (Serotonin Norepinephrine Re-uptake Inhibitors)
 - NDRI (Norepinephrine Dopamine Re-uptake Inhibitors)
 - TCAs (TriCyclic Antidepressants)
 - Hardly used for depression, but still used for bed-wetting and pain management

Treatment Options

Medications

- **Types of medications are the same as for adults**
 - SSRIs
 - SNRIs
 - NDRI
 - TCAs
- **Purpose is to “take the edge off” symptoms**
 - Prescribed as adjunctive to therapy
- **Off-label prescribing**
- **“Black-box warning”**

Treatment Options

Medications

- **Off-label prescribing**
 - What this means:
 - FDA has not specifically approved the use of the drug in a certain age group
 - What this doesn't mean:
 - The medication carries more risk in children than in adults

Treatment Options

Medications

- **“Black-box warning”**
 - “Antidepressants increased the risk compared to placebo of suicidal thinking and behavior (suicidality) in children, adolescents, and young adults in short term studies of major depressive disorder (MDD) and other psychiatric disorders.”
 - “Patients of all ages who are started on antidepressant therapy should be monitored appropriately and observed closely for clinical worsening, suicidality, or unusual changes in behavior.”
 - Activation of impulsive, emotional behavior ≠ death

Treatment Options

Medications (cont'd)

- **Things to keep in mind**
 - Not addicting
 - Not meant to sedate, dull, change personality
 - Medication needs to be taken daily
 - It can take 2-4 weeks for initial effect
 - Side effects can occur, but tend to resolve in 1-2 weeks
 - Continue the medication even if child is feeling better
 - Check with MD before stopping

CONCLUSIONS

- **Depression in childhood is a real phenomenon with profound consequences.**
- **Depression is treatable.**
- **Treatment options are numerous.**
- **Treatment is effective.**

Thank you.



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Web-based Injury Statistics Query and Reporting System (WISQARS):
www.cdc.gov/ncipc/wisqars

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