

Practicum

Teen Depression – Fact Sheet

(published by the National Institute of Mental Health)



About 11 percent of adolescents have a depressive disorder by age 18 according to the National Comorbidity Survey-Adolescent Supplement (NCS-A). Girls are more likely than boys to experience depression. The risk for depression increases as a child gets older. According to the World Health Organization, major depressive disorder is the leading cause of disability among Americans age 15 to 44.

Because normal behaviors vary from one childhood stage to another, it can be difficult to tell whether a child who shows changes in behavior is just going through a temporary “phase” or is suffering from depression.

YESTERDAY

- People believed that children could not get depression. Teens with depression were often dismissed as being moody or difficult.
- It wasn't known that having depression can increase a person's risk for heart disease, diabetes, and other diseases.
- Today's most commonly used type of antidepressant medications did not exist. Selective serotonin reuptake inhibitors (SSRIs) resulted from the work of the late Nobel Laureate and NIH researcher Julius Axelrod, who defined the action of brain chemicals (neurotransmitters) in mood disorders.

TODAY

- We now know that youth who have depression may show signs that are slightly different from the typical adult symptoms of depression. Children who are depressed may complain of feeling

sick, refuse to go to school, cling to a parent or caregiver, or worry excessively that a parent may die. Older children and teens may sulk, get into trouble at school, be negative or grouchy, or feel misunderstood.

- Findings from NIMH-funded, large-scale effectiveness trials are helping doctors and their patients make better individual treatment decisions. For example, the Treatment for Adolescents with Depression Study (TADS) found that a combination treatment of medication and psychotherapy works best for most teens with depression.
- The Treatment of SSRI-resistant Depression in Adolescents (TORDIA) study found that teens who did not respond to a first antidepressant medication are more likely to get better if they switch to a treatment that includes both medication and psychotherapy.
- The Treatment of Adolescent Suicide Attempters (TASA) study found that a new treatment approach that includes medication plus a specialized psychotherapy designed specifically to reduce suicidal thinking and behavior may reduce suicide attempts in severely depressed teens.
- Depressed teens with coexisting disorders such as substance abuse problems are less likely to respond to treatment for depression. Studies focusing on conditions that frequently co-occur and how they affect one another may lead to more targeted screening tools and interventions.

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- With medication, psychotherapy, or combined treatment, most youth with depression can be effectively treated. Youth are more likely to respond to treatment if they receive it early in the course of their illness.
- Although antidepressants are generally safe, the U.S. Food and Drug Administration has placed a “black box” warning label—the most serious type of warning—on all antidepressant medications. The warning says there is an increased risk of suicidal thinking or attempts in youth taking antidepressants. Youth and young adults should be closely monitored especially during initial weeks of treatment.
- Studies focusing on depression in teens and children are pinpointing factors that appear to influence risk, treatment response, and recovery. Given the chronic nature of depression, effective intervention early in life may help reduce future burden and disability.
- Multi-generational studies have revealed a link between depression that runs in families and changes in brain structure and function, some of which may precede the onset of depression. This research is helping to identify biomarkers and other early indicators that may lead to better treatment or prevention.
- Advanced brain imaging techniques are helping scientists identify specific brain circuits that are involved in depression and yielding new ways to study the effectiveness of treatments.
- Research on novel treatment delivery approaches, such as telemedicine (providing services over satellite, Internet, phone, or other remote connections) and collaborative or team-based care in medical care settings will improve the quality of mental health care for youth.
- Sophisticated gene studies have suggested common roots between depression and possibly other mental disorders. In addition to identifying how and where in the brain illnesses start before symptoms develop, these findings have also encouraged a new way of thinking about and categorizing mental illnesses. In this light, NIMH has embarked on a long-term project—called the Research Domain Criteria (RDoC) project—aimed at ultimately improving the treatment and prevention of depression by studying the classification of mental illnesses, based on genetics and neuroscience in addition to clinical observation.

TOMORROW

- Years of basic research are now showing promise for the first new generation of antidepressant medications in 2 decades, with a goal of relieving depression in hours, rather than weeks. Such a potential breakthrough could reduce the rate of suicide, which is consistently one of the leading causes of death for young people. In 2007—the most recent year for which we have statistics—it was the third leading cause of death for youth ages 15 to 24.

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