**DEPRESSION IN ADOLESCENTS**

Dr. Paula Goel , MD , Adolescent physician , Fayth Clinic, Mumbai

Depression in adolescents usually presents as irritability, withdrawal from family and friends, fall in scholastic performance and decrease in social interactions. Suicidal attempt can also be an impulsive act that is part of risk taking behavior in an adolescent . The process of neurobiological maturation in an adolescent brain is completed by 23-25 yrs of age and till this age is reached , the adolescent brain is evolving with gradual maturation of the prefrontal lobe in form of pruning and myelination. Hence , the adolescent is emotionally charged , with minimal thought of consequences of current action.

**Prevalence** of depression in adolescents is related to age , gender and socioeconomic conditions .

Early teens have lower prevalence . between 10-14 yrs : prevalence 1 % , older teens ( 16-19 yrs ) : upto 25% . Depression is equal in both sexes , till onset of puberty , however with onset of menarche , the prevalence increases almost 2-3 times higher in girls . Depression is more common amongst lower socioeconomic class due to exposure to environmental stressors from a young age with poor coping skills .

**Predisposing factors** : biological factors , endocrine factors , social factors and structural changes in the brain may predispose to increased incidence of depression .Environmental factors include socioeconomic status , neglect , abuse , family conflict , separation and divorce of parents and family history of depression also play a significant role .

**Major Depressive disorder ( MDD)**

With no previous psychiatric illness, MDD can be easily detected in adolescents due to its acute presentation . In adolescents with anxiety or hyperactivity, the onset can be insidious.

Presenting features : according to DSM 1V TR criteria . presence of following symptoms for > 2 weeks .

5 of the following should be present:

1.Depressed mood : feels sad , empty , bored or appears tearful , irritable mood

2. Markedly diminished interest in almost all activities of the day , loss of interest in playing or listening to music

3. Significant weight loss without dieting or significant weight gain ( more than 5% body weight changes in a month )

4. Poor sleep/insomnia/hypersomnia

5. Psychomotor agitation or retardation almost daily ( restlessness , pacing , tapping feet or fingers , abruptly starting or stopping tasks , fidgeting fingers )

6. Excessive fatigue on a daily basis

7. Feeling of worthlessness or inappropriate guilt

8. Decreased concentration or focus

9. Recurrent thoughts of death , suicidal ideation without specific plan , suicidal attempt or noting specific suicidal plans .

The symptoms may cause significant distress or impairment in action at all levels of functioning.

Symptoms may also occur after loss of loved one, but if persisting for more than 2 months with marked functional impairment , suicidal ideation , psychotic symptoms or psychomotor retardation must be assessed for depression .

Clinical features can also be classified :

* Affective: depressed mood with feelings of guilt
* Behavioural : social withdrawal and agitation ,aggression , passive aggression , restlessness, desire to leave home . School difficulties , inattention to grooming , increased sensitivity to rejection in romantic relationships.
* Cognitive: difficulty in concentration or making decisions , Poor scholastic performance , peer interaction and family relationship
* Somatic symptoms : imsomnia/hypersomnia

Somatic symptoms are common in prepubertal children

Affective and behavioral symptoms are common in adolescents

**Highly intelligent academically strong adolescents can compensate for mood disorder with increased attention to academics**

If depression is associated with hallucinations and delusions , then psychosis should be considered .

**Co morbidities** : usually associated are conduct disorder, oppositional defiant disorder , panic disorder , ADHD , disruptive disorders and substance abuse disorders . If co morbid conditions are not dealt with , recovery may be delayed .

**Investigations** : To R/o hypothyroid , anemia

**Differential Diagnosis** :

* Adjustment disorder : may occur within 3 months of a negative event in life
* ADHD: associated with inattention , hyperactivity , impulsivity
* Specific learning disability : , associated with dysphoria
* Conduct disorder : aggression , destruction to property , theft , deceitfulness , violence to animals and younger children
* Oppositional defiant disorder : may be confused with externalizing behavior in a depressed adolescent , hostile , negative behavior
* Substance Use disorder :

**Treatment :**

Mild cases may be managed by primary care physicians

Severe cases and associated with co morbidities must be referred to psychiatrists .

If associated with suicide ideation , hospitalization may be needed to wean patient away from impulsive self destructive behavior . If associated with substance abuse , hospitalization would be required for

de addiction .

**Pharmacotherapy and psychotherapy** :

Combination of SSRI ( Selective Serotonin Reuptake inhibitors ) and CBT ( cognitive behavior therapy ) .

**CBT** : aims to challenge the maladaptive beliefs and enhance problem solving abilities and social competence

**SSRI** : Fluoxetine (10 mg ), Sertraline (25 mg) , Citalopram ( 10 mg) , Escitalopram ( 10 mg ) .Any of the given may be started in the corresponding doses and then gradually increased , if necessary . Duration of treatment should be minimum 6 months . Treatment may be stopped when stress levels are low and are under control and drug has to be tapered before stopping .

Recurrence of symptoms may occur up to 40 % of cases within 2 years and 70 % in another 5 years

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