

Recognizing and Managing Depression in Adolescents in Primary Care

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November 2011

USPSTF Recommendation

- Screening of adolescents (12-18 yrs) for major depressive disorder (MDD) when systems are in place to ensure accurate diagnosis, treatment and follow up.
 - March 2009
<http://www.ahrq.gov/clinic/uspstf09/depression/chdeprrs.htm>

Outline

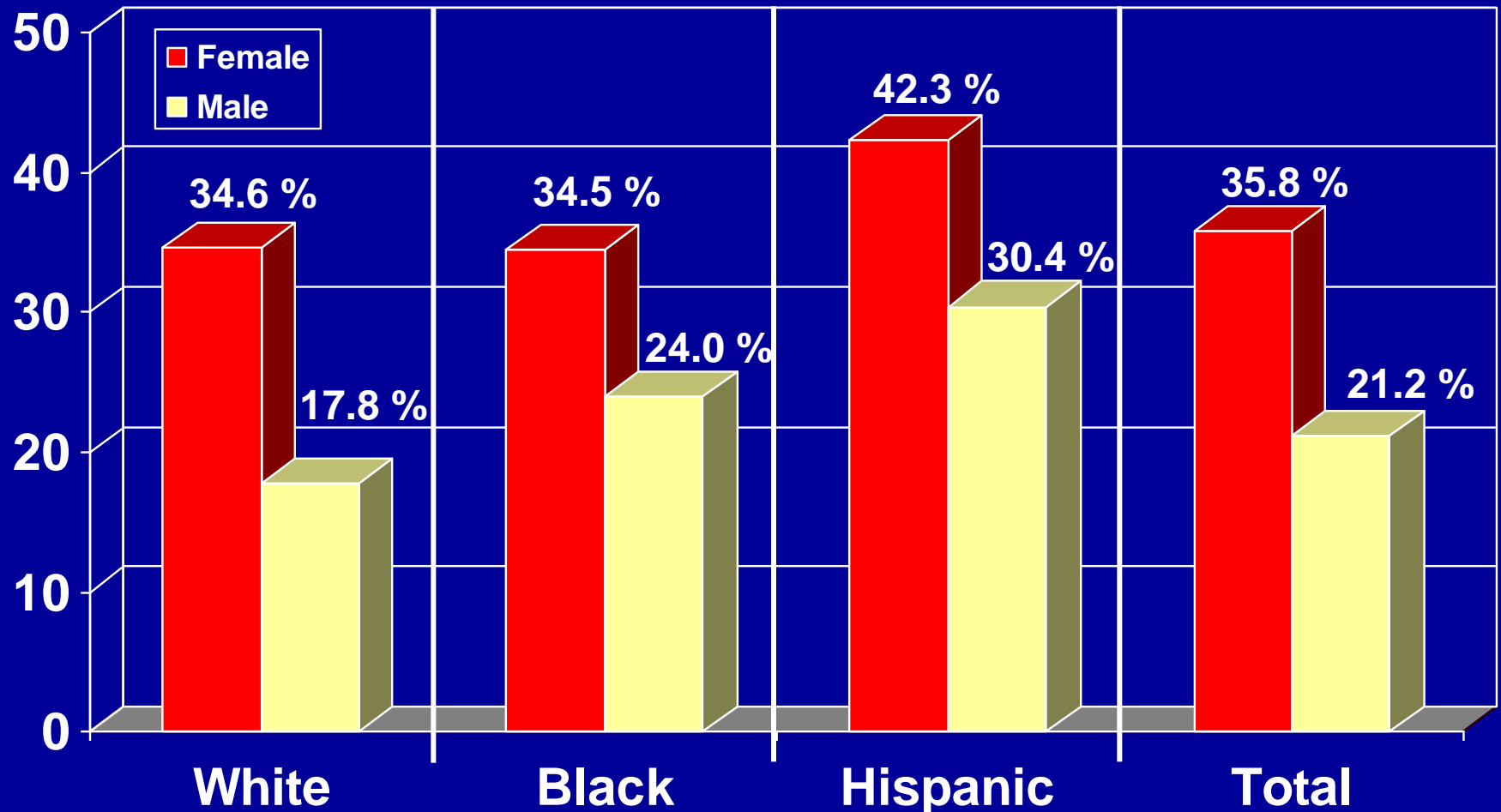
- General Overview
- Epidemiology
- How to Make the Diagnosis
 - Hx taking
 - Physical exam
 - Screening Instruments
- Management

Epidemiology of Depression

- Prevalence of MDD in children (< 13 y.o.) is 2.8%, with 1:1 ratio of girls to boys
- In adolescence (13-18 y.o.), prevalence is 5.6%, with a higher prevalence for girls than boys (5.9% vs. 4.6%)
- Lifetime prevalence among adolescents is 20%.

Depression: Broad Measure

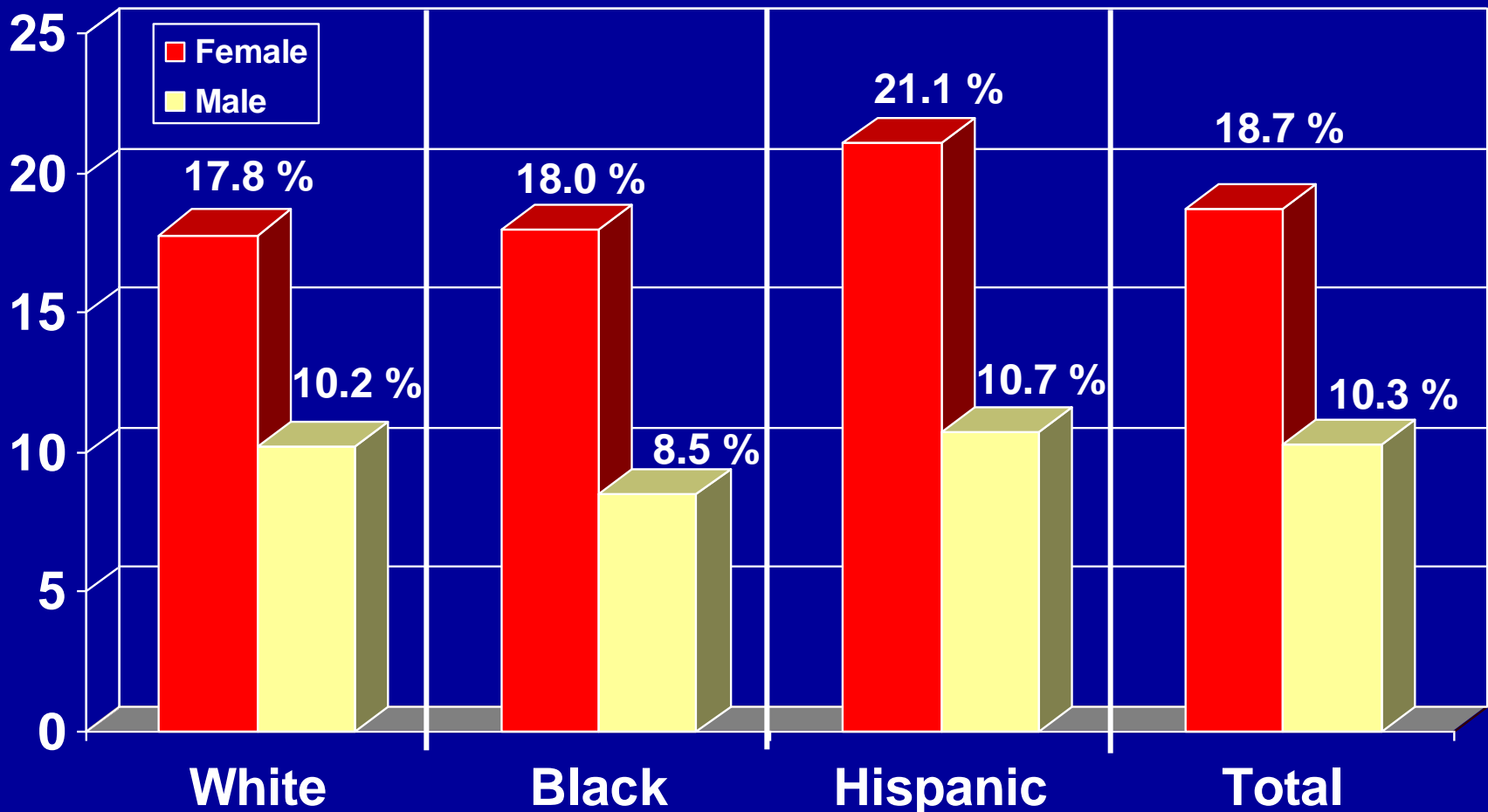
Sadness or Hopelessness which Prevented Usual Activities by Gender and Race/Ethnicity, High School Students, 2009



Source: Grunbaum et al., 2010; YRBS; Self-report

Suicide: Seriously Considered

Gender and Race/Ethnicity, High School Students, 2009



Epidemiology of depression

- At any given time, up to one in 13 adolescents have major depression making it more common than asthma
- Each successive generation since 1940 is at greater risk of developing depression, and is identified at a younger age

Major Depressive Disorder

- Primary care clinicians say of the teens they see:
 - 9-21% have MDD
- Impact school performance
- Substance use/abuse
- Associated with increased risk of suicidal behavior

History and Physical Exam

- Patient history
 - HEADSSS
- Family history (may need to ask parents separately)
- Complete physical exam
- BMI
- Neuro exam
- Consider labs

Possible symptoms of MDD

- Appetite disturbance
- Sleep disturbance
- Fatigue or loss of energy
- Cardiopulmonary symptoms
- GI symptoms
- Neuromuscular symptoms
- Gynecological symptoms
- Dermatological symptoms
- Behavioral symptoms

Risk factors for Depression

- Genetics
 - 20% have + family hx; female gender
- Biology
 - puberty, premenstrual, postpartum
- Environment
 - Family conflict, substance use at home
- Negative life events
 - Divorce, loss of parent
- Individual factors
 - Poor self esteem, poor school performance
- Co morbidities
 - Mental health
 - Chronic medical conditions

Differential diagnosis of depression

- Anemia
- Mononucleosis
- Hypothyroidism
- Hyperthyroidism
- Inflammatory bowel disease
- Collagen vascular disease

Symptoms and Criteria for a Major Depressive Episode

- Depressed mood or loss of interest for a 2-week period (or irritability among children and adolescents), plus:
- Four or more of the following symptoms in the same 2-week period:
 - Weight loss or weight gain
 - Insomnia or hypersomnia
 - Being restless or being slow (psychomotor agitation or retardation)
 - Fatigue or loss of energy
 - Feelings of worthlessness or inappropriate guilt
 - Inability to concentrate
 - Recurrent thoughts of death or suicide ideations or plans

Symptoms in Adolescents

DSM-IV sx of MDD

Depressed mood most of the day

Loss of interest in once favorite activities

Weight loss/gain

Insomnia/hypersomnia

Psychomotor agitation/retardation

Fatigue, loss of energy

Decreased concentration, indecisive

Loss of self esteem, guilt

As seen in teens

Irritable or cranky mood

Loss of interest in sports, video games, activities with friends

Somatic complaints, failure to gain wt

Excess late night TV, refusal to wake for school

Talk of running away from home

Persistent boredom

Poor school performance, frequent absences

Oppositional/negative behavior

Depressive symptoms in Teens

- More sleep and appetite disturbances, delusions, suicidal ideation and attempts, and impairment of functioning than younger children with MDD
- More behavioral problems and fewer neurovegetative symptoms than adults with MDD

Major Depression & Co-morbidity

- 76% with major depression also had other diagnoses, two thirds of which preceded the depression diagnosis.
- Previous diagnoses among the 76% include:
 - Anxiety disorders (40%)
 - Conduct disorders (25%)
 - Addictive disorders (12%)

SCREENING INSTRUMENTS

HEEADSSS

- Home
- Education/Employment
- Eating
- Activities
- Drugs
- Sex
- Suicide/Safety
- Strengths

SIGECAPS

looks for criteria for Major Depressive Disorder

- S** - **Sleep disturbance:** insomnia or hypersomnia
- I** - **Interest or pleasure:** diminished in almost all activities
- G** - **Guilt:** feelings of excessive worthlessness or guilt
- E** - **Energy:** fatigue or energy loss nearly every day
- C** - **Concentration:** diminished.
- A** - **Appetite:** weight loss or decreased appetite
- P** - **Psychomotor** agitation or retardation
- S** - **Suicide:** recurrent thoughts of death or suicidal ideation

Screening Instruments

- PHQ-A: 9 Item
 - Patient Health Questionnaire for Adolescents
- BDI-PC: 21 Item
 - Beck Depression Inventory – Primary Care
- PHQ-2: 2 Item

Screening Instruments – PHQ – 2 Item

Have you ever been bothered by feeling down,
depressed or hopeless?

Have you often been bothered by little interest or
pleasure in doing things?

Symptoms of Bipolar disorder in adolescence:

- Markedly labile mood
- Agitated behavior
- Pressured speech
- Racing thoughts
- Sleep disturbances
- Reckless behaviors
- Illicit activities
- Spending sprees
- Psychotic symptoms such as hallucinations, delusions, irrational thoughts

Prognosis

- 70% of youth with a major depressive episode will have another episode in next 5 years
- Youth with depression have a 4x increased risk of an adult depressive disorder
- 20-40% of children with major depression will develop bipolar disorder eventually
- Can lead to impaired functioning in relationships, school etc...

Principles of Treatment

- Ensure safety
- Develop an alliance with the teen and parents
 - Confidentiality?
- Psycho-education
 - Addresses signs and symptoms of depression
 - Stresses importance of psychotherapy and psychiatric medications
 - Addresses misconceptions

Indications for PCP Care vs Specialist in Adolescents with Depression

Indications for PCP

- Initial episode of depression
- Absence of coexisting conditions
- Ability to make a no suicide contract

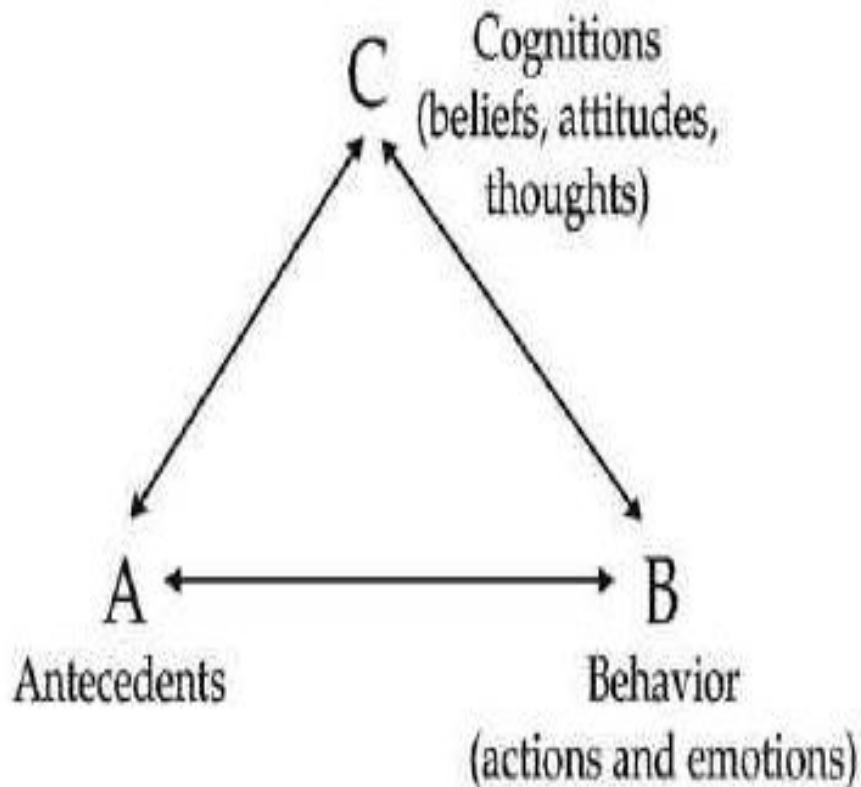
Indications for Specialist

- Chronic, recurrent depression
- Lack of response to initial treatment
- Coexisting substance abuse
- Recent suicide attempt or current suicidal ideation
- Psychosis
- Bipolar
- High level of family discord
- Inability of family to monitor patient's safety

Depression-Treatment Options

- Cognitive Behavioral Therapy (CBT)
- Interpersonal therapy
- Pharmacotherapy
 - First line therapy, SSRI' s
 - Others– SNRI' s, Bupropion, TCA' s,
- Combinations of the above methods works best
- Family therapy

ABCs of CBT



You cannot control how you feel, but you can control what you think about, and this can influence how you feel

Cognitive Behavioral Therapy

- Treatment targets patient's thoughts and behaviors to improve mood
- Essential elements of CBT include:
 - increasing pleasurable activities
 - reducing negative thoughts
 - and improving assertiveness and problem-solving skills to reduce feelings of helplessness.

Interpersonal therapy for depression

- Interpersonal problems may cause or exacerbate depression and that depression, in turn, may exacerbate interpersonal problems.
- Treatment will target patient's interpersonal problems to improve both interpersonal functioning and his/her mood.

Pharmacological Treatment

- Selective Serotonin Reuptake Inhibitors (SSRIs) are first line for medication for adolescents for depression and anxiety
- Fluoxetine, only drug approved for treatment of MDD among youth.

What is a “Black Box Warning?”

- It is a required statement on the package insert that accompanies every prescription
- It is the strongest warning from the FDA to prescribers and patients regarding possible adverse effects of a medication
- ***HOWEVER***, it is ***not*** a contraindication for use of a medication

Black Box Warning

- FDA put on all antidepressants in 2004.
- “..increase the risk of suicidal thinking and behavior (suicidality) in children and adolescents with major depressive disorder (MDD) or other psychiatric disorders.”
- Rx with SSRI's leads to 1-2% absolute increase in risk of suicidality

If starting an antidepressant

- Confirm your diagnosis
 - BDI, PHQ-A
- Start low and advance slowly
- Follow up frequently-the black box warning recommends weekly for the first 4 weeks and when a dosage change is made
- If no improvement after 6 weeks consider changing meds and reconfirm diagnosis
- If the patient has a family member who has had a good response to a particular SSRI, that may be helpful in selecting a medication.

Talking points to patients and families about SSRI's

- Need to supervise medication administration;
- If your child has threatened or attempted suicide, keep medication in a secure location.
- Likely duration of medication treatment 6 months to 1 year after symptoms improve and sometimes longer
- Medication should be stopped gradually under doctor's supervision, due to the possibility of withdrawal symptoms

SSRI's Side Effects

- Nausea
- Loss of appetite
- GI upset
- Minimal weight loss
- Headache
- Agitation
- Akathisia
- Sexual dysfunction
- Increased clotting time
- Hypomania or mania
- Sedation or insomnia
- Vivid dreams

Questions at follow up

- Missed doses
- Stomachaches/Headaches
- Restlessness
- Unsettled thoughts
- Suicidal thoughts
- Positive effects

Initial strategies

- Know the resources in your community
- Education for patients and families
- No suicide contracts
- Removing **firearms**, medications, sharp objects from where they are accessible.

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Summary

- Major burden – disabling condition
- Hx taking/Screening tests are effective in making dx of MDD
- Effective treatment leads to decrease in symptoms & improved functioning
- Harm from treatment – minimal

Behavioral Health and Community Resources

CONTACTS:

PHONE NUMBERS:

Private Insurance Companies/ Health Plans:

Community Mental Health access/ intake lines and clinics:

Providers/ Agencies with low-cost, sliding scale therapy:

Child crisis and suicide prevention hotlines/ resources:

**School contacts (teachers, nurses, counselors, coaches),
special education coordinators, health centers:**

Substance use treatment programs and support groups:

**Violence and abuse resources (CPS, shelters, police,
legal assistance, counseling programs, support groups):**

Professional associations' referral services:

Source:
1) Knopf D. Accessing Mental Health Services for Adolescents in San Francisco. University of California San Francisco, Division of Adolescent
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