Depression and Teens

Richard Schuurman, LMFT
Quality Manager, KBBH

The teen years are a time of change and a time of challenge. Teens deal with many changes, including continuing changes in brain development, physical and hormonal change, and a change in relationships as they start separating from their parents, and connect more with their peers. Through all of this their sense of self more fully emerges. But at times, that sense of self can be fragile.

During this time, the tasks they need to accomplish are not only challenging, but often times tumultuous. They often create a great deal of confusion and anxiety. As a result, brief bouts of sadness that includes tearfulness, moping, pessimism, and occasional hostility are perfectly normal during this period in their life. Actually, this experience is an important and necessary part of growing up. Going through these changes helps identify themselves as unique individuals.

But for some teens, the behaviors, thoughts, and feelings they experience are not normal, but reflects a mood disorder known as Major Depression, a condition that can cause significant impairment in all areas of their life.

Childhood depression is more common than many people think. Population studies show that at any point in time 10 to 15 percent of children and adolescence have some of the symptoms of depression. The percent that meet full criteria for Major Depression at any given time is between 4 and 8 percent. The research indicates the cumulative rate during adolescence is considered between 15 and 20 percent, which is to say that at some point during adolescence, between 15 and 20 percent meet full diagnostic criteria. This rate is similar to adults.

In considering the signs and symptoms of clinical depression, it's important to know that depression is a cluster of symptoms that, taken together, may indicate that the child is depressed. But in order for the symptoms to reach the threshold of full criteria, they must be present for an extended period of time, generally at least two weeks; they must be significant enough that they interfere with the child's everyday functioning; and they must be a change from previous functioning. Regarding this last point, although adolescence can cycle in and out of depression, some are chronically depressed and have been for a very long time. Unless you know them long enough, it can be very difficult to know if the symptoms of concern are a change in functioning, or not.

The symptoms of depression start out by needing to include either depressed mood or a loss of interest or pleasure. These symptoms can be felt subjectively by the person, or observed by others. What's interesting, however, is that in the diagnostic criteria of depression in children, the mood might not be depressed, but irritable. These are the kids that are chronically angry, argumentative, and can be emotionally hyper sensitive.

In addition to experiencing a depressed or irritable mood or loss of interest or pleasure, to meet criteria for depression, four or more of the following symptoms need to be evident, again remembering that it has to be a change from previous functioning, it has to be going on for an extended period of time, and it has to be functionally impairing.

The other symptoms as part of the cluster include significant weight loss when not dieting or weight gain, or decrease or increase in appetite nearly every day. With younger children, one needs to consider failure to make expected weight gains.

The next symptom is experiencing insomnia or hypersomnia nearly every day. Most of you recognize the word insomnia as meaning not being able to sleep. Hypersomnia is just the opposite, sleeping much more than what is typically needed.

Next is either bodily agitation or its opposite, sluggishness, nearly every day, where the body movement (or lack thereof) is noticed by others and not just subjective feelings of restlessness or being slowed down. One might see a person who has difficulty paying attention or sitting still, impulsivity, being less active, or more disorganized.

The nest symptom is fatigue or loss of energy nearly every day, even if there's excessive sleep from hypersomnia, which is often the case. This can show itself by refusing to participate in activities, laying around a lot, and acting sick a lot of the time.

Next is having feelings of worthlessness or excessive or inappropriate guilt. The kind of thing one thinks of with having low self esteem, where there are a lot of negative self comments, such as "I'm fat," "I'm ugly," or "everybody hates me."

The next is when there is diminished ability to think or concentrate, or indecisiveness of not being able to make up one's mind on something. This can be either subjective or as observed by others. This person might be very easily distractible.

The final symptom is recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation (even without a specific plan), or a suicide attempt or a specific plan for committing suicide. Anytime there is talk of suicide, it must be taken seriously.

In assessing these symptoms, it is necessary to not include symptoms that are due to a general medical condition or taking drugs (either illegal or prescribed), which is why a thorough evaluation by a medical doctor is necessary to rule these things out.

Although these are the symptoms that are part of the formal criteria for depression, there are other types of behaviors that can be "red flags" and are often part of the profile of a depressed teen. These include having difficulties in maintaining relationships where they may start to cut themselves off from others, end relationships, break up, and avoid school events.

Sometime their behaviors have a strong self-destructive bent in which they drink and drive, abuse drugs, harm their bodies by things like cutting, or have promiscuous, unsafe

sex despite knowing the risks to health and safety.

Another indicator might be eating-related difficulties, including sudden loss of appetite, bingeing and purging, or drastically reducing food intake. While these behaviors may be signs of depression, they are also symptoms of serious eating disorders, such as bulimia and anorexia. In either case, teens with eating-related problems should be seen by a competent professional.

Other things that might be indicators, as I referred to before, are anti-social or delinquent behaviors, social isolation, and problems at school, including a drop in grades, difficulty in getting along with peers or teachers, or a reluctance to go to school.

Finally, an important consideration is if there are overly morbid or suicidal thoughts or behaviors. It can't be stressed enough that suicidal thoughts should always be taken seriously, and for good reasons. Depression is one of the leading risk factors in suicide, for children as well as adults. According to the Center for Disease Control and Prevention, in Oregon suicide is the second leading cause of death for 11 to 18 year olds. Almost as many teens died by suicide as those who died from all natural causes combined. Among Oregon youth ages 12 to 18, nine percent suffered an episode of major depression and teens between the ages of 15 and 19 have the highest hospitalization rate for suicide in the State.

At a more local level, of all the students in Klamath County who were surveyed through the TAP survey in grades 7 through 12, 20 percent of them indicated that they seriously thought about suicide during the last year. Ten percent said they tried to kill themselves, six percent more than once. Although these statistics are somewhat higher than the national average in this age range, they're in the same ball park. So talk of suicide needs to be taken seriously, even if there aren't other signs of depression that are being picked up on.

Treatment options for teens with depression is similar to those for adults. The "gold standard" is generally considered to include both psychotherapy (counseling) and medication. Oftentimes treatment starts out with counseling first and then an antidepressant is considered as an additional option if there is no significant improvement, particularly for younger students.

As many of you may know, some years ago there was much attention given in the media regarding an FDA required "black-box" warning on a class of popular anti-depressant medication as it related to children and young adults. The warning is that in some children it produces an increase in suicidal thoughts, especially when first starting it. In the FDA review of 2200 children who were on SSRI medication (such as Prozac, Paxil, and Zoloft) medication, there were no suicides, but there was an increase in suicidal thoughts by 4 percent of the children, compared to 2 percent in a control group. In April of 2007, the FDA published another finding indicating the benefit of children and adolescents taking the medication outweighed the risks of not taking it.

It is not completely clear the average length of time for depression to run its course when not treated. Best estimates say that it averages between seven and nine months of meeting full criteria and take another number of months to fully resolve. With treatment, the length of the depressive episode can be much shorter, with the child recovering more quickly. It is also believed that treatment can serve to reduce the likelihood of depression re-occurring, or if it does return, treatment can delay the full return of symptoms and reduce the severity of symptoms overall. From a statistical point of view, about 70 percent of children and adolescents will have another episode of depression within five years of the first one. If the child and family seek treatment the first time, the more likely they are to be educated about depression and its signs and can more quickly seek treatment if it returns.