

MDAO Speakers Series

Adolescent Depression

by Marsha Casselman

Depression occurs in eight per cent of teenagers, but just half of these teens are diagnosed. Of those, less than half receive proper treatment, according to Dr. Amy Cheung, assistant professor at the University of Toronto department of psychiatry. She spoke on this issue at an MDAO speakers' event this past November. She is appointed at the mood disorders program at Sunnybrook Health Sciences Centre and CAMH Health Systems Research and Consulting Unit.

"A lot of these teenagers are missed," said Cheung. "Clinicians, pediatricians, family doctors, and nurse practitioners are not well trained in mental health, especially with teens, so they have very little confidence in treatments and also have less understanding of what research is out there."

She said the way young people express their depression often prevents people around them from spotting it. Usually teens will present their low mood by being "cranky" on and off, instead of being sad, the usual indicator health care providers and parents look for.

"It's a very fluctuating nature. They tend to go into remission more easily than adults do. They can be very moody one minute and the next minute something good happens and they're feeling great again," Cheung said.

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Parents can be confused as to if their child really is depressed.

"Sometimes when they're out with their friends, even if they're depressed, they can look pretty happy, and parents will think 'well I heard her laughing on the phone or on MSN last night so I don't think she's depressed,'" Cheung said. Teens can have highly reactive moods which fluctuate depending on external circumstances like parental

divorce, failing in school, being bullied by classmates, etc.

Cheung looks at the teens' family history to see if they are susceptible, but the most obvious hint they are depressed is impaired daily functioning. "If they are getting along ok with their friends and family and doing ok in school," Cheung said.

Gaining weight and oversleeping are usually attributed to puberty or lifestyle, but are also overlooked as signs of depression.

Cheung says often teens must become adults and better communicators before their doctor looks into their history and realizes the severity of their problems. It is very important to spot depression when kids are young, since most adults who suffer from depression say it started when they were teens.

As with adult depression, the prevalence rate in females is much higher than in males: 11 per cent of female teens are affected, versus four per cent of males.

Females go through a drastic change in self esteem when they become teens. Their hormonal changes are much more significant than in males. And females are brought up in society to be more in tune with other people's issues and interpersonal relationships, so I think we are much more susceptible to stressors in our environment," said Cheung.

Depression is often interconnected with and treated alongside other problems such as eating disorders, borderline personality disorder, and substance abuse (particularly marijuana and alcohol).

Treatment

Psychotherapies that work for adults can also work for older teens. Examples are Cognitive Behavioral Therapy (CBT), which attempts to change the negative thought patterns that influence one's mood, and Interpersonal Therapy, which examines how one deals with personal relationships that effect one's mood.

Studies show the most successful treatment to date is combining CBT with antidepressants. But Cheung says many teens prefer interpersonal therapy, since it allows them discuss the friendships and family relationships that play such a huge role in their lives.

Whatever the therapy, Cheung says the most important thing with therapy is that there is a good relationship between the teen and the therapist. This usually occurs when the therapist is following the teen's goals, wants, and needs. "They'll only do what you want them to do (treat their mood) when you help them do what they want to do (make friends)," she said.

Although tricyclic antidepressants are not used due to heart problem side effects in young people, SSRI's can be used and have much fewer side effects, aside from common dizziness and headaches.

However, one rare side effect recently highlighted by the media is that antidepressants can increase suicidal ideation. The FDA has put black box warnings of this on all antidepressants, for both adults and children.

Cheung disagrees with the severity of the FDA warning, although she does prepare all of her patients for any possible side effects, including suicidal ideation. But she says suicidal thoughts during medication are no more prevalent than during psychotherapy. She noted one study that found 12 per cent of patients using just therapy had increased thoughts of suicide. Whereas, with just antidepressants, studies found that suicidal thoughts increased from 2 to 12 per cent (compared to 0 to 7 per cent for those given a sugar pill).

"As you are getting better symptoms will fluctuate, and that's why we see for all the kids get better while taking medication, there are also those who develop suicidality. [The prevalence of this] is similar for psychotherapy," Cheung said.

In fact, a recent study coming out of the University of Illinois found in areas of the U.S. where antidepressants are prescribed less suicides occur.

Regardless, Cheung's rationale is to compare the risks with taking medication with the risk of suicide due to being depressed with no treatment at all.

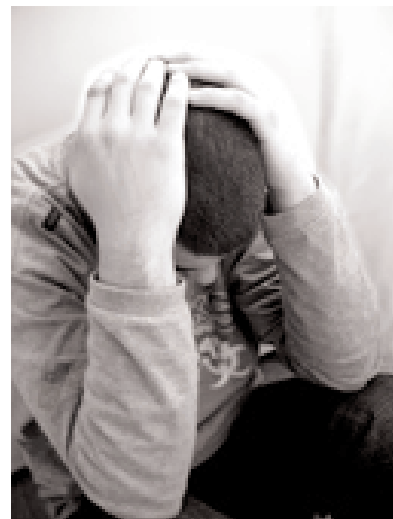
Depression is now the second leading cause of death among teenagers in Canada. "More than 60 per cent of people who completed suicide have been diagnosed with a mood disorder," she said.

Cheung ended with a message for parents of adolescents.

"If you are concerned as a parent I think we need to listen to your instincts. I always say to my patients' parents you know your child much better than I do, so if you think there is a problem you need to go talk to someone about it. If (your kid) won't go then you should go talk to someone about it."

"It's very important to always monitor them, and to remember that [suicide] can happen at any time whether they're on treatment or not, whether they're in therapy or on medication," she said.

Promises don't work. "We've learned that a contract doesn't work. When you make them say 'I'm fine, I promise not to hurt myself'," Cheung said. Instead she works with them on a plan if they do have thoughts, where they call their clinician or a crisis line.



Seasonal Depression

According to U.S. and European research, 20 per cent of teens have seasonal variation in mood, the depressive symptoms occurring more in the winter. Although, the cause may not be winter itself, but the fact that school year stress and social pressures occur in the winter and trigger depression. Conversely, seasonal depression can occur despite these pressures, yet be overlooked and attributed to the winter circumstances. Diagnostic criteria for SAD in teens varies and there is no international consensus, but Cheng estimates prevalence to be about two to five per cent in teens. As with adults, post-pubescent females show symptoms of SAD more often than males of the same age. No conclusive studies have been done on light therapy as treatment in kids, but Cheung says she has seen good results with her clients.