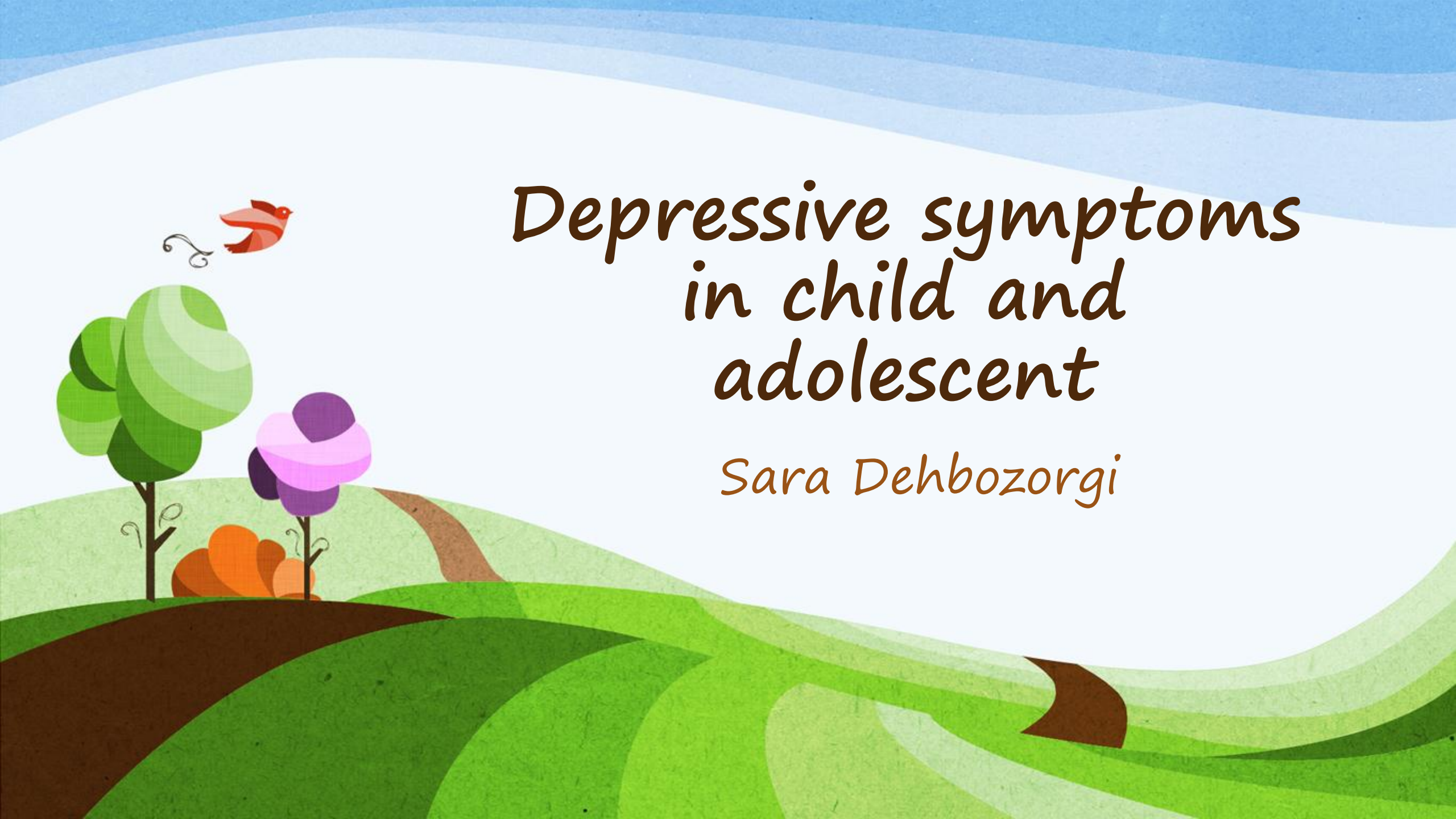

IN THE NAME OF GOD



Depressive symptoms in child and adolescent

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- Depression is common in children and adolescents and depression is the third leading cause of disability in adolescents globally.

- Depression in children and adolescence is not only associated with immense personal and family suffering, but also other adverse outcomes, such as poor school performance, insomnia, huge treatment and economic burden and suicide.

- The presentation of a depressive disorder depends on the developmental stage.
- The ability to communicate about experiences can vary widely between young people.
- The clinical picture is similar to that seen in adults but differences may be attributed to the child's physical, cognitive ,motional and social development.

Distinction between depression and the normal mood downs

- The single most important distinction between depression as an illness and the "normal ups and downs" of childhood and adolescence is that depression is associated with functional impairment, mediated through the intensity, duration, and associated symptoms.
- Depressive disorders in childhood and adolescence are characterized by core persistent and pervasive sadness, anhedonia, boredom or irritability that is functionally impairing, and relatively unresponsive to usual experiences that might usually bring relief, such as pleasurable activities and interactions and attention from other people.

Depressive disorders as a continuum

- Depressive disorders exist on a continuum, and are classified on the basis of severity, pervasiveness, and presence or absence of mania .
- At the mildest end of the spectrum are adjustment disorders with depressed mood, which are mild, selflimited, and occur in response to a clear stressor.
- Other specified depression, which has sufficient duration (at least 2 weeks) and impairment, but fewer symptoms than major depression, also referred to as "minor" or subsyndromal depression, and is diagnosed in the presence of depressed mood, anhedonia, or irritability, and up to three symptoms of major depression.

Major depressive disorder

- Major depression requires the greatest number of symptoms, with either sad or irritable mood, or anhedonia, along with at least five other symptoms, such as social withdrawal, worthlessness, guilt, suicidal thoughts or behavior, increased or decreased sleep, decreased motivation and/or concentration, and increased or decreased appetite.

Persistent depressive disorder

- Persistent depressive disorder, which in DSM-5 replaces dysthymic disorder, is a chronic depressive condition with fewer symptoms than major depression, but lasts a minimum of 1 year.

with mixed feature

- DSM5 added a new specifier with mixed features to denote the presence of at least three manic symptoms that are insufficient to satisfy criteria for a manic or hypomanic episode.
- Youth with mixed features respond less to treatment for depression and may be at risk of developing bipolar disorder.

Disruptive mood dysregulation disorder

- The main novelty offered by the DSM-5 in its section on depressive disorders is the introduction to *Disruptive mood dysregulation disorder* (which should not be diagnosed before the age of 6 or after the age of 18).
- This disorder is characterized by frequent, severe, recurrent temper outbursts and chronically irritable and/or angry mood, both of which must be present for at least a year and cannot be accounted for by other mood disorders.

Children

- Children, when compared with adolescents, tend to be more irritable and present with low frustration tolerance, temper tantrums, somatic complaints, hallucinations, and/or social withdrawal instead of verbalizing feelings of depression.
- Children have fewer delusions and serious suicidal attempt.

- Depressed young children often go clinically undetected as they tend to not be disruptive at home or preschool/ daycare and symptoms are more "internal" (e.g., guilt and shame) and less often overtly expressed.

Preschool Children

- Younger children under the age of 6 years may present with apathy and food refusal.
- They may be miserable, cry a great deal and rock.
- Preschool depression is characterized by typical symptoms of depression such as anhedonia; changes in sleep, appetite, and activity level; and excessive guilt.

Psychotic symptom

- Psychotic symptoms are rare in younger children.
- Rarely, young patients with major depression also have psychotic symptoms such as auditory hallucinations or delusions, usually with self-derogatory, paranoid, or depressive content
- There is also a higher possibility that depressed youth with psychotic features will eventually manifest symptoms of bipolar disorder.

Irritability

Irritability has been defined as "an emotional state characterized by having a low threshold for experiencing anger in response to negative emotional events"

Irritability can encompass multiple temporal features of abnormal emotional reactivity, including a lower threshold to anger, a faster increase in anger, a higher "peak" level of anger, and a longer duration of anger

Irritability

- Intense irritability is the most common symptom prompting parents to bring a young child for mental health evaluation other than disruptive behavior.
- Irritability is nonspecific and may be a symptom of a variety of early childhood disorders, when it presents along with social withdrawal and anhedonia and/or excessive guilt, early depression should be considered.

Specific and sensitive symptom

- Anhedonia is a specific symptom and sadness/ irritability a sensitive symptom of preschool MDD. anhedonia is manifested as decreased ability to enjoy play.
- Common symptoms such as irritability and even sadness are nonspecific markers and cannot be used to differentiate preschool depression from other disorders.
- specific depressive symptoms being associated with major depression are anhedonia, excessive guilt, extreme fatigue, and diminished cognitive abilities are the most useful markers of preschool depression as distinguished from other early onset psychiatric disorders

- Sadness, irritability, and tearfulness/sensitivity are more "normative" unless that for the symptom of sadness to reach clinical significance.
- By contrast, anhedonia, low self-worth, talking about death/suicide, appetite/weight changes, and difficulty concentrating are non-normative.

"typical" and "masked" symptoms

- Depressed preschool children were found to display "typical" symptoms (such as sadness/irritability) and vegetative signs of depression more frequently than other nonaffective or "masked" symptoms.
- preschool depression is more often characterized by age-adjusted manifestations of the typical symptoms of depression than by "masked" symptoms, such as somatic complaints or aggression.

Suicidality in the Preschool Period

- children who express Suicidal ideation and behavior have a poor understanding of death and highlight the need to take preschoolers' expressions of SI/SB seriously.
- Depressed preschoolers can display suicidal ideation , including passive thoughts of one's own death, such as "I wish I were dead," or active expression of thoughts or plans to end one's life, such as "I'm going to jump out this window," as well as suicidal behaviors, such as trying to choke oneself.

Depression and anxiety

- The difference between anxiety and depression is less distinct in younger children.
- Younger children who experience problems of depression or anxiety are likely to report a general malaise.
- In subclinical level, anxiety and depression are more alike than different in younger children.
- There is evidence that anxiety disorder is a precursor of depression and treatment of anxiety may reduce the onset and recurrences of depression.

- Cognitive development plays a primary role in NA symptom differentiation.
- Later in development, specific symptoms may be attributed to specific environmental entities or may be interpreted as signs of imminent danger, which may result in specific fears or phobias and generalized anxiety, In contrast, these signals may be interpreted as a failure to effectively cope with the situation, which will eventually affect one's self-esteem and thus increase the risk for depression.

Depression in adolescence

- True depression in adolescence is opposed to a fluctuating mood, which is typically seen in adolescents experiencing hormonal changes.
- Depression is described a cluster of symptoms involving significant changes in mood, in thinking and in activity.
- These symptoms persist over a period of at least 2 weeks.
- There must be a change from the previous level of functioning, with impairment in friendships, school performance (and frequent absences from school) and other related activities.

- Depressed adolescents had significantly more hopelessness/helplessness, lack of energy/tiredness, hypersomnia, weight loss, and suicidality compared to children.
- Depressed mood may be accompanied by tearfulness and includes sadness, emptiness and/or irritability, physical complains.
- Adolescents may present with melancholia, behavioral problems (shouting ,complaining ,talk about or try to run away from home) suggestive of a conduct disorder.

Adolescents may also show the above symptoms, but they usually have more melancholic symptoms and suicide attempts.

- Substance and alcohol misuse in adolescence should also be considered.
- In comparison with children, adolescents had significantly more substance abuse and less comorbid separation anxiety disorder and attention-deficit/ hyperactivity disorder.

Depression in adolescence

- Cognitive changes can include changes in ability to concentrate and attend to school work.
- Feelings of worthlessness, self-blame and a general lack of confidence are often present.
- In severe depression the young person may feel guilty and personally responsible for any past problems.

- Cognitive development influences the symptom profile. For example, feelings of guilt, existential thinking, nihilism and morbid introspection are usually only described by older, more mature adolescents.
- Younger adolescents may show more dependent behavior with parents than usual.

Sleep and Appetite

- They also may have an atypical presentation with increased sleep patterns (hypersomnia) and weight gain.
- Sleep problems may occur in a number of different ways but will involve a change from the young person's normal pattern. there may be increased sleeping, early morning awakening or insomnia.
- The circadian systems may change in adolescent depression beyond that observed during healthy adolescent development.
- Appetite may increase, with comfort eating, or decrease ,weight loss or failure to weight gain may be noted.

Psychotic symptoms

- Psychotic symptoms are rare in younger children, they may present in adolescence.
- Psychotic depression is associated with a family history of bipolar disorder and psychotic depression. It has a poorer longer-term prognosis, with an increased risk of bipolar disorder and treatment resistance.

Main features of depression in adolescents

Physical symptoms	Difficulties with social relationships	Negative styles of thinking	Mood changes
sleep disturbance appetite disturbance inactivity ,loss of interest, apathy	social withdrawal social skills problems Social problem solving difficulties	low self-esteem helplessness hopelessness suicidal thinking	sadness misery irritability

Clinical Course and Outcome

- The median duration of a major depressive episode in clinically referred youth is about 8 months and in community samples about 1–2 months.
- Some children have a strong family history of mood disorders and high risk for recurrences, whereas others are more likely to develop behavior problems and substance abuse than depression .
- About 20%–40% of depressed youth develop bipolar disorder. Those with high risk of developing bipolar disorder seem to have more psychotic depression, family history of depression, and pharmacologically induced mania or hypomania.

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Thanks