



Depression in Children

Can Children Really Suffer From Depression?

Yes. Childhood depression is different from the normal "blues" and everyday emotions that occur as a child develops. Just because a child seems sad doesn't necessarily mean he or she has significant depression. If the sadness becomes persistent, or interferes with normal social activities, interests, schoolwork, or family life, it may indicate that he or she has a depressive illness. Keep in mind that while depression is a serious illness, it is also a treatable one.

How Can I Tell if My Child Is Depressed?

The symptoms of depression in children vary. It is often undiagnosed and untreated because they are passed off as normal emotional and psychological changes that occur during growth. Early medical studies focused on "masked" depression, where a child's depressed mood was evidenced by acting out or angry behavior. While this does occur, particularly in younger children, many children display sadness or low mood similar to adults who are depressed. The primary symptoms of depression revolve around sadness, a feeling of hopelessness, and mood changes.

Signs and symptoms of depression in children include:

- Irritability or anger
- Continuous feelings of sadness and hopelessness
- Social withdrawal
- Increased sensitivity to rejection
- Changes in appetite -- either increased or decreased
- Changes in sleep -- sleeplessness or excessive sleep
- Vocal outbursts or crying
- Difficulty concentrating
- Fatigue and low energy
- Physical complaints (such as stomachaches, headaches) that don't respond to treatment
- Reduced ability to function during events and activities at home or with friends, in school, extracurricular activities, and in other hobbies or interests

- Feelings of worthlessness or guilt
- Impaired thinking or concentration
- Thoughts of death or suicide

Not all children have all of these symptoms. In fact, most will display different symptoms at different times and in different settings. Although some children may continue to function reasonably well in structured environments, most kids with significant depression will suffer a noticeable change in social activities, loss of interest in school and poor academic performance, or a change in appearance. Children may also begin using drugs or alcohol, especially if they are over age 12.

Although relatively rare in youths under 12, young children do attempt suicide -- and may do so impulsively when they are upset or angry. Girls are more likely to attempt suicide, but boys are more likely to actually kill themselves when they make an attempt. Children with a family history of violence, alcohol abuse, or physical or sexual abuse are at greater risk for suicide, as are those with depressive symptoms.

Which Children Get Depressed?

Up to 3% of children and 8% of adolescents in the U.S. suffer from depression. Depression is significantly more common in boys under age 10. But by age 16, girls have a greater incidence of depression.

Bipolar disorder is more common in adolescents than in younger children. Bipolar disorder in children can, however, be more severe than in adolescents. It may also occur with, or be hidden by, attention deficit hyperactivity disorder (ADHD), obsessive-compulsive disorder (OCD), or conduct disorder (CD).

What Causes Depression in Children?

As in adults, depression in children can be caused by any combination of factors that relate to physical health, life events, family history, environment, genetic vulnerability and biochemical disturbance. Depression is not a passing mood, nor is it a condition that will go away without proper treatment.

Can Depression in Children Be Prevented?

Children with a family history of depression are at greater risk of experiencing depression themselves. Children who have parents that suffer from depression tend to develop their first episode of depression earlier than children whose parents do not. Children from chaotic or conflicted families, or children and teens who abuse substances like alcohol and drugs, are also at greater risk of depression.

How Is Depression Diagnosed in Children?

If the symptoms of depression in your child have lasted for at least two weeks, you should schedule a visit with his or her doctor to make sure there are no physical reasons for the

symptoms and to make sure that your child receives proper treatment. A consultation with a mental health care professional who specializes in children is also recommended. Keep in mind that the pediatrician may ask to speak with your child alone.

A mental health evaluation should include interviews with you (the parent or primary caregiver) and your child, and any additional psychological testing that is necessary. Information from teachers, friends and classmates can be useful for showing that these symptoms are consistent during your child's various activities and are a marked change from previous behavior.

There are no specific tests -- medical or psychological -- that can clearly show depression, but tools such as questionnaires (for both the child and parents) combined with personal information, can be very useful in helping diagnose depression in children. Sometimes those therapy sessions and questionnaires can uncover other concerns that contribute to the depression such as ADHD, conduct disorder, and OCD.

Some pediatricians start using mental health screens at a child's 11th year well visit and each year after.

What Are the Treatment Options?

Treatment options for children with depression are similar to those for adults, including psychotherapy (counseling) and medication. The role that family and the child's environment play in the treatment process is different from that of adults. Your child's doctor may suggest psychotherapy first, and consider antidepressant medicine as an additional option if there is no significant improvement. The best studies to date indicate that a combination of psychotherapy and medication is most effective at treating depression.

Studies show that the antidepressant Prozac is effective in treating depression in children and teens. The drug is officially recognized by the FDA for treatment of children ages 8 to 18 with depression. Other medications may be chosen if there are other coexisting illnesses contributing to the depression.

Treating Children With Bipolar Disorder

Children with bipolar disorder are usually treated with psychotherapy and a combination of medicines, usually an antidepressant and a mood stabilizer.

Antidepressants need to be used with caution, as they can trigger bouts of manic or hyperactive behavior in children with bipolar disorder. Managing a child's medication must be part of an overall care plan that includes therapy and routine primary care appointments.

The FDA warns that antidepressant medications may increase the risk of suicidal thinking and behavior in children and adolescents with depression and other psychiatric disorders.

If you have questions or concerns, discuss them with your health care provider. Additionally, if your child is placed on these medications, it is still very important to continue to follow closely with the physician and therapist.

Long-Term Outlook

Studies have found that first-time depression in children is occurring at younger ages than previously. As in adults, depression may occur again later in life. Depression often occurs at the same time as other physical illnesses. And because studies have shown that depression may precede more serious mental illness later in life, diagnosis, early treatment and close monitoring are crucial.

As a parent, it is sometimes easier to deny that your child has depression. You may put off seeking the help of a mental health care professional because of the social stigmas associated with mental illness. It is very important for you -- as the parent -- to understand depression and realize the importance of treatment so that your child may continue to grow physically and emotionally in a healthy way. It is also important to seek education about the future effects depression may have on your child throughout adolescence and adulthood.

Depression in Children: Warning Signs

Parents should be particularly vigilant for signs that may indicate that their child is at risk for suicide.

Warning signs of suicidal behavior in children include:

- Many depressive symptoms (changes in eating, sleeping, activities)
- Social isolation, including isolation from the family
- Talk of suicide, hopelessness, or helplessness
- Increased acting-out of undesirable behaviors (sexual/behavioral)
- Increased risk-taking behaviors
- Frequent accidents
- Substance abuse
- Focus on morbid and negative themes
- Talk about death and dying
- Increased crying or reduced emotional expression
- Giving away possessions

WebMD Medical Reference | Reviewed by Renee A. Alli, MD on May 3, 2018

Sources ^
SOURCE:

National Institute of Mental Health: "Depression in Children and Adolescents."

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