

Child and Adolescent Depression: Review Questions

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QUESTIONS

Choose the single best answer for each question.

Questions 1 and 2 refer to the following case study.

A 9-year-old boy has a 3-month history of depressed mood, anhedonia, and decreased interest, energy, and concentration. He often argues with teachers and with his parents, who recently divorced. Previously an honor roll student, the boy has demonstrated a recent pattern of temper tantrums and deterioration in school grades and social activities.

- 1. Which of the following is the most likely diagnosis for this patient's condition?**
 - A) Adjustment disorder
 - B) Attention-deficit/hyperactivity disorder
 - C) Major depressive disorder
 - D) Oppositional defiant disorder
 - E) No diagnosis, because behaviors are developmentally appropriate
- 2. Which of the following would be the most useful tool to diagnose a depressive disorder in this patient?**
 - A) Child Depression Inventory
 - B) Comprehensive psychiatric evaluation
 - C) Laboratory evaluation
 - D) Parental interview
 - E) Physical examination

Questions 3 and 4 refer to the following case study.

A 14-year-old girl has a 12-month history of irritable mood, hypersomnia, overeating, low energy, low self-esteem, and poor concentration. She recently verbalized feelings of self-deprecation and hopelessness to a school counselor after breaking up with her boyfriend.

- 3. Which of the following is the most likely diagnosis for this patient's condition?**
 - A) Adjustment disorder
 - B) Dysthymic disorder
 - C) Major depressive disorder
 - D) Major depressive episode
 - E) No diagnosis, because behaviors are developmentally appropriate
- 4. After informed consent is obtained from the patient and her parent(s)/legal guardian(s), which of the following classes of psychotropic medications is the most appropriate first-line treatment for this patient?**
 - A) Atypical antipsychotic agents (eg, risperidone, olanzapine, ziprasidone)
 - B) Heterocyclics (eg, amoxapine, maprotiline)
 - C) Monoamine oxidase inhibitors
 - D) Selective serotonin reuptake inhibitors
 - E) Tricyclic antidepressants

(turn page for answers)

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EXPLANATION OF ANSWERS

- (C) Major depressive disorder.** Every child or adolescent can be sad occasionally and appropriately. For a diagnosis of major depressive disorder (MDD) to be appropriate, he or she must display at least 2 weeks of pervasive change in mood, manifested by either depressed or irritable mood and/or loss of interest and pleasure. The patient must have other clinical symptoms, including significant changes in patterns of appetite, weight, sleep, activity, concentration, energy level, self-esteem, and motivation. Symptoms must represent a change from previous functioning and produce impairment in relationships or in performance of activities. Symptoms must not solely result from substance abuse, use of medications, bereavement, medical illness, or other psychiatric illness. Children and adolescents with adjustment disorders experience an excessive change in mood and impairment of functioning within 3 months of an identifiable stressor, but they do not meet full criteria for MDD. MDD is often precipitated by stressful events; therefore, even if there is a stressful precipitant, the child or adolescent who has the appropriate symptoms should receive a diagnosis of MDD and be given appropriate additional treatments.
- (B) Comprehensive psychiatric evaluation.** The comprehensive psychiatric diagnostic evaluation is the single most useful tool currently available to diagnose depressive disorders. Evaluation frequently requires separate and/or conjoint initial interviews with the patient, parents, or caregivers. Multiple interviews are usually required, as are contacts with collateral informants (eg, teachers, primary care physicians, social services professionals). Children and adolescents with depressive disorders are at high risk for suicidal behavior, substance abuse, physical illness, early pregnancy, and poor work, academic, and psychosocial functioning. Physical examination and laboratory tests, as indicated, should be part of the evaluation. Several self- and clinician-administered rating scales (eg, the Beck Depression Inventory, the Child Depression Inventory) can help ascertain depressive symptoms. However, because of low specificity, these scales are not useful for diagnosing clinical depression.
- (B) Dysthymic disorder.** Dysthymic disorder (DD) consists of a persistent, long-term change in mood that generally is less intense but more chronic than occurs in MDD. Although the symptoms of DD are not as severe as in MDD, they cause as much, or more, psychosocial impairment. The *DSM-IV-TR* criteria for early-onset and adult DD are identical, except that a

diagnosis of early-onset DD requires a 1-year duration of symptoms and a diagnosis of adult DD requires a 2-year duration of symptoms.¹ Children may have only irritable mood instead of depressed mood. Besides having a depressed mood or irritability consistently for a period of 1 year, children and adolescents must have a minimum of 2 other symptoms to receive a diagnosis of DD: poor appetite or overeating, insomnia or hypersomnia, low energy or fatigue, low self-esteem, poor concentration, difficulty making decisions, or feelings of hopelessness. In early-onset DD, no major depressive episode is present during the 1-year duration of the disturbance. Other symptoms such as feelings of being unloved, anger, self-deprecation, somatic complaints, anxiety, and disobedience have been reported in early-onset DD.¹

- (D) Selective serotonin reuptake inhibitors.** Although there are no antidepressant medications currently approved by the US Food and Drug Administration for the treatment of depressive disorders in children and adolescents, antidepressant medications should be considered in cases of non-rapid-cycling bipolar depression, psychotic depression, depression with severe symptoms preventing effective psychotherapy, and depression that fails to respond to an adequate trial of psychotherapy. Before prescribing antidepressants, clinicians should inform parents and patients about adverse effects, dosing, timing of therapeutic effects, and the danger of overdose, particularly with tricyclic antidepressants. In addition, the symbolic meaning of taking medication, which will be different for each child and family, should be addressed. Selective serotonin reuptake inhibitors are currently the antidepressants of choice to treat depressive disorders in children and adolescents because of their safety, side effect profile, ease of use, and suitability for long-term maintenance. Given the psychosocial context in which depression unfolds, pharmacotherapy is never sufficient as the sole treatment for this condition. Combined treatment (medication plus individual, family, and group therapy treatment modalities) increases not only the likelihood of mitigating depressive symptoms, but it also increases the self-esteem, coping skills, and adaptive strategies of children and adolescents with depression, as well as improving family and peer relationships.

REFERENCE

1. Diagnostic and statistical manual of mental disorders: DSM-IV-TR. 4th ed., text revision. Washington (DC): American Psychiatric Association; 2000.