

CLINICAL PEARLS – DEPRESSION

Diagnostic

- Major Depressive Disorder tends to be a pervasive condition, affecting youth in all aspects of their life. If dysfunction is seen only in one area with high functioning in all other areas, consider other explanations apart from major depressive disorder.
- Acute stressors or a traumatic experience can lead to depressive symptoms and treatment may differ and need to focus more on psychosocial interventions in such cases.
- Irritability is a common symptom seen in youth with depression. It can sometimes be difficult to differentiate irritability from depression as opposed to co-occurring conditions such as occult substance use or emerging bipolar disorder. CPAN consultation should be considered in these cases.
- Assessment of medical conditions that can present with depressive symptoms (thyroid abnormalities, anemia, chronic fatigue, autoimmune disorders, etc.) is important and should be assessed and treated. Re-assessment of depression should occur once these conditions have been treated.
- Some medical treatments can have side effects which may include mood effects, including depressive symptoms (steroids, beta-blockers, anticonvulsants, etc). In children presenting with depressive symptoms while taking medications for other chronic health conditions, consider CPAN consultation.
- Substance use and mood disorders are often intertwined. Determining whether one condition preceded the other or if the mood disorder is isolated to episodes of substance use. Support from a substance use counselor or other mental health specialist is usually required in such cases.

Risk

- Suicidal ideation with plan or intent should be referred for assessment in a crisis center or emergency department.
- Prior history of suicidal behavior or self-harm increases risk in youth for suicide.
- Psychotic symptoms presenting in the context of depression can indicate more severe illness. Command-type hallucinations of self-harm or harm to others should be referred for immediate mental health assessment in a crisis center or emergency department.
- Co-morbid substance use increases risk of suicide in youth with depression.
- Black box warnings of increased suicidal thoughts and behavior in youth are included on all antidepressants. Suicidal thoughts are also a symptom of depression, and untreated depression increases the risk for suicide in youth. Concern about the black box warning should not prevent proper treatment of depression in youth but should prompt close follow up after initiating treatment.

Prognostic

- Effective treatment of depression, including adequate duration of treatment with antidepressants, is an important prognostic factor. Refer to the CPAN treatment guidelines for information on the maintenance phase of treatment in youth with depression. (Include link to guidelines here).
- Children with prior episodes of depression appear to be at higher risk for more severe depressive episodes and a more chronic course of illness. CPAN consultation is recommended in these cases.
- Family history of mood disorders (both depression and bipolar disorder) leads to an increased risk of depression in children. A thorough family history of mood disorders is recommended in youth presenting with depressive symptoms.

Treatment

- Severity of depressive symptoms and level of functional impairment should guide treatment decisions. Mild cases of depression should be treated with psychotherapy, while moderate to severe depression responds best to combination treatment with psychotherapy plus medication management. Consider CPAN consultation for moderate to severe depression.
- FDA approved medications for depression include fluoxetine (ages 8+) and escitalopram (ages 12+), though there are cases where other antidepressants may be appropriate.
- Partial response to an adequate dose and duration of an antidepressant may require augmentation with a second agent. (Include link to treatment guidelines here). CPAN consultation is recommended in these cases.
- Two failed trials of SSRIs in youth with depression (8 weeks of treatment at adequate doses) suggests treatment-resistant depression, and CPAN consultation should be considered in these cases.
- Family history of robust response to specific antidepressants may also be considered when choosing treatment for depression in youth, though evidence-based treatments are recommended as first-line treatments.
- History of manic episodes in youth with depression will lead to different treatment recommendations. CPAN consultation is recommended in these cases.
- Pharmacogenetic testing is still considered experimental and is not recommended as a standard tool to help guide treatment.