UNDERSTANDING Depressive Disorders

The Depressive Disorders are a group of behavioral health problems in children and adolescents characterized by a sad or irritable mood.

TYPES OF DEPRESSIVE DISORDERS

MAJOR DEPRESSIVE DISORDER

The most severe of these problems – *Major Depressive Disorder* – is characterized by a period of at least 2 weeks in which there is a sad or irritable mood for most of the day nearly every day, and/or loss of interest or pleasure in nearly all activities most of the day nearly every day. The sad or irritable mood represents a distinct change from previous functioning. There also can be frequent problems with eating, sleeping, energy, and concentration, feelings of worthlessness or extreme guilt, and loss of the desire to live. To be diagnosed as a *psychiatric disorder*, the problems must cause distress and/or impair the youth's function at home, at school, or with peers. It is estimated that around 5 out of 100 youths have this disorder, more girls than boys after puberty.

PERSISTENT DEPRESSIVE DISORDER

The less severe but longer lasting of these problems – *Persistent Depressive Disorder* – is characterized by a depressed or irritable mood for most of the day, more days than not, for at least 1 year. There also are problems with eating, sleeping, energy, and concentration, feelings of hopelessness, and low self-esteem. To be diagnosed as a *psychiatric disorder*, the problems must cause distress and/or impair the youth's function at home, at school, or with peers. It is estimated that around 1 out of 100 youths have this disorder, equal in boys and girls.

DISRUPTIVE MOOD DYSREGULATION DISORDER

A newly identified type of depressive problems is called *Disruptive Mood Dysregulation Disorder*. This problem is characterized by persistent angry or irritable mood most of the day, nearly every day. The angry/irritable mood is punctuated by severe, repeated temper outbursts involving verbal and/or physical aggression that are greatly out of proportion to the precipitating situation, are not typical of other same-age children, and occur at least 3 times a week. The angry/irritable mood and temper outbursts must be present for at least 1 year, and must occur in at least 2 of 3 settings (e.g., at home, at school, with peers). In at least 1 of these settings, the outbursts must be severe. It is estimated that around 3 of 100 youths have this disorder, more boys than girls.

UNSPECIFIED DEPRESSIVE DISORDER

If some of the above problems are present, but not enough to diagnose a specific psychiatric disorder, or if the clinician does not have enough information to be certain about the specific diagnosis, the disorder is called *Unspecified Depressive Disorder*.

DIAGNOSIS

Qualified mental health professionals experienced with children (child and adolescent psychiatrists, child psychologists, child-trained social workers, counselors, clinical nurse specialists) are best trained to accurately diagnose the depressive disorders. The evaluation for these diagnoses typically takes several hours, and requires input from multiple people who know the child. The diagnosis is based upon the findings from interviews, questionnaires, and a mental status examination. There are no blood tests or other medical tests to diagnose these disorders.

CAUSE

In simple terms, Depressive Disorders are caused by a difference in the structure and function of the brain that controls the intensity of sad and angry moods. Vulnerability to the development of Depressive Disorders can be inherited from members of the family tree. Often there is something in the youth's environment that triggers the sad or angry feelings, such as a poor relationship with a parent or loss of loved ones.

TREATMENT

An effective treatment for the Depressive Disorders is cognitive behavioral ***psychotherapy*** to help the youth learn how to cope with sad and angry feelings. These coping skills include learning how to identify and talk about feelings, how to stop thinking automatic negative thoughts, how to find activities that are soothing and comforting, how to discover and appreciate good things about themselves, and how to build hope for the future.

If environmental (e.g., parental, family, school) circumstances are triggering the sad or angry feelings, it also is important to improve these circumstances if at all possible, to increase the chance of a successful treatment. Positive parenting training or family therapy are good ways of improving parent-child and family relationships, which in turn can lessen the youth's sad or angry feelings.

If the Depressive Disorder has not responded to therapy or is more severe (for example, if the youth is thinking about wanting to die or has lost most ability to function), then antidepressant medication (typically ***selective serotonin reuptake inhibitors*** or SSRIs) may be used as an additional treatment. Antidepressant medication may help the youth feel more motivated to work on coping skills in therapy.

If the child has another behavioral health problem in addition to a Depressive Disorder, treatment must include treatment of the other disorder at the same time.

COURSE

The Depressive Disorders respond well to the above treatments when delivered by qualified behavioral health professionals. The most serious outcome of untreated Depressive Disorders is death by suicide. Untreated Depressive Disorders also can cause disrupted relationships with parents and other adults and with peers, failure in school and involvement in risky behaviors. In adulthood, untreated Depressive Disorders can lead to difficulties with relationships and employment, substance use, anxiety, and physical illness.

This information was developed by Heather J. Walter, MD, MPH.