Depression and Anxiety in the Child and Adolescent Population

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Conflict of Interest

- Joanne Bartlett has no conflict interests to report
- Grace Wlasowicz is a paid speaker for Allergan

Objectives

- Describe the incidence and prevalence of mental illness in the child and adolescent population.
- List signs and symptoms of depression and anxiety in the child and adolescent population using case study vignettes.
- Discuss the medication management of depression and anxiety in the child and adolescent population using case study vignettes.
- Discuss evidence based resources available for NP's treating at risk youth.
Prevalence

ADHD, behavior problems, anxiety, and depression are the most commonly diagnosed mental disorders in children:

- 9.4% of children aged 2-17 years (approximately 6.1 million) have received an ADHD diagnosis.
- 7.4% of children aged 3-17 years (approximately 4.5 million) have a diagnosed behavior problem.
- 7.1% of children aged 3-17 years (approximately 4.4 million) have diagnosed anxiety.
- 3.2% of children aged 3-17 years (approximately 1.9 million) have diagnosed depression.

Worldwide Data from a Meta analysis

Any anxiety disorder, 6.5% (CI 95% 4.7–9.1)
Any depressive disorder, 2.6% (CI 95% 1.7–3.9)
Major depressive disorder, 1.3% (CI 95% 0.7–2.3)
Attention-deficit hyperactivity disorder, 3.4% (CI 95% 2.6–4.5)
Any disruptive disorder, 5.7% (CI 95% 4.0–8.1)
Oppositional defiant disorder, 3.6% (CI 95% 2.8–4.7)
Conduct disorder, 2.1% (CI 1.6–2.9).
Case Vignette
Susan is a 15 year old white female who presents with one month of depressed mood, trouble falling asleep and staying asleep, irritability, fatigue, decreased appetite, weight loss, social withdrawal, school avoidance and some superficial cutting on her legs. She discloses that she is being bullied on social media. Stating to the NPP “I don’t care about anything anymore. I just want to die.” Parents are extremely anxious about their daughter. She is interviewed alone with parent permission and the parents are invited into the appointment during the last 15 minutes.

What treatment would you provide?
Medication treatment for MDD
SSRI
SNRI
NDRI
Atypical antidepressant
Medication for Anxiety
Hydroxyzine
No Benzo’s
Sleep
Melatonin, Hydroxyzine, Trazodone
Referral??
Case Vignette

Joey is an 8 year old African American boy. He presents with sleep disturbance, poor school performance, hyperactive and disruptive behavior at school, difficulty separating from mother and school avoidance. He was started on Concerta by his pediatrician for ADHD. He is tearful and dysphoric and states, “I am afraid to go to sleep at night.” “He is worried his mother is going to die.”

What treatment would you provide?

Medication treatment for ADHD and Anxiety
SSRI
Medication for Anxiety
Hydroxyzine
No Benzo’s
Stimulant treatment
Often not tolerated when anxiety is prevalent. Treat comorbid conditions concurrently
Consider non stimulant treatment: Guanfacine, Clonidine
Sleep
Melatonin, Hydroxyzine, Trazodone
Referral??

Reducing sleep disturbance in depression

- Sleep disturbance is a risk factor and a potential warning sign of suicide risk.
- Bedtime access to and use of a media device is significantly associated with inadequate sleep quantity, poor sleep quality, and excessive daytime sleepiness. Carter (2016)
  - Sleep hygiene
  - Reducing media at night
  - Exercise

Medication options: Melatonin, Hydroxyzine, Trazodone, Clonidine, low dose Seroquel. No Benzos!
Important Variables To Consider

• Suicides among males 12.4% increase and 21.7% among females in 2017
• Increase in hanging method of suicide was 26.9%

Social media bullying: Kwon (2019) Adolescents who were cyber victimized were more likely to suffer from poor sleep quality, which in turn led to a higher level of depression.

Exercise: https://www.helpguide.org/articles/healthy-living/the-mental-health-benefits-of-exercise.htm

Family structure and dynamics (another presentation TBA)

Important Variables To Consider

Psychopharmacology Guidelines in Treatment of Depression
• First line: Fluoxetine
• Second line: Sertraline, Escitalopram, Citalopram
• Third line: Referral to Psychiatry- venlafaxine, bupropion, duloxetine

“Start low and go slow” to avoid unwanted side effects and improve treatment adherence.

Pharmacogenetic testing: Consider testing for refractory depression, to avoid polypharmacy, lowering the rate of side effects.
• Switching to a genetically optimal med can improve patient response and minimize side effects

Treatment Resources

Child and Adolescent Practice Parameters: www.aacap.org

CAP PC: You can log on and talk to a psychiatrist 5 days a week http://www.nysaap.org/pdf/CAPPCOverview.pdf

Project Teach: https://projectteachny.org/
• Funded by NYS OMH
• Available at no cost to PCP/Pediatricians across NYS
• “To strengthen and support the ability of New York’s pediatric primary care providers (PCPs) to deliver care to children and families who experience mild-to-moderate mental health concerns.”
• Rating scales
Complementary and Alternative Therapies

- Omega 3's
- Vitamin D
- Magnesium
- Exercise
- Chamomile Tea: Modest anxiolytic activity in patients with mild to moderate GAD.
  Amsterdam, J.D. (2009)
- Art Therapy
- Yoga
- Mindfulness based stress reduction
- Light therapy
- Dawn Simulators

Therapy Modalities

Strength based Innovative Care
- Mindfulness skills
- Narrative Therapy: Teens work individually with clinician to generate a strength-based recovery narrative, which they are then encouraged to share with their family
- Family Movie Therapy: Used engaging movies as a therapeutic prompt to facilitate improved communication skills adolescent patients and among their family members
- Animal Assisted Therapy
- Collaborative Problem Solving
- Dialectical Behavioral Therapy for Adolescents
- Distress tolerance, Emotion regulation, Mindfulness

In closing

"It's easier to build strong children than to repair broken men" Frederick Douglass
References


