

ADOLESCENT DEPRESSION

What we know,
what we look for,
and what we do.



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The word depression is used to mean many different things. If asked, most people would say that they have felt “depressed.” What most mean by this is that they have felt sad. Sadness is a universal feeling, and everyone will experience some intense periods of sadness with grief. Not everyone, however, will experience a clinical depression. Sadness or depression is just one symptom of a depressive illness. In adolescents, irritability is often a more common symptom of a depressive illness than sadness. One could think of the feeling of sadness or irritability as depression with a little “d” and the medical illness as depression with a capital “D.” The medical illness, Depression, is a combination of symptoms including change in mood, physical symptoms like changes in sleep, energy and appetite, and a person’s degree of confidence. These symptoms coming together and staying are what defines a Depression.

DEPRESSION: A FEELING OR AN ILLNESS?

- depression: a feeling of sadness
- Depression: a medical illness with particular symptoms

This booklet is designed to provide information about the illness of Depression, with a particular focus on Depression in adolescents. Detailed below is what we currently know about the illness of Depression, what to look for and how to identify the signs of Depression, as well as the treatment options that are currently available.



What We Know: Depression is a common medical illness

Common

At least 5% of adolescents, roughly 1 in 20 teenagers, will experience an episode of Major Depression, making it one of the most common medical illnesses young people face. Prior to puberty, males and females report similar rates of Depression. During and after adolescence, females begin to show higher rates of the illness, nearly two to one.

Depression is associated with increased risks of substance abuse, unemployment, early pregnancy, and educational underachievement. Suicide, the most serious risk of the illness, is the third leading cause of death in 15-24 year olds and the second leading cause of death among college students. There is a clear link between Depression and suicide. Thankfully, suicide is a relatively rare consequence of Depression. While suicide is a terrible tragedy, for every student who dies from suicide, there are 500 students suffering with Depression. Consequently, it is critical that anyone suffering from Depression be recognized and treated.

PEOPLE WITH DEPRESSION

- Abraham Lincoln
- Mike Wallace
- Halle Berry
- Sally Field
- Florence Nightingale
- George Washington
- JP Morgan
- Brooke Shields
- Larry King
- Ray Charles
- Ellen Degeneres

Medical Illness

There are a number of reasons Depression is considered an illness. First, it has a recognizable cluster of symptoms. With any medical condition, doctors look for a combination of symptoms to make a diagnosis. They need to distinguish a particular symptom from a clinical syndrome, which is a combination of symptoms that characterize a specific condition.

Consider the symptom of a cough. Coughing may be associated with many medical conditions including allergies, colds, pneumonia or cancer. To distinguish the cause, physicians must identify the other symptoms accompanying the cough. By learning that someone with a cough also has a high fever, has been coughing up sputum, and has a change in breathing, a doctor can differentiate pneumonia from a cold.

HOW WE KNOW DEPRESSION IS AN ILLNESS

- It has a cluster of identifiable symptoms
- It can affect anyone; no one is immune
- It runs in families
- It is linked to parts of the brain
- It is treatable

The same is true for Depression; by examining a person to identify other changes that accompany a depressed mood, those with a depressive illness can be distinguished from those experiencing sadness. Moreover, a person who has Depression will have the same clinical syndrome as other individuals with the disorder. Just as the same symptoms occur in different people with pneumonia, the same symptoms occur in different people with Depression. While the details of the symptoms often vary among individuals, the same patterns can be traced across individuals, cultures, and time periods.

Next, there is strong evidence that there is a genetic component to Depression. Depression runs in families. The stronger the family connection (for example a sibling rather than a cousin), the greater the chance that another family member will have similar symptoms. Through family, adoption, and twin studies, researchers have located genes which appear to play a role in increasing one's risk for Depression.

Finally, there is some evidence that particular parts of the brain are linked to the illness of Depression. One example is that having a stroke in the left front of the brain rather than the right has been associated with



higher rates of developing Depression following the stroke. Another example is that illnesses that affect the central nervous system (which includes the brain) result in higher rates of Depression while illnesses that impact the peripheral nervous system (which does not include the brain) do not.

The exact biological cause of this illness has not yet been identified. However, the neurotransmitters serotonin and norepinephrine seem to play an important role. Depression is often treated with medications that impact these brain chemicals. The effectiveness of these treatments supports the theory that these chemicals play an important part in the illness of Depression. As more is understood about the exact biological causes of Depression, treatments can hopefully be refined.

Misunderstood

Despite being one of the most common medical illnesses adolescents face, Depression is often misunderstood. Although treatable, Depression remains largely underreported by teens with studies finding that it often takes several years before depressed adolescents and children receive appropriate treatment. This treatment gap is in part due to stigma. Unlike other chronic medical conditions such as allergies, asthma, or diabetes, Depression is often viewed as a lack of willpower rather than a medical illness. Adolescents suffering from Depression may hesitate to share information about their illness or treatment for fear of being judged or ostracized.

Handling the stigma surrounding Depression is a personal decision which depends greatly on one's own circumstances. That said, stigma is often rooted in a lack of knowledge about the illness. Education is an important step in demystifying the illness of Depression and helping someone get the appropriate treatment.



What We Look For: Symptoms of Depression

The symptoms of Depression can be grouped into three areas: those that affect mood, those that affect physical symptoms, and those that affect self-attitude. It's important to remember that the symptoms represent a change from one's usual feelings and behavior. For example, if someone is typically introverted and not engaged in many activities, this would not necessarily be a sign of Depression. On the other hand, it might be of concern when someone who is usually very involved and social begins withdrawing from people and activities.

SYMPTOMS OF DEPRESSION

- Sad, low, or irritable mood or feeling nothing
- Decreased interest or pleasure in activities
- Change in appetite or weight
- Sleeping more or less than usual
- Feeling restless or slowed down
- Fatigue or loss of energy
- Feelings of guilt or worthlessness
- Decreased concentration
- Sense of hopelessness
- Substance abuse
- Recurrent thoughts of death or suicide

Changes in Mood

There are a number of mood changes that occur in Depression. Some people feel sad or low, some feel irritable, while others feel nothing at all. It's important to note that teenagers with Depression often feel irritable or cranky as opposed to sad or low.

In addition to a change in one's usual mood, a hallmark of Depression is the inability to feel joy. Lack of enjoyment can lead to decreased interest in pleasurable activities and a change in a young



person's behavior. For example, if spending time with friends or playing soccer is no longer fun, a teen's motivation to participate usually decreases.

Changes in Physical Symptoms

Depression may affect appetite, weight, sleep, and energy. People can experience an increase or a decrease in appetite or weight. The same can be true for sleep. While some people have trouble falling asleep or waking up early, others sleep far more than usual. It may also be the case that while someone is sleeping more than usual, they are not getting good sleep and are still fatigued. Having little or no energy can make everyday activities like showering exhausting. This lack of energy may subsequently manifest in behavior change. For example, the person may stop grooming altogether.

DEPRESSIVE SYMPTOMS COMMON IN ADOLESCENTS

- Irritable mood
- Anhedonia: enjoying nothing
- Sense of hopelessness
- Social isolation and dropping out of usual activities (change from baseline)
- Physical complaints
- Substance abuse
- Anxiety symptoms: separation, social, panic attacks

Teenagers may also have periods of feeling very restless or agitated. During these times, they may experiment with drugs, alcohol, self-injury, or eating disorder behaviors. If people in depressive episodes find that certain behaviors change how they feel, even if the effect is temporary, they often develop a regular habit of these destructive behaviors. Certainly teenagers without a mood disorder use drugs and alcohol or have eating disorders, but if both are present they can have a negative synergy.

Teenagers' ability to think is affected by Depression as well. Adolescents may describe feeling distracted,

being unable to focus, or feeling as though their minds wander. They may also demonstrate decreases in concentration and an inability to follow through with tasks. For example, it may take an individual who is depressed double or triple the amount of time to read a book as it normally would. This decrease in concentration makes finishing schoolwork and other tasks particularly challenging. These changes are often first noticed by teachers who identify a change in performance and a drop in grades.

Changes in Self-Attitude

The self-attitude change in Depression manifests as a loss of confidence and a loss of self-esteem. These changes may lead to teenagers feeling that they are worthless and believing that they have very little to contribute. Judgment may be impaired resulting in poor choices. For example, a student who feels they have no future may not apply to college or may drop out of school. A high school athlete who feels that they can no longer do anything right may quit the sport's team.

With more severe Depression, teenagers may have strong guilt feelings or believe that they are burdens to their family. The most serious symptom of Depression is suicidal thinking. Since Depression can distort the thoughts of people with the illness, they may believe that their families would be better off without them. This possibility of suicide makes Depression a potentially fatal illness.

Making the Diagnosis of Major Depression

Several of the symptoms of Depression may seem "normal;" most people have experienced at least one or two of them at some point in their lives. However in a depressive illness, there is a clustering of symptoms which last for a sustained period of time and which interfere with an individual's well being and functioning.

To make the diagnosis of Major Depression, the term for an episode of depressive illness, five or more of the symptoms must be present for at least two weeks. One of the symptoms must be a change in mood (to depressed or irritable) or the loss of interest or pleasure in usual activities. In addition, to make a diagnosis, the symptoms need to cause clinically significant distress or impairment in



social, academic, or emotional functioning. Social impairment could include withdrawing from friends and family or a shift in one's social network. Academic impairment may manifest as a drop in school performance and grades or a student taking longer to complete school work. Emotional impairment may be characterized by excessive crying or irritability or the feeling of being "out of it."

MAKING THE DIAGNOSIS OF MAJOR DEPRESSION

- Five or more symptoms for two or more weeks
- At least one symptom must be change in mood or the loss of interest or pleasure in usual activities
- Symptoms cause clinically significant distress or impairment in functioning: socially, academically, or emotionally

The real key is to look for a change in someone's mood and behavior. Not all depressive symptoms are noticeable to others and some individuals are very good at hiding their symptoms. It may also be the case that a student is managing to keep their grades up in school but is exhausted and struggling at home or is withdrawing from friends. It is important to consider all areas of functioning which is why part of the evaluation process is talking with teenagers to identify changes they have experienced in all facets of their lives.

What We Do: Treatment

Early treatment may significantly decrease the number and severity of recurrent depressive episodes. There are many options available to young people and their families. Depression is typically treated with a combination of antidepressant medication and psychotherapy. Supplemental treatments and activities can also be important.



Medications

The antidepressant medications prescribed for adolescents are the same medications used to treat adults, but are often started at lower doses which are increased more slowly. The most common group of antidepressants prescribed for teenagers is the Selective Serotonin Reuptake Inhibitors (SSRIs). These include medications such as Prozac, Zoloft, Paxil, Luvox, and Celexa. There are many other antidepressants which are possible options for the treatment of depression and the choice of an antidepressant should be tailored for each person.

Currently only two of the antidepressants, Prozac and Lexapro, are approved by the U.S. Food and Drug Administration (FDA) for the treatment of Major Depression in children and adolescents. However, other medications are often recommended based on the individual situation. It is very important to have a physician who is experienced in treating Depression in adolescents directing the care and making very individualized recommendations for each person.

TREATMENT OF MAJOR DEPRESSION

- Medications: antidepressants
- Individual psychotherapy
- Education and support
- Family therapy
- Individual responsibility
- Family involvement and/or family therapy
- Control of negative behaviors: alcohol abuse, substance abuse, eating disorders, and cutting

Psychotherapy

Individual psychotherapy gives teenagers an opportunity to discuss the stresses that may have triggered the illness as well as the challenges raised by having Depression. In addition to individual talk therapy, families may benefit from sessions involving the entire family. Every member of a family is affected when someone has Depression; the family may need to discuss ways to handle the challenges that come with the illness.



Other Treatments

As with any medical illness, education and support are essential elements of a treatment plan. When someone is diagnosed with Diabetes, understanding new medications and learning about diet and lifestyle changes are critical to getting and staying well. The same is true for Depression. Teenagers need to learn about their illness, treatment, and important lifestyle changes that support recovery. Personal responsibilities such as taking one's medications, avoiding harmful behaviors, eating well, and working to normalize sleep are important as is asking for help and support from family, friends, and teachers. Exercise and maintaining a regular schedule are also practical ways to support recovery.

Untreated Depression

The most serious risk of untreated Depression is the potential for suicide. In studies of completed suicide, approximately 90% of these individuals had a psychiatric illness identified during a post-mortem investigation, and Depression was the most common illness identified. Treatment of the underlying psychiatric condition is critical for suicide prevention.

While suicide is the most tragic result of untreated Depression, those who never attempt suicide suffer significantly and are at risk for other serious consequences. Teenagers have many developmental tasks: to learn in school, to establish their independence, to begin dating and forming a variety of relationships, to think about long term plans, and to find a first job. If teenagers have Major Depression, they will not be able to accomplish these tasks.

On average, an episode of untreated Major Depression lasts between seven and nine months. For an adolescent, this is an entire school year. If a student's concentration is so affected that the student has trouble reading a novel, the student is likely to turn in the book report or paper late or not at all. Since the primary "work" of an adolescent is school, decreased school performance is a common "red flag" for Depression resulting from a lack of motivation, decreased concentration, and low energy.

Other consequences include a teenager's new or more intensive experimentation with alcohol or drugs. The impact of drugs and alcohol can be devastating and the treatments for Depression may not be effective if someone continues to use drugs and alcohol. Feeling miserable all day every day has an impact on the choices teenagers make. It is difficult to "just say no" when one feels miserable. Treatment of Depression must include control of alcohol and drug abuse or other destructive behaviors such as self-injury, restricting food or binge eating and purging.

The Role of Families, Teachers and Counselors

If you suspect that a teenager is Depressed, the key is to help him or her get into treatment. Teachers, counselors, and coaches may notice changes in academic performance or attitude. It may be good to discuss these changes with the school counselor. If the counselor has heard about changes in multiple classes, or from a coach or activity advisor as well, there is even more reason for concern. The counselor should discuss the concerns with not only the student but also the parents so they can act on the recommendations.

Counselors may fear labeling students and teenagers may fear being labeled. However without the diagnosis, a depressive illness may go untreated with serious consequences. The goal of making the diagnosis is to recommend treatment and to give a prognosis. Once a diagnosis is made, specific information about the expected course of the illness and the treatment options can be discussed.

The first step is an evaluation by a trained health care professional. Both students and their parents need to be educated about the illness and the treatment options. As some people do not think of Depression as a treatable medical condition, they may not feel that formal evaluation and treatment are necessary. A case must be made which stresses the risks of not treating the illness.

Throughout the evaluation and treatment process, parents, teachers, and counselors are essential. Counselors and teachers may need to help students



in school—adjusting schedules or providing additional support. Families can help adolescents learn about their illness, follow treatment plans, and maintain a schedule that supports recovery. Most importantly, they provide support and encouragement through what can be a challenging time. Having a network of people who are knowledgeable about the illness and willing to help and to lend support can make an enormous difference when getting well.

The Bottom Line

Depression is one of the most common illnesses affecting teenagers. However, it is often missed. Parents can support their children by learning about the signs and symptoms of the illness and by being open to treatment. Because the symptoms overlap with common life experiences such as feeling sad or having changes in energy or sleep, it is very important to be open to discussing even minor concerns with teenagers to distinguish minor changes from more serious ones.

THE BOTTOM LINE IS THAT DEPRESSION IS A TREATABLE MEDICAL ILLNESS

Untreated Depression is associated with a number of serious consequences including suicide. Thankfully, most teenagers respond well to treatment. Adolescents with Depression can get well, but they need to have the illness recognized and treated to avoid suffering unnecessarily. If you have any concerns, please talk with the teen or others (teachers, counselors, advisors) who know the teen well. Below are a number of resources to facilitate getting more information about Depression.

Resources

The Johns Hopkins Department of Psychiatry and Behavioral Sciences

Provides psychiatric services, consultation clinics, inpatient units, and day hospitals

www.hopkinsmedicine.org/psychiatry/index.html

Most Commonly Asked Questions About Teenage Depression & Bipolar Disorder

A resource for adolescents, parents, and counselors that addresses the most common questions about mood disorders in young people

Sallie P. Mink, R.N., B.S. and
Paramjit T. Joshi, M.D. (2007)

National Institute of Mental Health (NIMH)

Provides up to date facts about mental health issues and research

www.nimh.nih.gov

National Alliance for the Mentally Ill (NAMI)

An organization for mental health consumers and their families, offering education, support groups, and advocacy opportunities

www.nami.org





The Adolescent Depression Awareness Program (ADAP) educates high school students, teachers, counselors, and parents about adolescent depression. Through education, ADAP increases awareness about depression and bipolar disorder while decreasing the stigma associated with mood disorders.

www.hopkinsmedicine.org/psychiatry/specialty_areas/moods/ADAP/



David Raymond Price
F O U N D A T I O N

The David Raymond Price Foundation increases awareness of depression among youth through education.

www.drpf.org