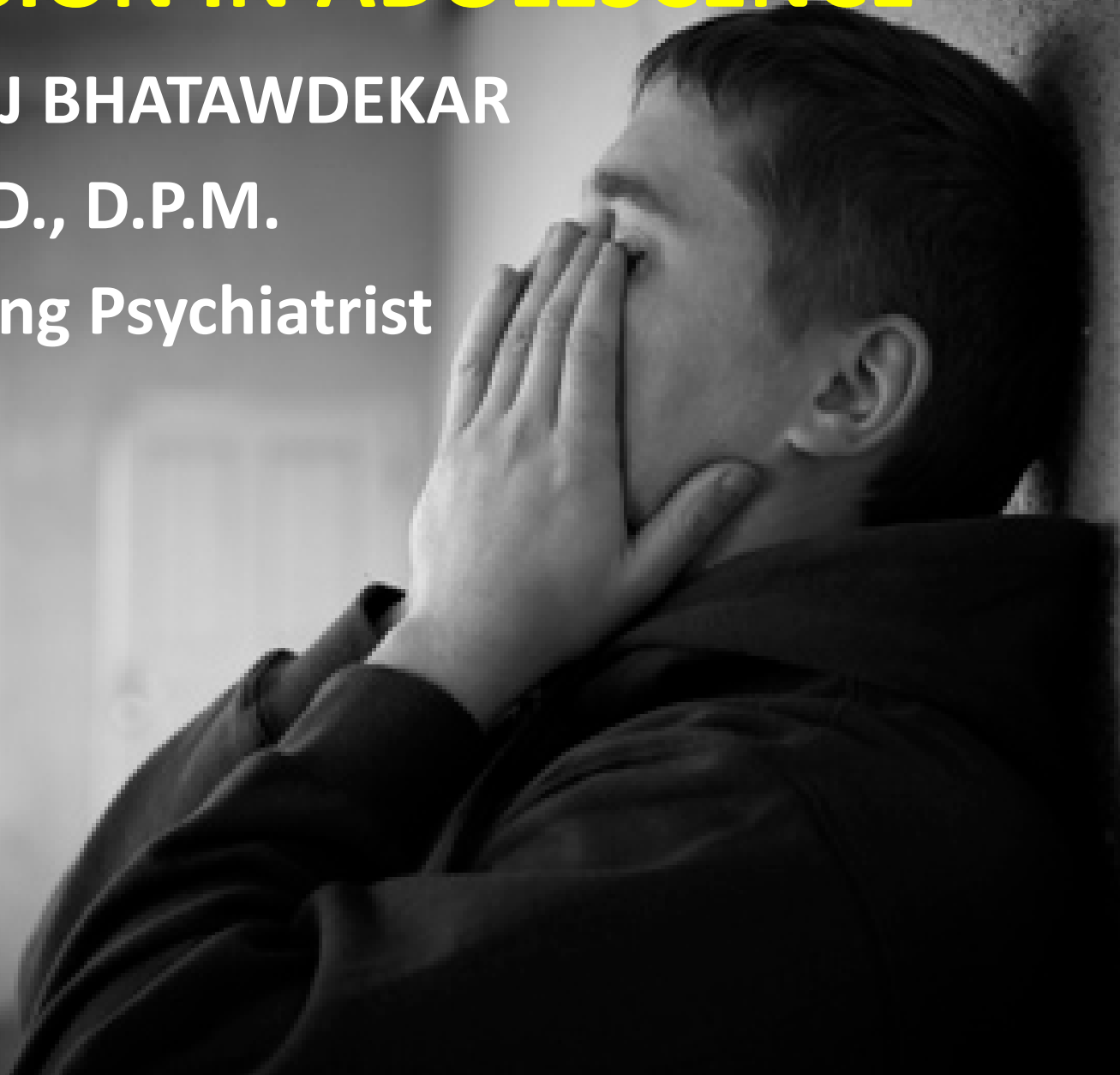


DEPRESSION IN ADOLESCENCE

DR. MANOJ BHATAWDEKAR

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Consulting Psychiatrist

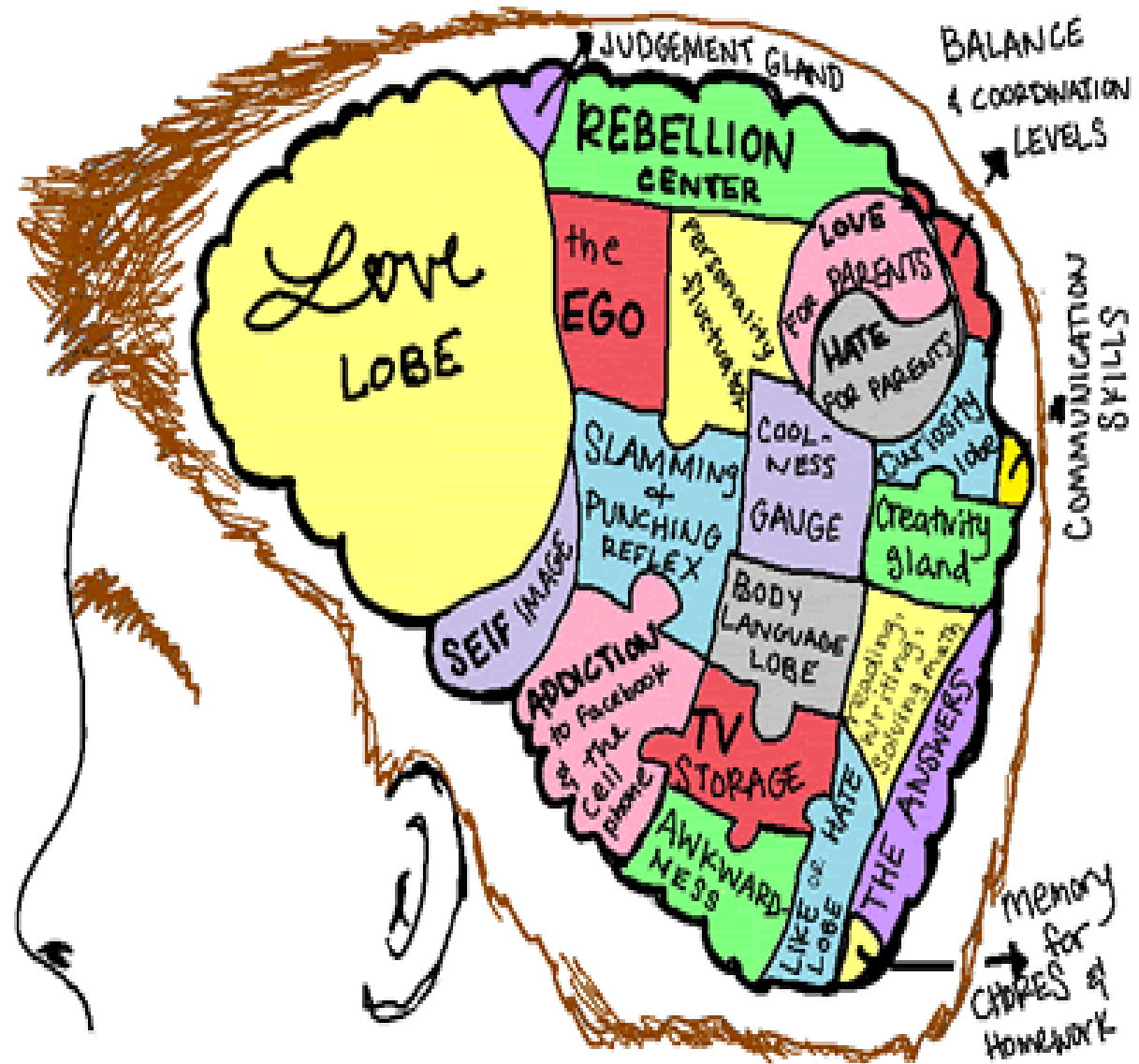


What is adolescence?

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THE AVERAGE TEENAGE BRAIN





Exams

are

BULLSHIT !!!



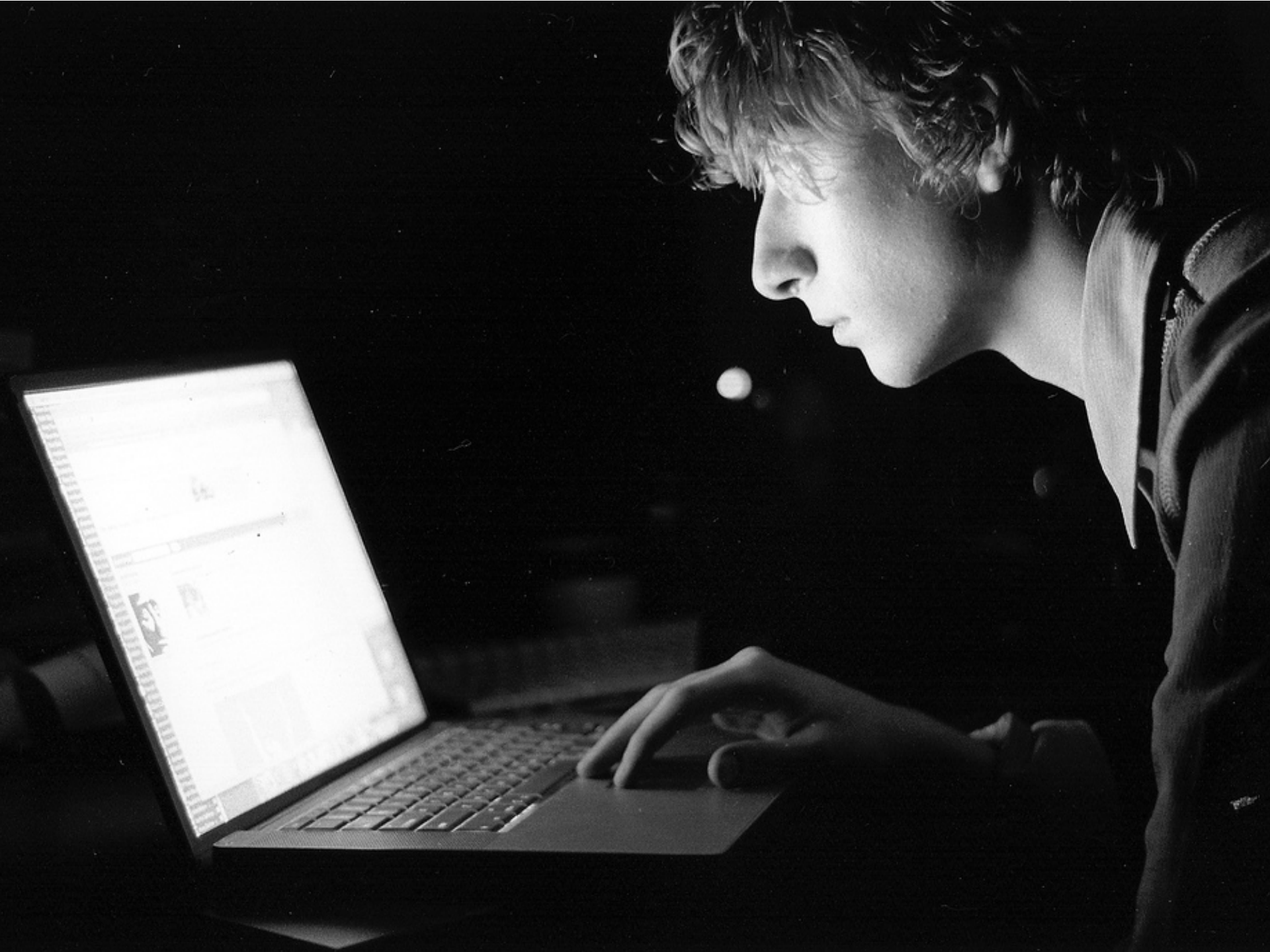




SOFTCORE
EROTIC
HARDCORE
SEXY
FILM
BANG
FETISH
PORNOGRAPHIC
UNDERGROUND
SEX
GAY
SEXUAL
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AMATEUR
THUS
LEGALLY
POPULAR
ACTORS
DON'TS
X-RAY
VIOLATE
RECORDING
SEXUAL
LAW
PROFESSOR
ALWAYS
COUNTERPART
DOWNLOADED
CONSULT
LITERATURE
AESTHETIC
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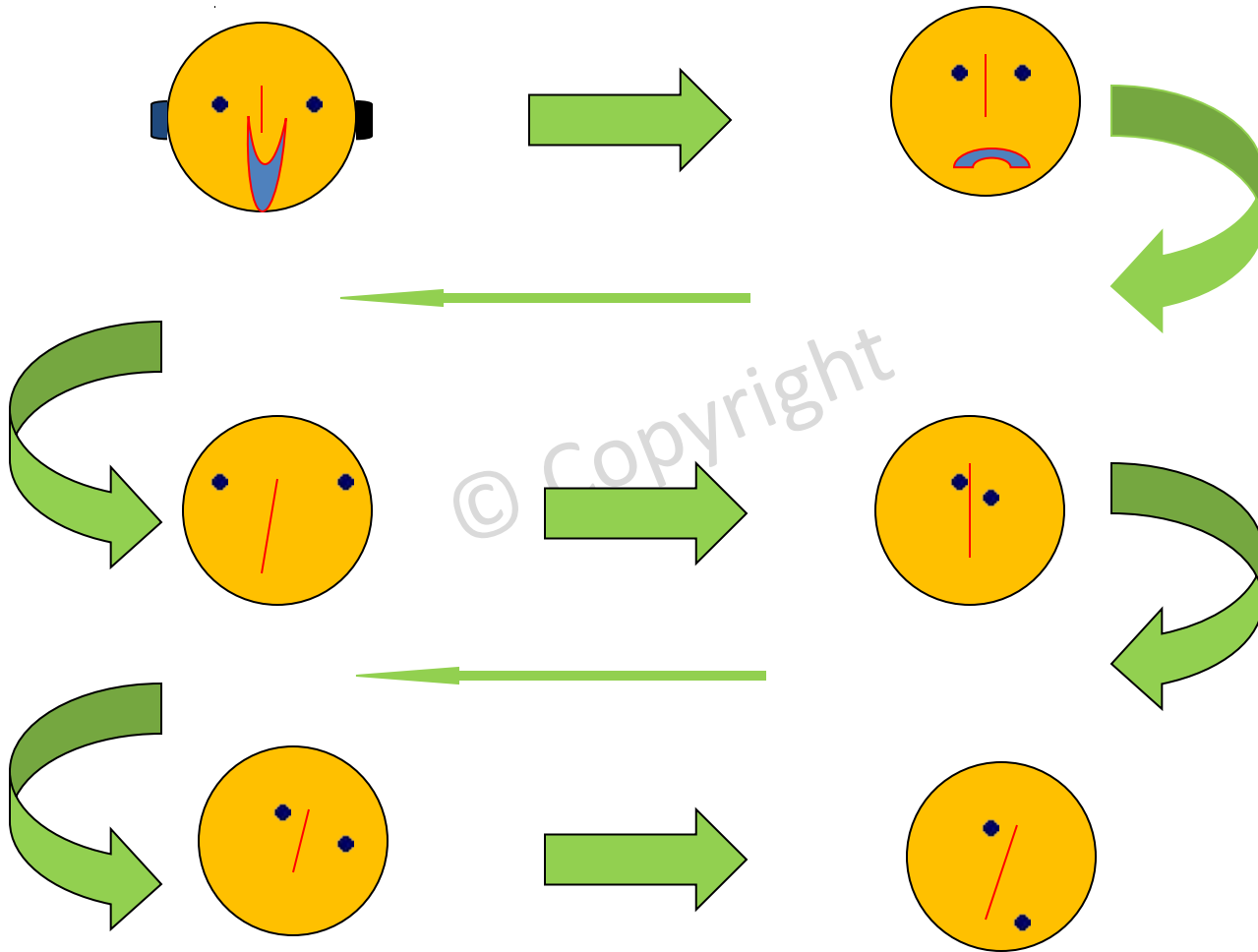


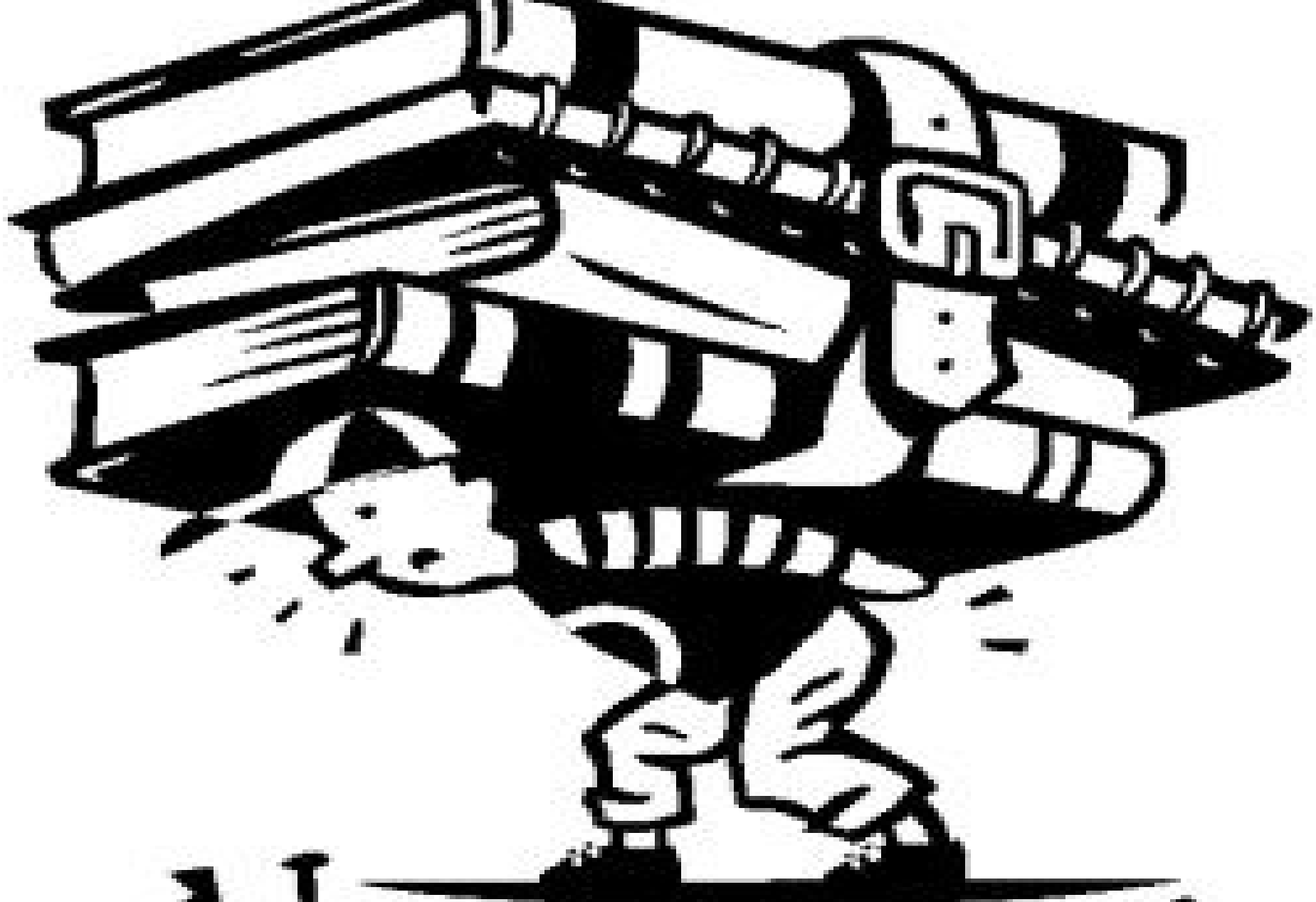






THE JOURNEY OF A CHILD INTO TEENAGE





Homework

- **Why is the diagnosis of depression in adolescence important?**
- **Why is the diagnosis of depression in adolescence difficult?**

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DIFFERENTIAL DIAGNOSIS

- **ADHD**
- **Bipolar disorder**
- **Anxiety disorder**
- **Post traumatic stress disorder**

Case 1

A 16 year old boy studying in the 11th std

- **Is rude to parents**
- **Gets bored with studies**
- **Spends time out with friends most of the time**
- **Eats out more often than at home**
- **When at home seen with his mobile or laptop most of the time**
- **Refuses to socialise when there are guests at home**

Case 2

A 17 year old girl is

- **Irritable, picks up fights with parents**
- **Cries and sulks often**
- **Says that her parents do not understand her needs**
- **Fights with parents about going out with friends at night and is stopped by them often**
- **Does not want to study till the last day before exams**

Case 3

A 17 year old boy studying in the 12th std

- **Has become quiet, is lost in his own thoughts**
- **Prefers to be alone**
- **Has recently had a break up with his g.f.**
- **Has lost his motivation in studies and says he wants to take a drop this year**
- **Does not sleep well at night**
- **Feels like drinking often**

Case 4

An 18 year old girl doing her 1st M. B. B. S.

- **Cries very often and feels sad**
- **Is irritable and gets angry very frequently**
- **Gets up in the middle of the night and is unable to sleep again**
- **Does not eat well**
- **Has lost weight**
- **Cannot concentrate on studies**
- **Feels hopeless, helpless, worthless**
- **Feels like ending her life**

RISK AND PROTECTIVE FACTORS

Indian study

- **Similar to international findings-**
Female gender, academic difficulties, parental fights, strained familial relationships, school absenteeism, school dropout and other school related factors
- **Context specific factors-**
Mother's working status, studying in Government institutions or belonging to a nuclear family as risk factors and praying as a coping skill, parental involvement as a protective factor for psychiatric disorders

<http://dx.doi.org/10.1016/j.ajp.2014.11.007>

RELATION TO ACADEMIC STRESS

Adolescents who had academic stress were at 2.4 times (95% CI=0.9-2.4) ($P<0.001$) higher risk of depression than adolescents without academic stress.

Jayanthi, P., Thirunavukarasu, M. & Rajkumar, R. Indian Pediatr (2015) 52: 217. doi:10.1007/s13312-015-0609-y

DIAGNOSES- BASED STUDY

- Ranging from mild to extremely severe, depressive symptoms were present in 18.5% of the population, anxiety in 24.4%, and stress in 20%. Clinical depression was present in 12.1% and generalized anxiety disorder in 19.0%. Comorbid anxiety and depression was high, with about 87% of those having depression also suffering from anxiety disorder.
- Detecting depressive, anxiety, and stress-related symptoms in the college population is a critical preventive strategy, which can help in preventing disruption to the learning process. Health policies must integrate young adults' depression, stress, and anxiety as a disorder of public health significance.

Sahoo, Saddichha BA, MBBS, DPM, MD*; Khess, Christoday R. J. MD†

Journal of Nervous & Mental Disease: [December 2010 - Volume 198 - Issue 12 - pp 901-904](#)

DEPRESSION SCREENING USING SMARTPHONE CROSS- COUNTRY

- **Smartphone apps can be used to deliver a screening tool for depression across a large number of countries. Apps have the potential to play a significant role in disease screening, self-management, monitoring, and health education, particularly among younger adults.**

**Nasser F BinDhim,Ahmed M Shaman, Lyndal Trevena, Mada H Basyouni, Lisa G Pont,Tariq M Alhawassi
J Am Med Inform Assoc (2015) 22 (1): 29-34.**

Treatment

Pharmacotherapy

- **SSRIs**
- **TRICYCLICS**
- **MOOD
STABILISERS**

Psychotherapy

- **Individual**
- **Group**

Parental counselling

SSRIs

- **Fluoxetine and Escitalopram have been approved by FDA**
- **Pharmacogenetic considerations**

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A WORD OF CAUTION

- **Most antidepressants are generally safe, but the FDA requires all antidepressants to carry a black box warning, the strictest warning for prescriptions. In some cases, children, teens and young adults under 25 may have an increase in suicidal thoughts or behavior when taking antidepressants, especially in the first few weeks after starting or when the dose is changed.**
- **Anyone taking an antidepressant should be watched closely for worsening depression or unusual behavior, especially when first beginning a new medication or with a change in dosage.**

ANTIDEPRESSANTS AND SUICIDALITY

- **The Food and Drug Administration (FDA) described an increase in reports of suicidal thoughts and/or behaviors in children and adolescents taking antidepressants. But, there were no suicides in the cases they studied. Autopsies of teenagers who have committed suicide show that very few of them had traces of an antidepressant, making the link between antidepressant use and suicide even weaker.**

ANTIDEPRESSANTS AND SUICIDALITY

- **Between 1992 and 2001, there was a large increase in the number of adolescents being prescribed SSRI antidepressants. But, during that time the rate of suicide among American youth ages 10–19 actually dropped by more than 25 percent. This was the first time in nearly 50 years that the suicide rate declined in young people.**

PSYCHOTHERAPY

- Learn about the causes of depression
- Learn how to identify and make changes in unhealthy behaviors or thoughts
- Explore relationships and experiences
- Find better ways to cope and solve problems
- Set realistic goals
- Regain a sense of happiness and control
- Help ease depression symptoms such as hopelessness and anger
- Adjust to a crisis or other current difficulty

COGNITIVE BEHAVIOUR THERAPY

- **CBT is an evidence-based approach that has been tailored to treat a wide variety of mental health concerns in youths, including anxiety, eating disorders, impulse control disorders, ADHD, oppositional defiant disorder (ODD), and a range of other problematic behaviors in addition to specific adaptations for depression. Generally, CBT is directive, time-limited, structured, problem-focused, and goal-oriented.**

INTERPERSONAL THERAPY

- **IPT-A defines the symptoms of depression and their consequences and the maintaining factors through an interpersonal lens, addressing problem areas in the adolescent's current relationships and immediate social environments to reduce symptoms that contribute to depression.**

DIALECTICAL BEHAVIOUR THERAPY

- **DBT for adolescents (DBT-A) was targeted specifically at suicidality, as opposed to BPD. However, in defining their criteria for admittance, specific DBT-A programs may seek to identify adolescents with multiple problem behaviors (mood symptoms, self-harm, substance abuse, eating disorder, risky sexual behavior, high-risk activities, and problem behaviors such as stealing and lying) of which suicidality or parasuicidal and self-injurious behavior are prominent.**

PLEASE DONT GET TIRED
OF ME

- **The best person who can recognise depression early and empathise is the family physician/ pediatrician.**
- **Rapport building is easier.**

What should Family physicians/ Pediatricians do?

- **Recognise**
- **Empathise**
- **No blame game**
- **No judgment**
- **No uncalled-for advices**
- **Keep separate time for communication**
- **Refer to a mental health professional if there is moderate or severe depression**

<http://www.parentsmedguide.org/>

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What should parents do?

- **When disciplining your teen, replace shame and punishment with positive reinforcement for good behavior. Shame and punishment can make an adolescent feel worthless and inadequate.**
- **Allow your teenager to make mistakes. Overprotecting or making decisions for teens can be perceived as a lack of faith in their abilities. This can make them feel less confident.**

What should parents do?

- **Give your teen breathing room. Don't expect teens to do exactly as you say all of the time.**
- **Do not force your teen down a path you wanted to follow. Avoid trying to relive your youth through your teen's activities and experiences.**

What should parents do?

- **If you suspect that your teen is depressed, take the time to listen to his or her concerns. Even if you don't think the problem is of real concern, remember that it may feel very real to someone who is growing up.**
- **Keep the lines of communication open, even if your teen seems to want to withdraw.**

What should parents do?

- **Try to avoid telling your teen what to do. Instead, listen closely and you may discover more about the issues causing the problems.**
- **If there is a close friend or family member your teen is close to and comfortable with, you might suggest your teen talk with this person about his or her concerns.**



THANK YOU!

