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PATIENT CASE STUDY

Depression in children

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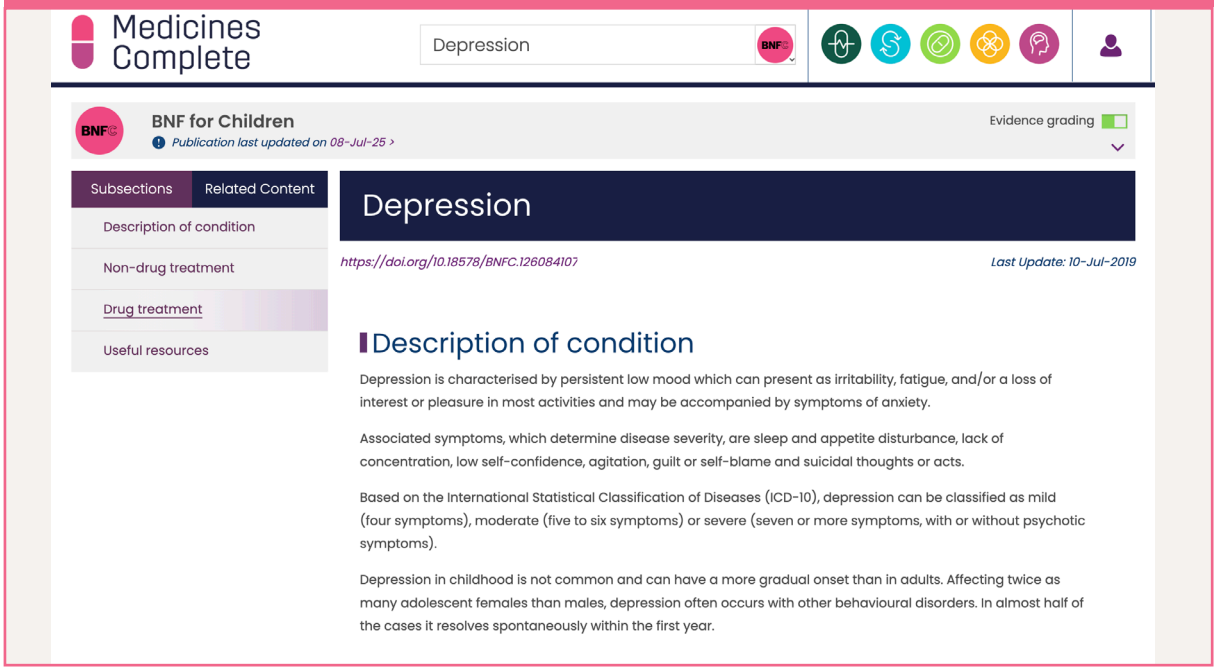
Jenny is a 14 year old teenager who has gradually become withdrawn over the past two months, no longer participating in the activities she used to enjoy. Her friends have noticed Jenny's persistently low mood and that she has been missing school on a regular basis. Her teachers have noticed her frequent absence from school, scruffy presentation and lack of concentration; worried about Jenny they have alerted her mother.

These features have been present on most days during the two month period, progressively becoming worse. Her mother had initially thought Jenny was staying up late and studying due to increased demands from school and exam preparation, unaware that Jenny was persistently exhausted and had stopped socialising with her friends.

What are the core symptoms of depression?

Core symptoms of depression are a persistently low mood, loss of interest in normal activities, and feeling deflated with little or no energy. These negative feelings and thoughts interfere with daily life becoming an illness. Associated symptoms that determine severity are sleep and appetite disturbance, lack of concentration, agitation, low self-confidence, guilt or self-blame and suicidal thoughts or acts. The presence of a single core symptom for more than two weeks warrants investigation for any associated symptoms of depression.

BNFC depression treatment summary contains further information



Which symptoms has Jenny shown that indicate possible depression?

Jenny has shown all three core symptoms for a significant period of time.

Which tool is used to diagnose depression in children and adolescents and how is it used?

The International Statistical Classification of Diseases (ICD-10) is used to classify depression. The severity of depression is classed by the number of depressive symptoms (including at least one core symptom). Under ICD-10, depression can be classified as mild (4 symptoms), moderate (5-6 symptoms) or severe (7 or more symptoms, with or without psychotic symptoms).

How would you class Jenny's depression severity? As an adolescent female, is Jenny more likely to be affected?

Jenny has the associated symptoms of poor concentration at school and diminished sleep resulting in tiredness which, combined with her core symptoms, indicates moderate depression. Children and adolescents can all be affected by depression, adolescent girls like Jenny are twice as likely to be affected than their male counterparts.

Her mother noticed Jenny's increasing weight loss and pale appearance which prompted her to contact the GP.

During the appointment, Jenny's GP undertook a full history and examination and recognised conceivable signs of depression with the addition of reduced appetite. Medically she has no other presenting or past conditions and does not take any regular medicines. She denies any use of alcohol or drugs. She did mention not wanting to go to school because of previous bullying and emotional abuse from another school pupil.

She was diagnosed with moderate depression with six features.

What is the most probable cause of Jenny's symptoms?

Bullying and emotional abuse.

Mild depression is amenable to psychological interventions, however, in Jenny's case moderate depression may require a combination of psychological therapy and drug treatment.

What are the aims of treatment?

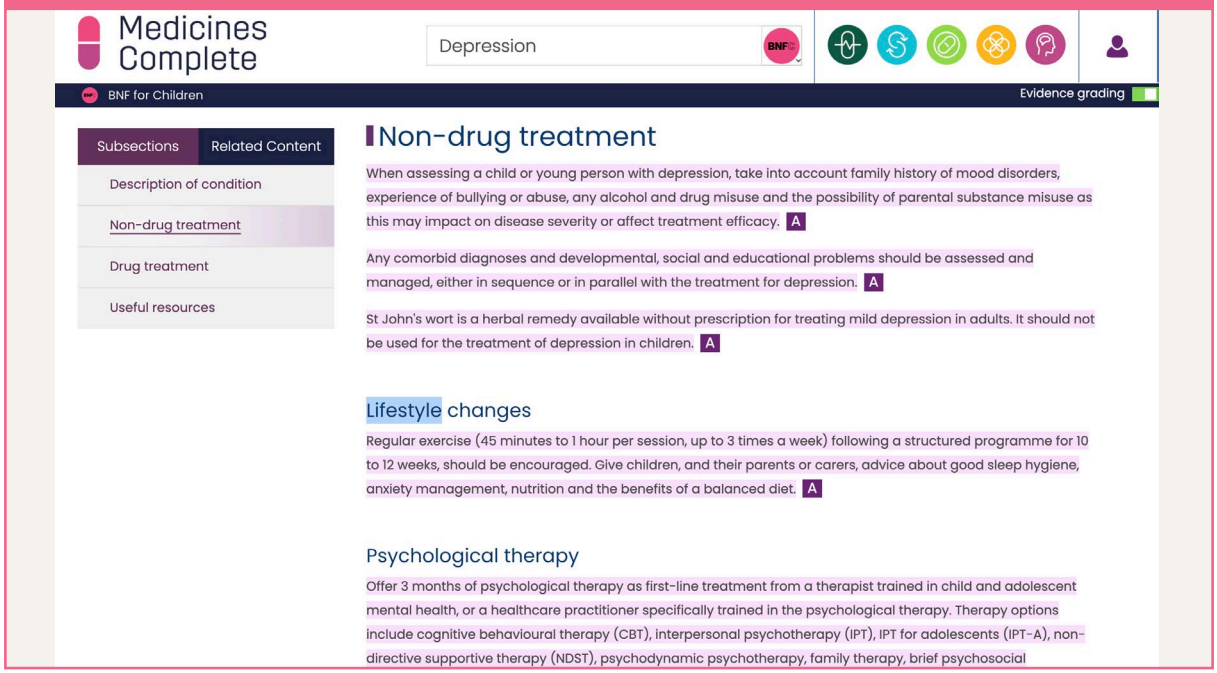
The goals of therapy are to positively improve symptoms and mood, prevent illness from returning and support the person in leading a normal life.

As part of a shared decision plan, Jenny is not keen on medical intervention involving drug treatment. She would like to know what non-pharmacological therapies are available to her and how they can help.

What are the non-drug options for managing depression?

Non-drug treatment options include lifestyle changes and psychological therapy. Lifestyle changes include advice about good sleep hygiene to improve sleep outcomes, anxiety management, nutrition and healthy eating; and regular exercise following a structured programme to keep the body and mind focused on tasks. Options for psychological therapy could include cognitive behavioural therapy (either individual or group therapy where patients are taught to change their ways of unhelpful and negative thinking during depression and replace these with positive actions) or interpersonal psychotherapy (this helps patients deal with the social aspects of their depression).

Information on the non-pharmacological management of depression can be found in the treatment summary for depression in **BNFC**.

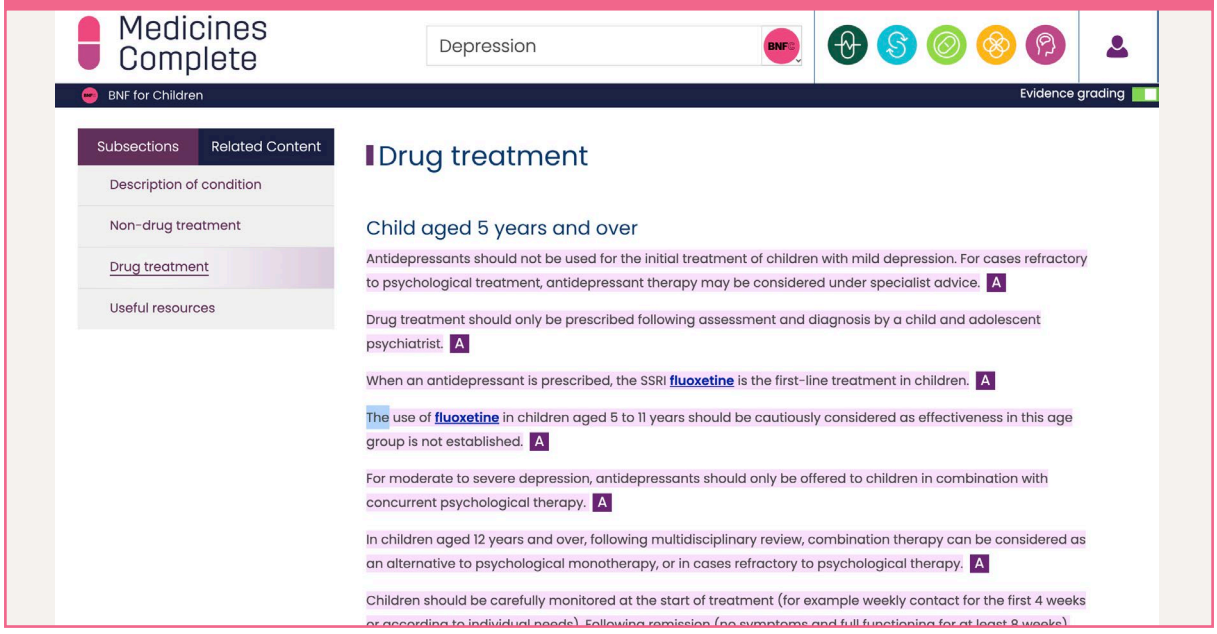


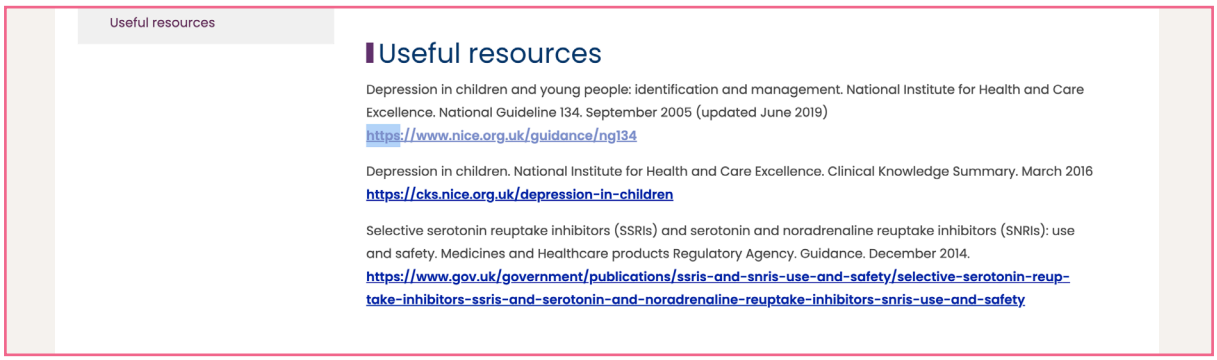
After 6 sessions of cognitive behavioural therapy (CBT) and lifestyle changes, Jenny and her mother noticed a partial response, however, Jenny had increased episodes of being tearful throughout the sessions. These sessions have helped Jenny admit she needs further support.

When would drug treatment be appropriate and what would be the most suitable first-line option?

For children aged 12 years and older, following a multidisciplinary review, combination therapy may be considered as an alternative to psychological therapy alone, or when psychological therapy has not been effective. In cases of moderate to severe depression, antidepressants should only be prescribed alongside ongoing psychological therapy.

See **NICE guidance 134** for further information. Depression in children and young people: identification and management.





As a shared decision, Jenny agrees to start medication but has some questions. She is anxious and wants to know how long it will take for the medicine to work and how long she will need to take it for.

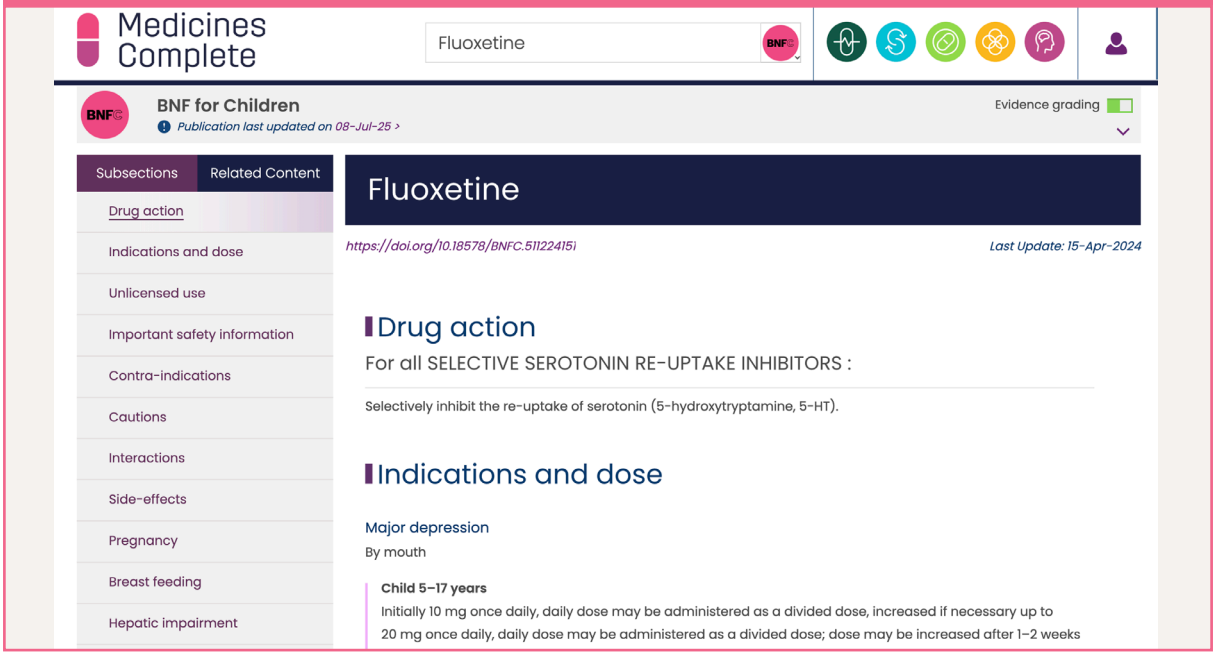
What information would you give Jenny and her mother about the side-effects of fluoxetine?

Prewarning Jenny of common side-effects and what to expect can help treatment success and ensure adherence. Common side-effects include anxiety, changes in appetite, arthralgia, stomach upset, vomiting, diarrhoea, constipation, taste disturbances, headache, dry mouth, dizziness and drowsiness to name a few. It is important to mention that although these are listed effects in the patient information leaflet, each patient is different and Jenny may experience very few or none of these.

Her mother is also concerned after reading on the internet that these drugs can cause many side-effects and even thoughts of suicide.

There is a link between suicidal thoughts and behaviour with the use of antidepressant drugs, particularly when used by children, adolescents or young adults. Children should be monitored carefully, especially at the beginning of treatment, with medication changes and at times of increased stress. If Jenny or her mother notice anything unusual and are concerned, they should discuss this with the doctor or a pharmacist.

Further information can be found in the Fluoxetine drug monograph in **BNFC**.

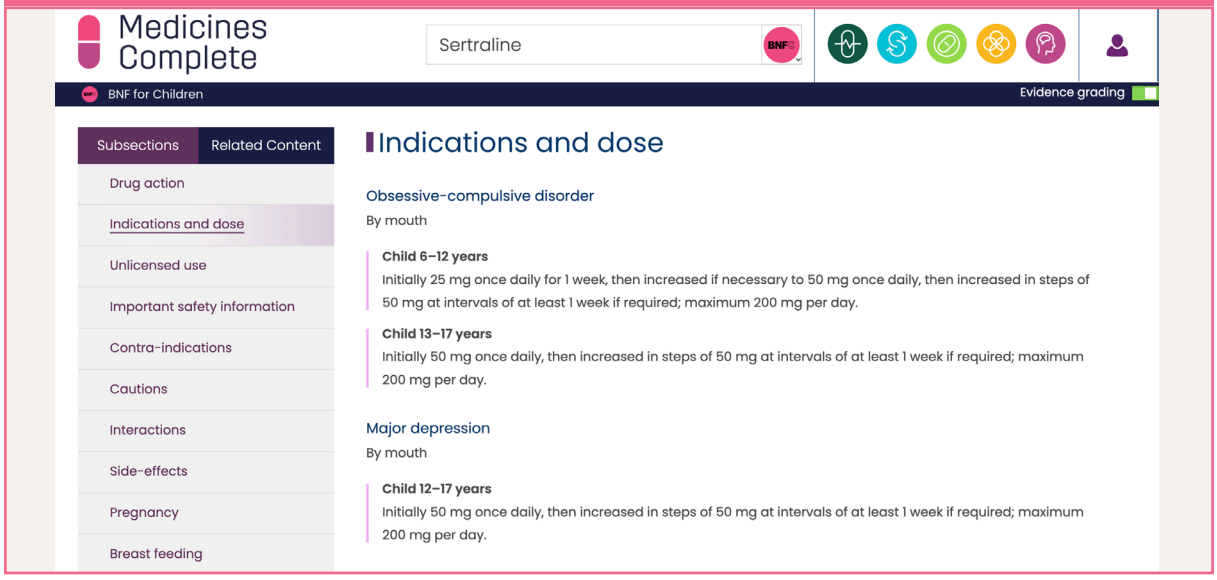


Jenny is concerned that fluoxetine may not work for her.

What other treatment options are there for treating depression?

In children who cannot tolerate or do not respond to fluoxetine, citalopram or sertraline may be considered under specialist supervision. These are not licensed for use in children but are supported by a strong evidence base. Antidepressant treatment may be augmented with antipsychotics under specialist care, in children with psychotic depression.

Further information including dosing for different age groups can be found in the drug monographs for Fluoxetine, Citalopram and Sertraline in **BNFC**.



Other drugs such as paroxetine, venlafaxine and tricyclic antidepressants should **not** be used in children with depression unresponsive to fluoxetine. Electroconvulsive therapy may be suitable under specialist care.

Jenny has read about a herbal product called St John's Wort available without prescription. She asks whether a natural product might be better?

What would you advise Jenny and her mother?

St John's Wort is considered a herbal remedy, but it should not be used to treat depression in children. Although Jenny's mother believes natural products are safe, it's important she understands that they can still cause harm—St John's Wort can be toxic and is known to interact with various other medications.

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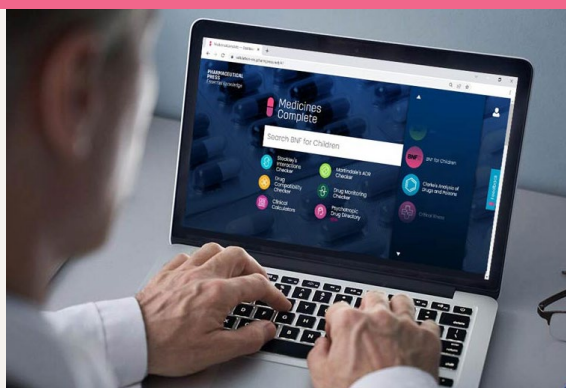

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