Objectives

- To define major depressive disorder and adjustment disorder
- To explore the epidemiology of adolescent suicide
- To outline questions for interviewing patients regarding self-injurious behaviors and suicidality
- To describe basic treatment approaches to pediatric depressive disorders
- Be familiar with symptoms of serotonergic side effects
- To discuss barriers to care within the system

DSM 5 Depressive Disorders

- Disruptive Mood Dysregulation Disorder
- Major Depressive Disorder
- Persistent Depressive Disorder (Dysthymia)
- Premenstrual Dysphoric Disorder
- Substance/Medication Induced Depressive Disorder
- Depressive Disorder due to Another Medical Condition
- Other Specified Depressive Disorder
- Unspecified Depressive Disorder

DISCLOSURES

- No financial disclosures
- There may be discussion of off label medication use
Depression…

Major Depressive Disorder

- 5 or more symptoms
- 2 week period
- Depressed mood or loss of interest/pleasure
- Anhedonia
- Change in weight &/or appetite

Major Depressive Disorder

- Insomnia or hypersomnia
- Psychomotor agitation or retardation
- Fatigue or loss of energy
- Feelings of worthlessness or excessive guilt
- Diminished ability to think or concentrate
- Recurrent thoughts of death (not just fear of dying)
- Suicidal ideation

Major Depressive Disorder

- Symptoms cause CLINICALLY SIGNIFICANT DISTRESS
- 2 or more environments
- NOT attributable to the physiological effects of substance
- NOT attributable to another medical condition
Question:

A 19 y.o. woman presents to the emergency department with 4 days of low mood, anorexia, and hypersomnolence. She was fired from her job last week and is about to be evicted. She is not suicidal, but is so tearful it is difficult to get more history. Which of the following diagnoses is the most likely diagnosis?

- A. Major Depressive Disorder
- B. Borderline personality disorder
- C. Cyclothymia
- D. Dysthymia
- E. Adjustment disorder with depressive features

Adjustment Disorder

- Emotional and behavioral symptoms
- In response to an identifiable stressor(s)
- Occurring within 3 months of the onset of the stressors
Adjustment Disorder

- The stress related disturbance does not meet the criteria for another mental disorder and is not merely an exacerbation of a pre-existing mental disorder
- The symptoms do not represent normal bereavement
- Once the stressor or its consequences have terminated the symptoms do not persist for more than an additional 6 months

Depression Symptoms in teens?

- IRRITABILITY
- Personality changes
- Academic decline
- Isolative behaviors
Key questions...

- Mood?
- Sleep?
- Appetite?
- Self Injury?
- Thoughts of suicide?

IF self injurious behavior —
- WHEN?
- WHERE?
  - SIGNIFICANCE OF LOCATIONS?
  - TOOLS/UREDS?
  - TRIGGERS?

Key questions

IF suicidal thinking — WHEN?
- Plan?
- Intent?
- Preparation?
- Attempt?

Key questions

IF there has been a suicide attempt?
- Perceived lethality?
- Desire to die?
- Rescues?
- Outcomes?
Comorbidities

- MDD: 72% lifetime comorbidity rate with any other mental disorder
- Anxiety disorder: 59%
- Substance use disorder: 24%


Comorbidities

- Impulse control disorders: 30%
- Intermittent explosive disorder
- ADHD
- Conduct disorder
- Oppositional defiant disorder


Laboratory evaluation options

- CBC with differential
- CMP
- Thyroid TSH, (+/- free T4)
- Vitamin B12
- RPR, and consider HIV
- Urine toxicology

Evaluation Options

- Pregnancy test
- EKG – If planning use of TCA, lithium, antipsychotic
- Sleep study – If any sleep apnea or other sleep signs - RARELY
Depression with psychotic features

- Delusions or hallucinations are present during the mood episode
- Psychotic symptoms are either – Mood-congruent – Mood-incongruent
- Delusions are more common than hallucinations
- Treatment – Antidepressant + antipsychotic medication
- Consider ECT if treatment refractory

Medication Timeline

- After remission from a single major depressive episode, antidepressant medication should be continued for how long and at which dose?
  - A. 3-5 months at the same dose
  - B. 3-5 months at 50% of the dose
  - C. 6-12 months at the same dose
  - D. 6-12 months at 50% the dose
  - E. Indefinitely

STAR D Trial

Response Rates

- Response: ≥50% improvement in HAM-D17
- Remission: Score ≤7 on HAM-D17
  - 50% remission with initial trial/28% relapsed by month 15
- Partial remission: Score >7 and ≥50% improvement in HAM-D17
  - 76% of partial remitters relapsed by month 15

Source: STAR-D study results; Paykel et al, Psychol Med, 1995
Medication Timeline

- Duration of Pharmacotherapy
  - Adequate trial – 4-8 weeks at therapeutic dose
- How long to treat after remission?
  - 6-12 months at full dose (continuation)
- Recurrent depression: maintenance protective against recurrence

Treatment Resistant Depression

- 10%-33% of depressed patients –
  - Failure to respond to at least two antidepressant treatments
    - Adequate dose
    - Adequate duration
    - Two distinct classes

Maintenance Treatment

- Very strongly recommended
  - ≥3 episodes of major depression (>80% risk of recurrence)
- Strongly recommended
  - ≥2 episodes of major depression
  - Family history, early onset, severe episodes
- Maintenance treatment – Should be at same dose as was used in acute and continuation treatment

How to talk about SSRIs

- Clear and reasonable individualized expectations/goals
- Timing of efficacy: 4-8 weeks
- Dose adjustments
- Duration of treatment and approach: 1 “school year” if effective
How to talk about SSRIs

• Adverse effects
  • Short term: GI issues, HAs, insomnia, activation (increased anxiety or)
  • controversial: sexual dysfunction
  • black box warning for SI, serotonin syndrome
  • SSRI discontinuation syndrome

Dosing

General approach: “start low and go slow”

<table>
<thead>
<tr>
<th>SSRI</th>
<th>Starting dose</th>
<th>Therapeutic dose range</th>
<th>Side effects</th>
<th>Specific indications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sertraline*</td>
<td>12.5-25 mg</td>
<td>50-200 mg</td>
<td>Nausea, sedation, HAs</td>
<td>GAD</td>
</tr>
<tr>
<td>Fluoxetine*</td>
<td>5-10 mg</td>
<td>10-60 mg</td>
<td>Activation, insomnia</td>
<td>Long half-life</td>
</tr>
<tr>
<td>Fluvoxamine</td>
<td>12.5-25 mg</td>
<td>50-200 mg</td>
<td>Hyperactivity, abdominal</td>
<td>Little interactions</td>
</tr>
<tr>
<td>Citalopram</td>
<td>5 mg</td>
<td>10-20 mg</td>
<td>diarrhea, diaphoresis</td>
<td>Little interactions</td>
</tr>
<tr>
<td>Escitalopram</td>
<td>5 mg</td>
<td>10-20 mg</td>
<td>Dry mouth, diarrhea, low</td>
<td></td>
</tr>
</tbody>
</table>

Question

• A 16 y.o. male is being treated for depression. Patient presents with lethargy, confusion, diaphoresis, flushing, tremors, and myoclonic jerks. The most likely diagnosis is which of the following?
  • A. Anticholinergic delirium
  • B. Serotonin syndrome
  • C. SSRI discontinuation syndrome
  • D. Neuroleptic malignant syndrome
  • E. Hyperammonemia

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Serotonin Syndrome

Clinical Triad

1. Mental status changes: confusion → agitation → delirium
2. Neuromuscular changes: hyperreflexia, clonus, myoclonus, ocular clonus, shivering
3. Autonomic instability: tachycardia, mydriasis, diaphoresis, increased GI motility (with diarrhea), fever

Serotonin Syndrome Physical Findings

- Tachycardia
- Hypertension
- Hyperthermia
- Agitation
- Ocular clonus
- Dilated pupils
- Tremor
- Akathisia

- Clonus
- Muscle rigidity / hyperreflexia
- Dry mucous membranes
- Flushes skin and diaphoresis
- Increased bowel sounds
- Vomiting / diarrhea
- Shivering

Precipitating Meds

- Antidepressants: SSRIs, SNRIs, TCAs, MAOIs
- Antimigraine: triptans, e.g., sumatriptan
- Analgesics: tramadol, meperidine, fentanyl, pentazocine
- Antiemetics: ondansetron, metoclopramide
Serotonin DISCONTINUATION Syndrome

- Dizziness
- Flu-like symptoms
- Insomnia
- Nausea
- “Shock-like” sensations
- Reemergence (rebound) of mood or anxiety symptoms

Barriers to care

- Shortage of child psychiatrists
- Wait times
- Stigma of mental health
- Levels of care
- Bed availability

Your Role…

- Ask the tough questions
- Know the resources
- Have a triage plan
- Compassion
- Education

Case Review

“Saving Natalie”
15 year old female
Screeners

- PHQ-2
  - Feeling down/depressed/hopeless (0→3)
  - Little interest or pleasure in doing things (0→3)
- PHQ-9 (score 0→27)
- HAM-D (PDF free online 21 questions each scored as 0-4)
- Vanderbilt – may point to parent concerns mood dysregulation/irritability
- Ages and Stages – may point to parent concerns irritability

Resources

- National Suicide Prevention Lifeline
  1-800-273-TALK (8255)
- Crisis Text Line by texting TALK to 741741
- American Foundation for Suicide Prevention
  AFSP.ORG

Resources


References

- American Foundation for Suicide Prevention. AFSP.org
- National Comorbidity Survey Replication (NCS-R) Kessler et al. JAMA June 18, 2003; 289(23).
References


Further Questions?

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