Pediatric Depression

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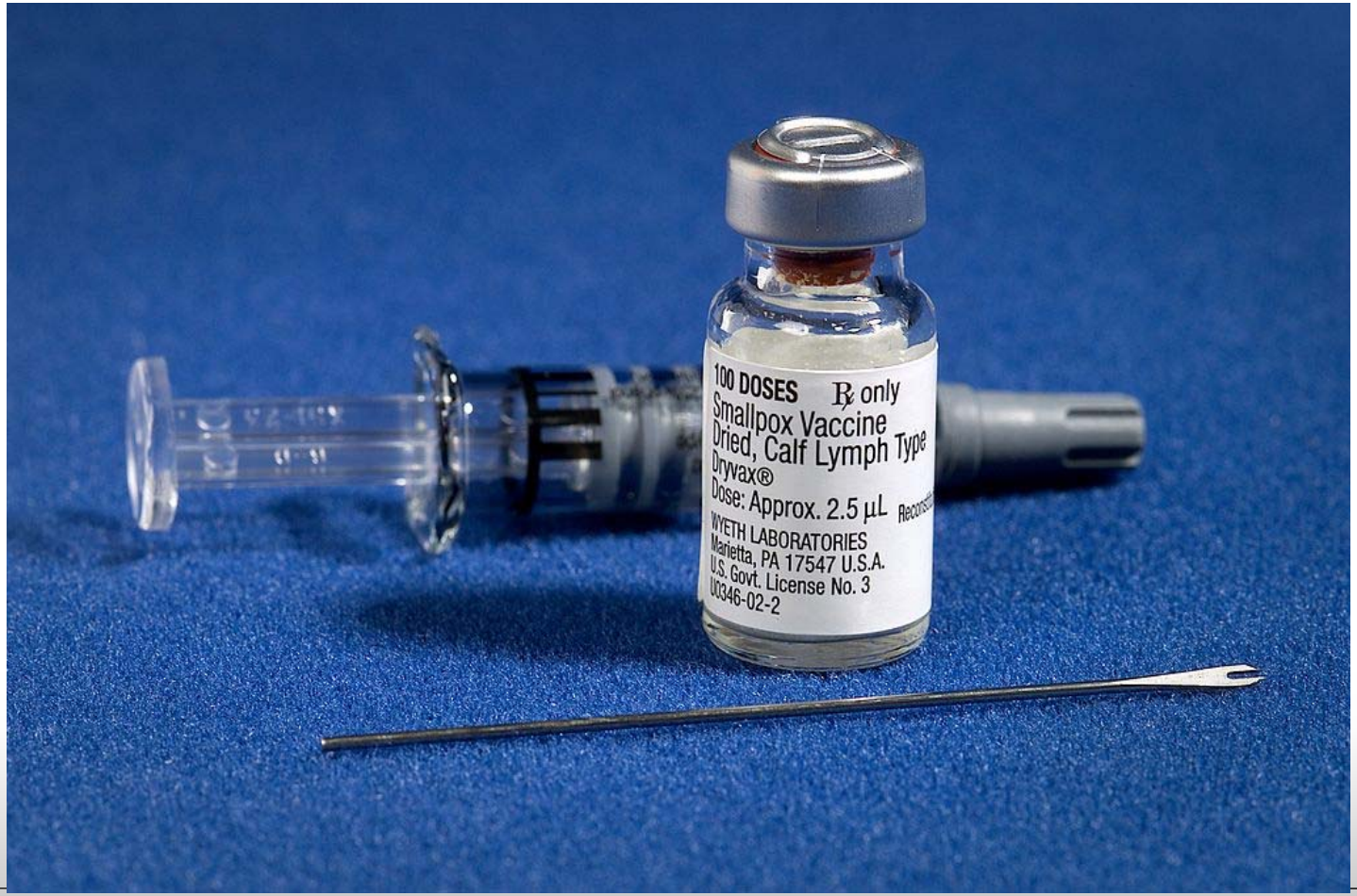
Friday September 19, 2014

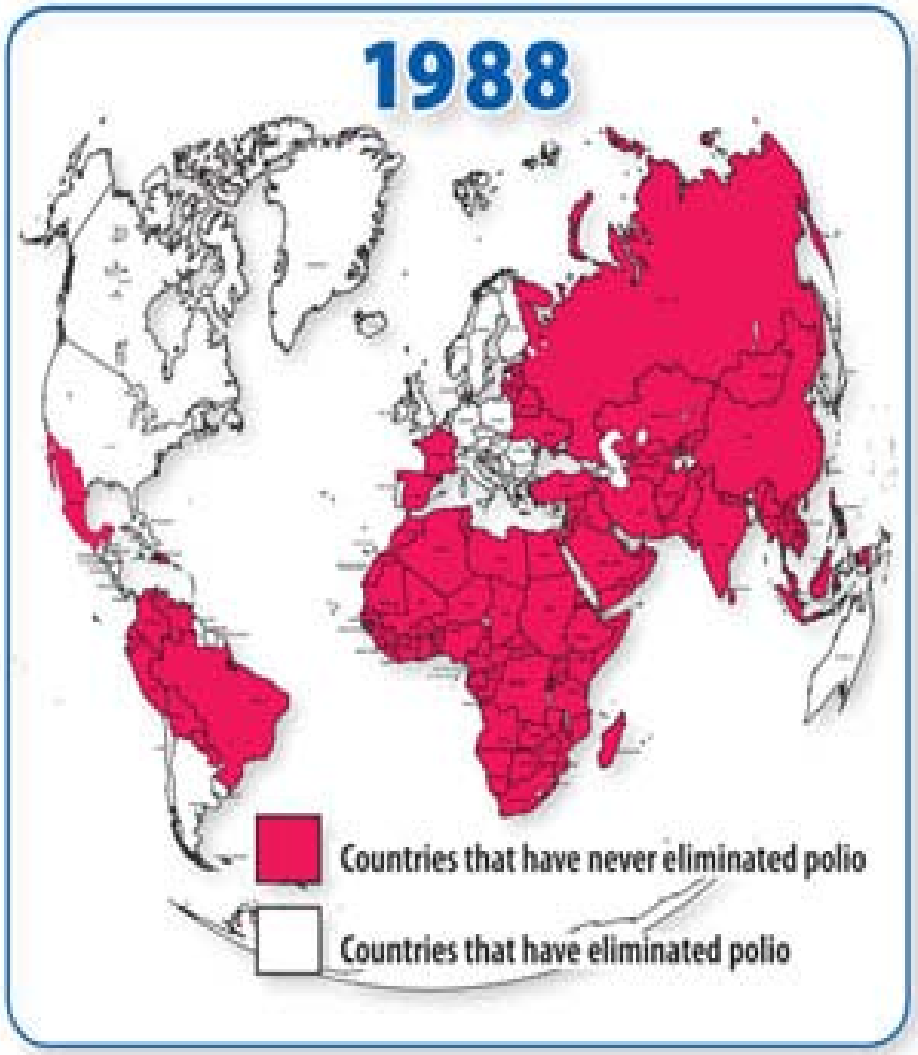
11-11:40 am

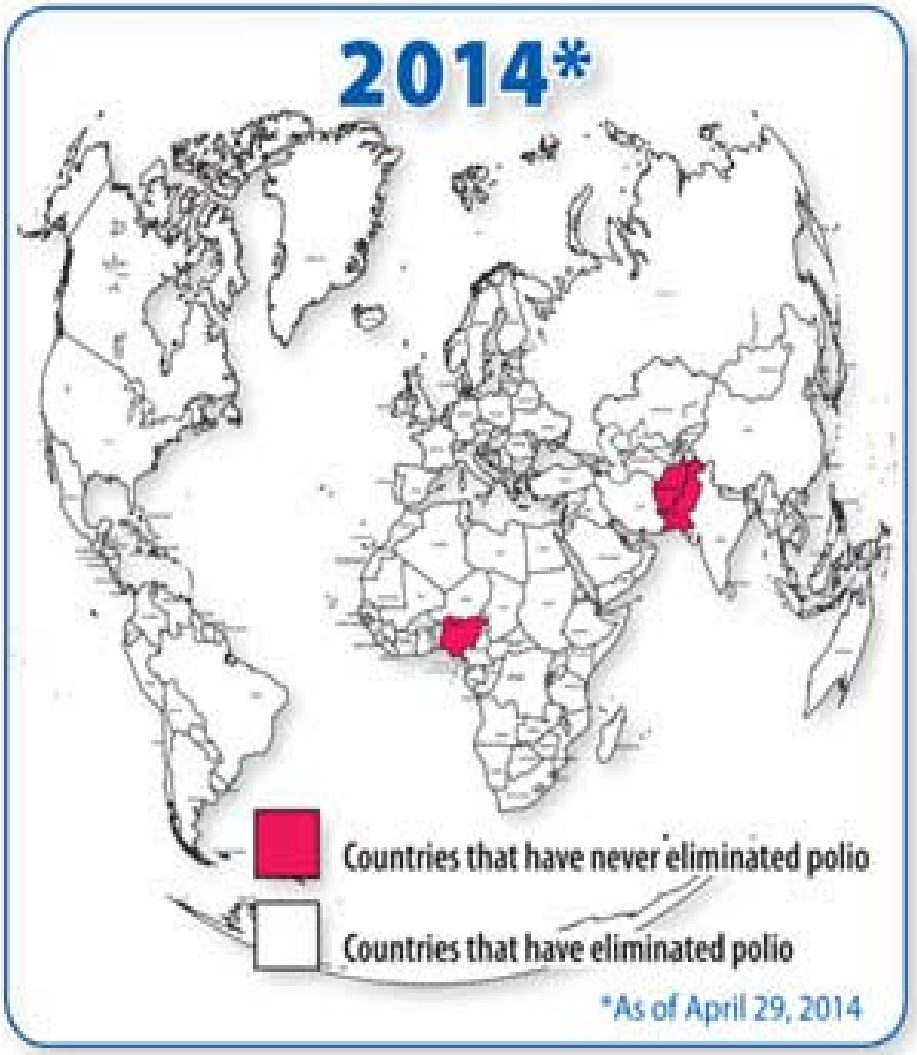
Nothing to disclose

Objectives

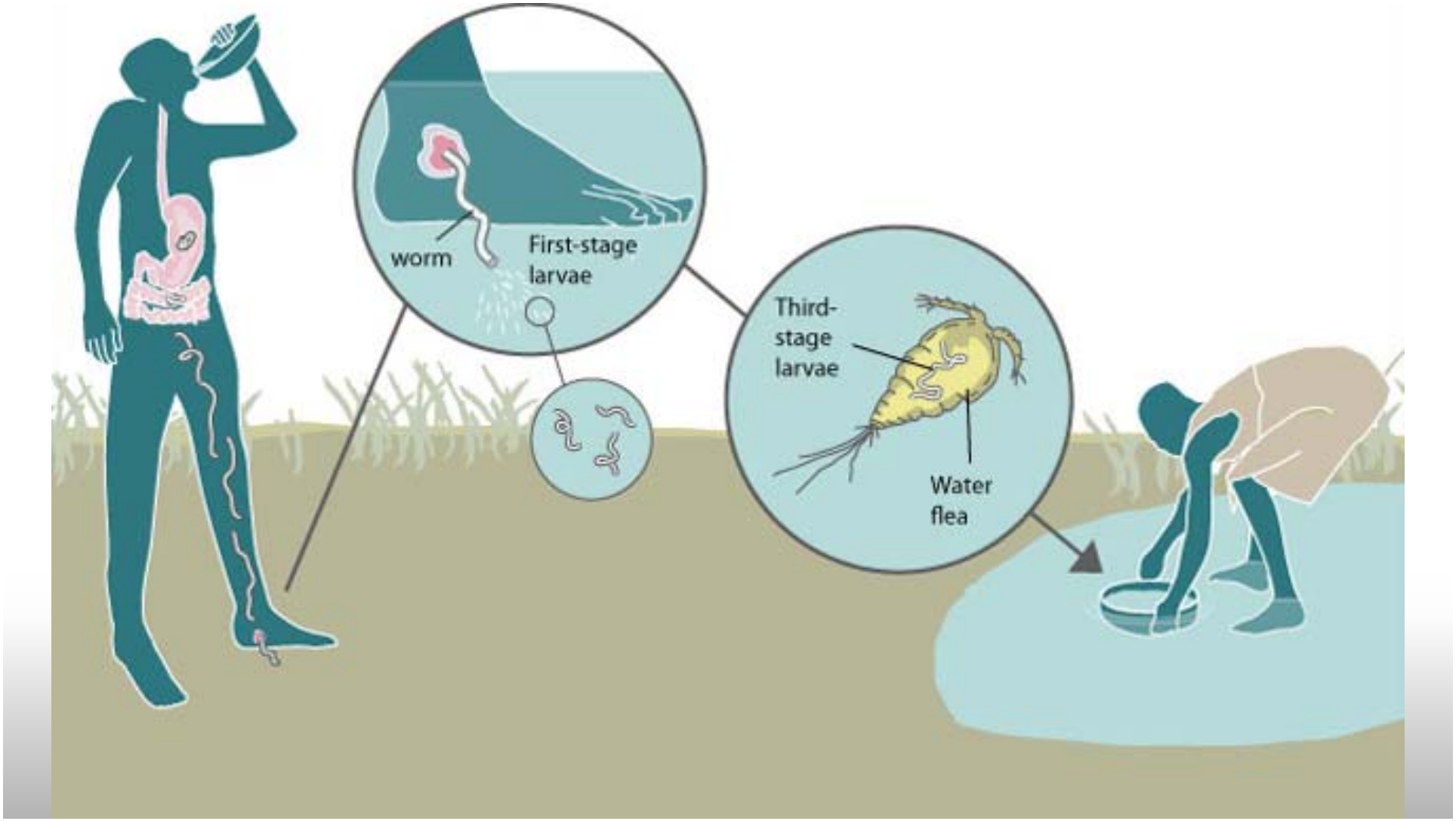
- World health implications of pediatric depression
- What's new in pediatric depression
- Suicide risk evaluation
- Treatment options

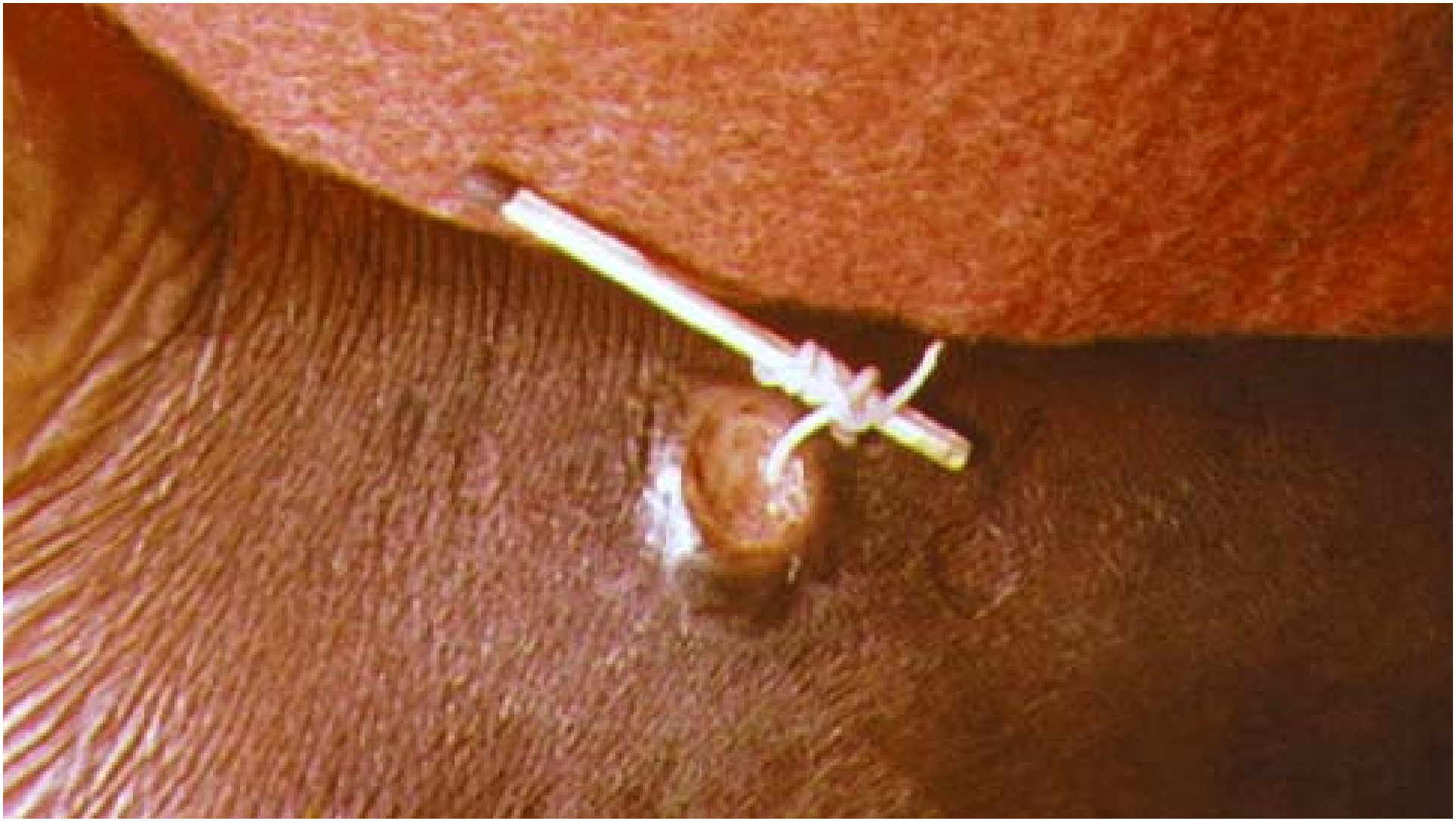

100 DOSES
℞ only
Smallpox Vaccine
Dried, Calf Lymph Type
Dryvax®
Dose: Approx. 2.5 µL
WYETH LABORATORIES
Marietta, PA 17547 U.S.A.
U.S. Govt. License No. 3
0346-02-2

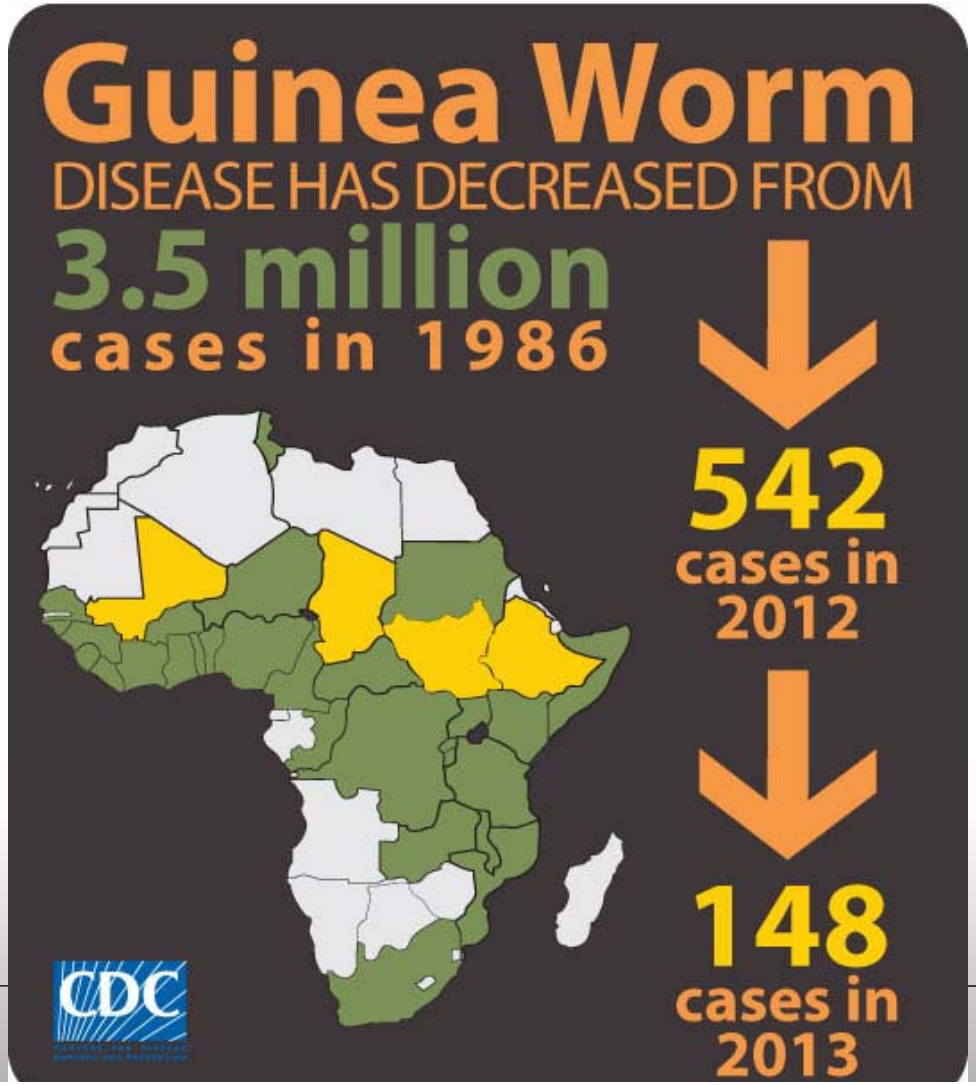

1988
Countries that have never eliminated polio
Countries that have eliminated polio


2014*
Countries that have never eliminated polio
Countries that have eliminated polio
*As of April 29, 2014


ROTARY
INTERNATIONAL
R


worm
First-stage larvae
Third-stage larvae
Water flea




Guinea Worm
DISEASE HAS DECREASED FROM
3.5 million
cases in 1986
542
cases in
2012
148
cases in
2013
CDC

- What are the top 10 for pediatric mortality?

Top 10 causes of death and adolescence

World Health Organization, May 2014

1. Road traffic injuries
2. HIV/AIDS
3. Suicide
4. Lower respiratory

Top 10 causes of death children and adolescence

World Health Organization May 2014

5. Violence
6. Diarrhea
7. Drowning
8. Meningitis
9. Epilepsy
10. Endocrine

Pediatric Morbidity

Years lost to disability

WHO Top 10 causes of Morbidity

1. Depression
2. Road traffic injuries
3. Anemia
4. HIV/AIDS
5. Self - harm

WHO Top 10 causes of morbidity

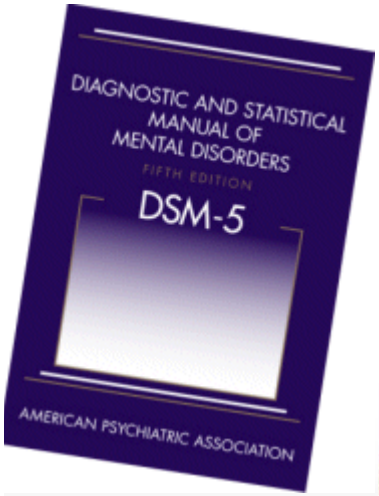
6. Back and neck pain
7. Diarrhea
8. Anxiety disorders
9. Asthma
10. Lower respiratory infection

Worldwide perspective

- Good News
  - Mortality rate for adolescents relatively low
  - Mortality rates for adolescents are trending lower
    - Safer public transportation/ roads/ cars/ seat belts
    - Alcohol and drug regulations
    - Tobacco use decreasing

Worldwide perspective

- We can decrease pediatric and adolescent morbidity and mortality by addressing pediatric depression
- Patterns established in childhood reverberate across the life span


DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS
FIFTH EDITION
DSM-5
AMERICAN PSYCHIATRIC ASSOCIATION


HELP
Charlie, I just got the new DSM V...
THE

DSM 5 Criteria

- A. 5 or more symptoms during same 2 week period
- Depressed mood, diminished interest, weight change, psychomotor agitation or retardation, insomnia or hypersomnia, fatigue, worthless feelings, inappropriate guilt, concentration problems, recurrent thoughts of death or suicide

DSM V Depression

- B. symptoms cause clinically significant distress in functioning
- C. not attributable to substance or another medical condition

DSM V Depression

- Responses to a significant loss, for example bereavement, financial ruin, losses from a natural disaster, a serious medical illness or disability may include the feelings of intense sadness, rumination about the loss, insomnia, poor appetite, and weight loss noted in criterion a which may resemble a depressive episode.

Grief or depression

- Although such symptoms may be considered appropriate to the loss, the presence of a major depressive episode in addition to the normal response to a significant loss should also be carefully considered. This decision requires exercise of clinical judgment based on the individual's history and the cultural norms.

DSM 5

- Criteria adjustments for children and adolescents
  - Irritable mood instead of depressed mood
  - Failure to make expected weight gain instead of change in weight

DSM IV to DSM 5

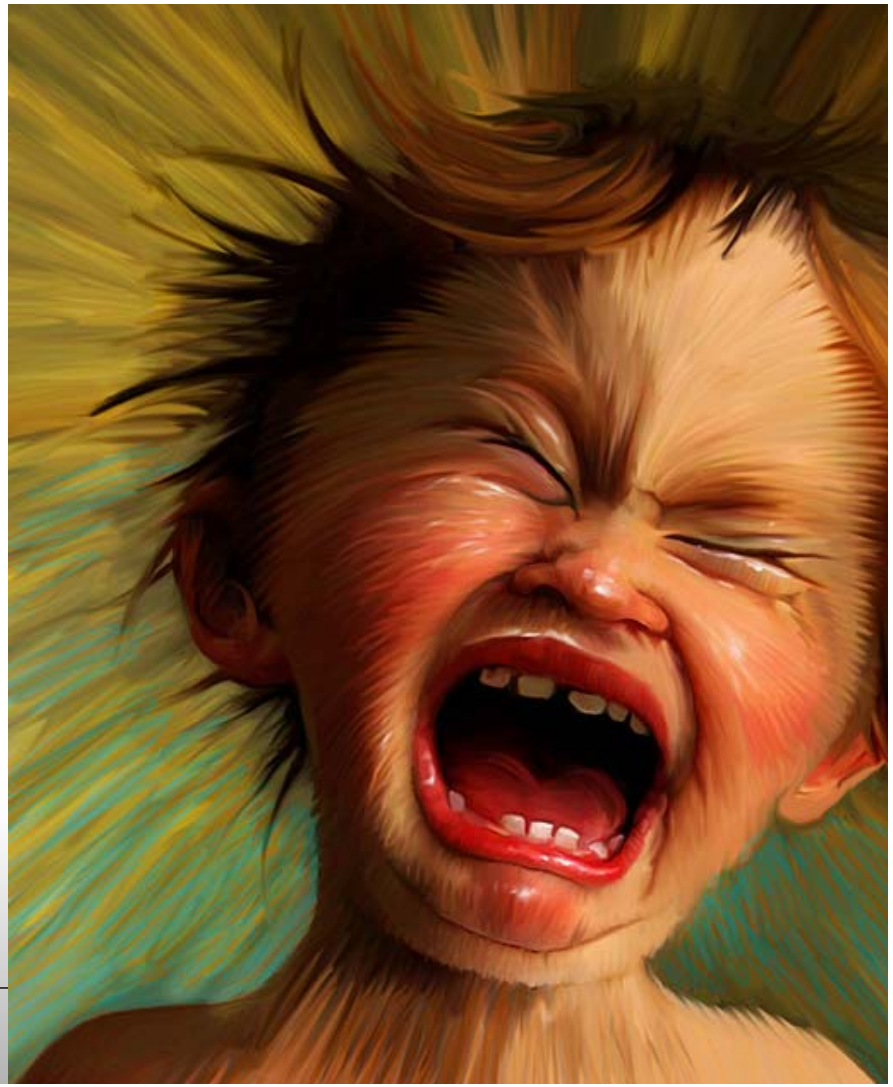
- Premenstrual dysphoric disorder moved from appendix to main body of DSM 5
- Persistent Depressive Disorder includes chronic major depression and dysthymia

DMDD

- Disruptive moods dysregulation disorder
  - Severe temper outbursts, three times a week
  - Sad, irritable or angry mood almost every day
  - Reaction is bigger than expected

DMDD

- Child at least 6
- Symptoms prior to 10
- Symptoms at least a year
- more than one place



DMDD

- Added to DSM 5 to address classification and treatment of irritable children relative to children who present with classic/episodic bipolar disorder

Bipolar Disorder

- Both DSM IV and DSM 5 require distinct episodes of mania and hypo mania to qualify for Bipolar I
- Contention of some researchers that non - episodic irritability is a manifestation of pediatric mania

DMDD

- Prevalence 2-5 %
- Development and Course - 50 % still meet criteria 1 year later but improves in adolescence
- Rates of conversion to bipolar disorder – very low

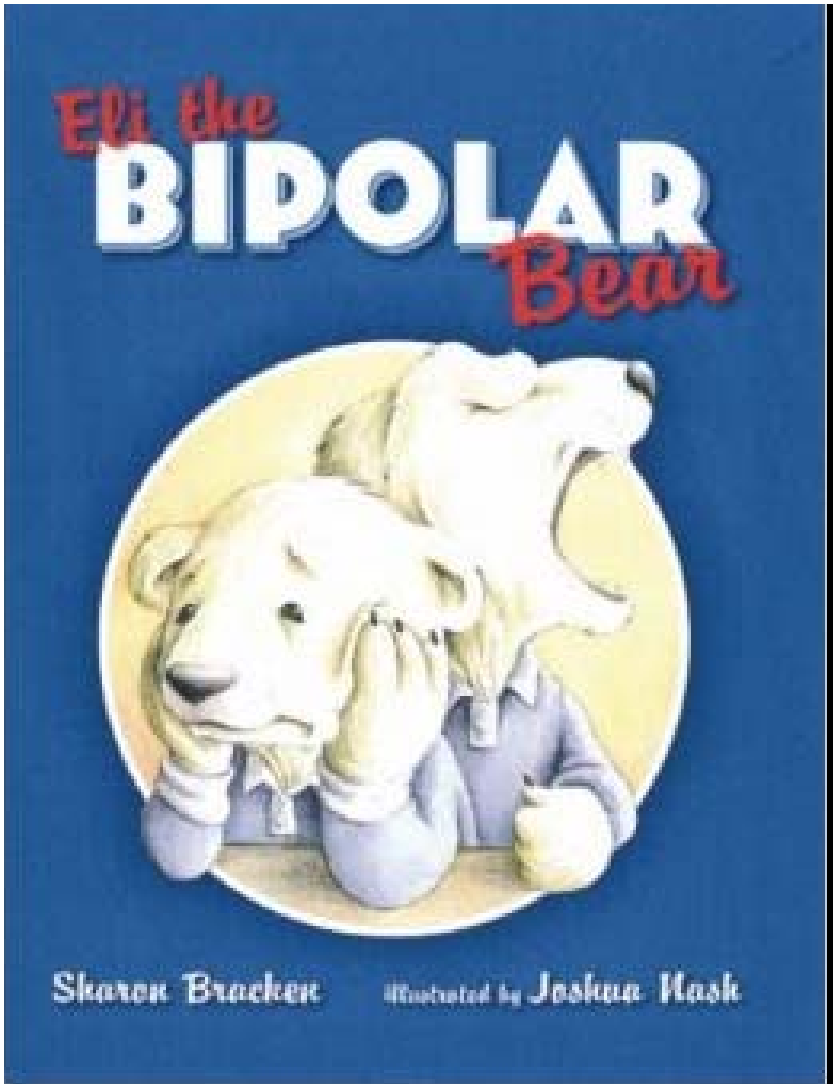
DMDD

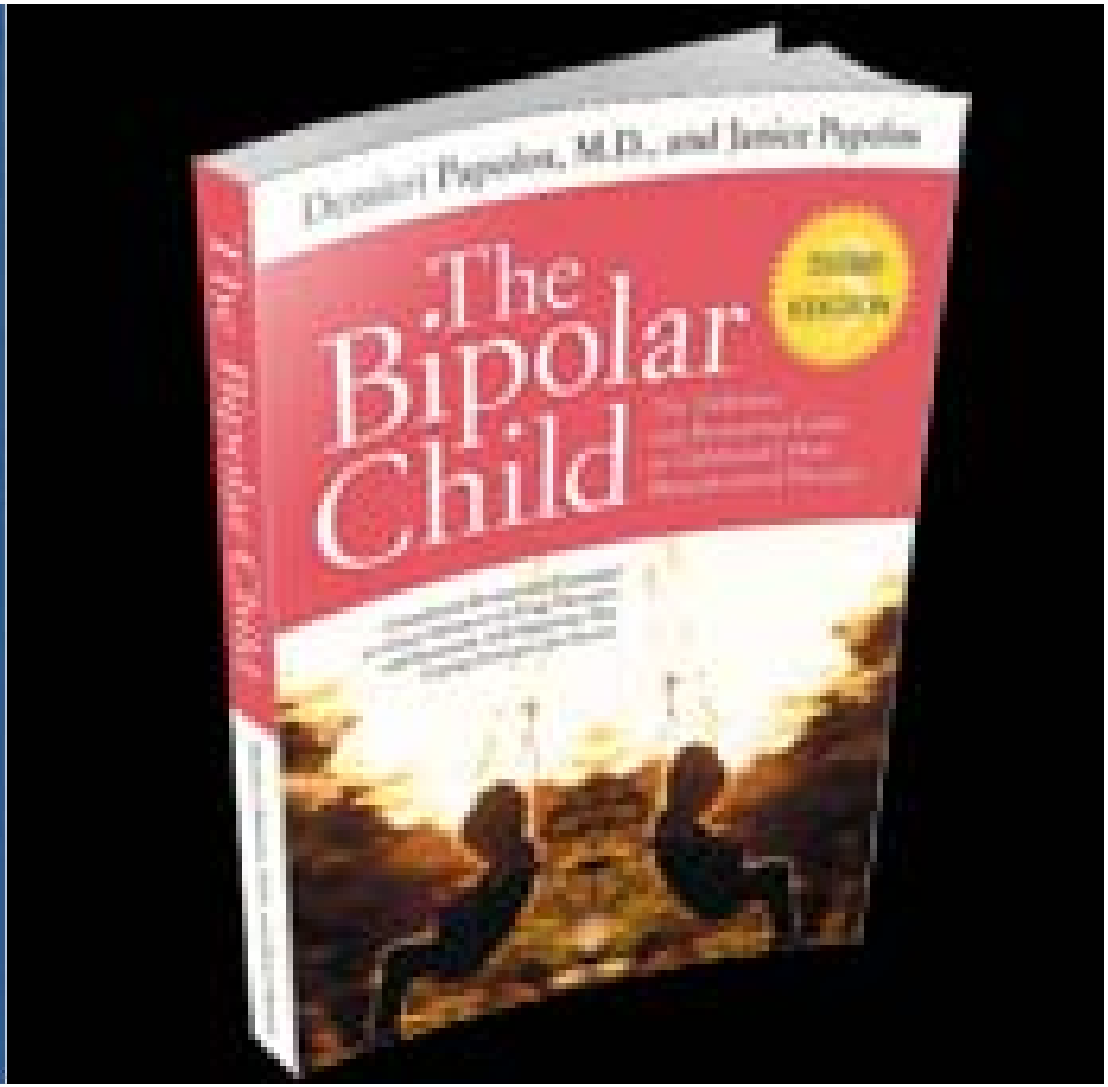
- Often meet criteria for Opp. Defiant disorder, adhd, depression

DMDD v Bipolar

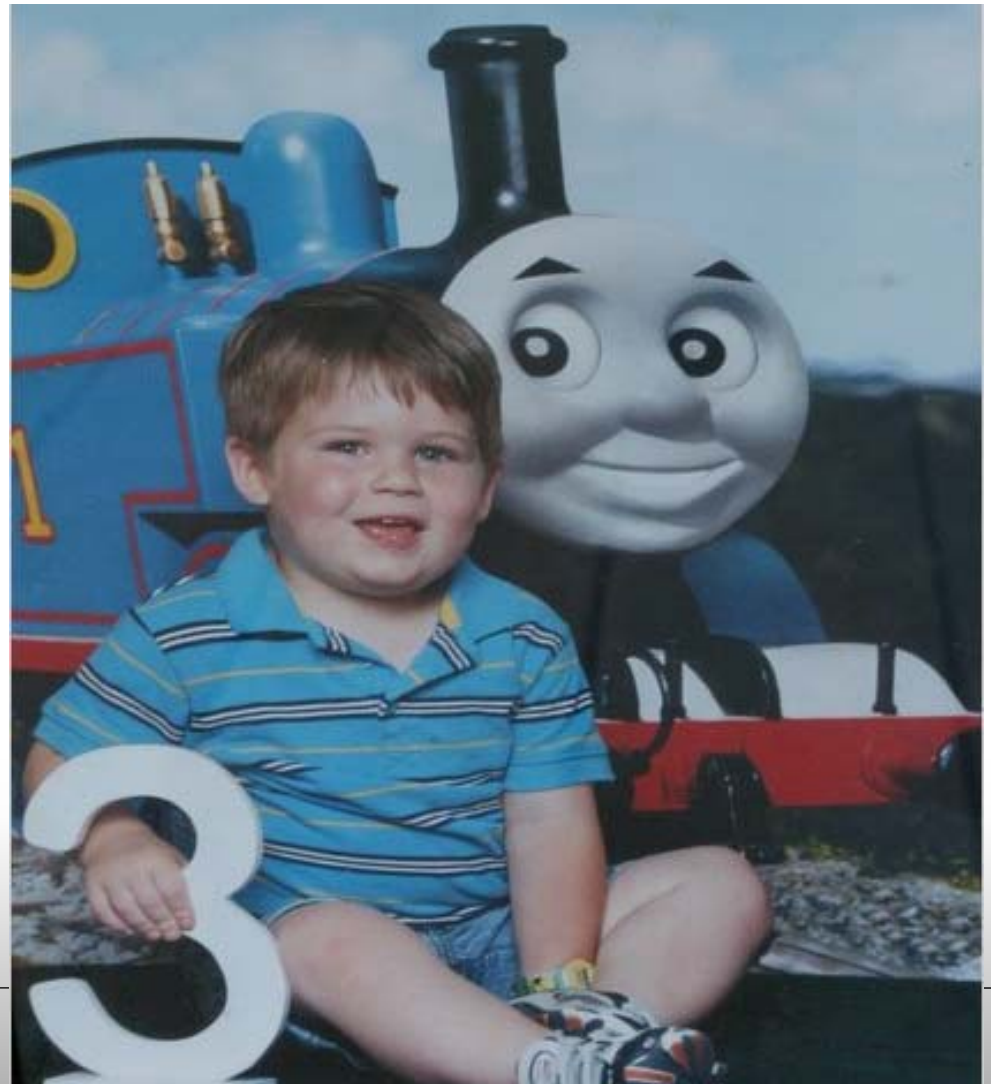
- Bipolar is discrete episodes different from child's usual mood
- Bipolar episode is accompanied by
  - Cognitive
  - Behavioral
  - Physical symptoms (distractibility, goal-directed activity)
  - Elevated or expansive mood
  - Grandiosity


Newsweek
Growing Up Bipolar
ONE FAMILY'S STRUGGLE TO RAISE A TROUBLED SON
TIME
THE SKINNY ON THE ANTI-FAT HORMONE
Inside the Volatile World of the
YOUNG AND BIPOLAR
Why are so many kids being diagnosed with the


Eli the
BIPOLAR
Bear
Sharon Bracken
Illustrated by Joshua Nash


The Bipolar Child


SMILE


3


GAP

Aacap practice parameters

- Confidentiality
- 1. “maintain a confidential relationship with the child or adolescent while developing collaborate relationship with parents, medical providers, other mental health professionals and appropriate school personnel.”

AACAP Parameters

- 2. Screening

  http://www.psychiatry.org/practice/dsm/dsm5/online-assessment-measures

- 3. psych evaluation
- 4. evaluate for presence of harm to self or others
- 5. assess for ongoing or past exposure to negative events, the environment, support and family history

- 6. treatment of depression should include acute and continuation phase, may also need maintenance phase

- 7. treatment should include psychoeducation, supportive management, family involvement, school involvement

- 8. education, support, and case management appear to be sufficient treatment for the management of depressed children and adolescents with an uncomplicated or brief depression or mild psychosocial impairment

- 9. for children and adolescents who do not respond to supportive psychotherapy or who have more complicated depressions, a trial with specific types of psychotherapy and/or antidepressants is indicated

- 10. treat 6-12 months
- 11. to prevent recurrences some patients should be treated longer

- 12. depressed patients with psychosis, seasonal depression, and bipolar disorder may require specific somatic treatments
- 13 Treat co-morbid conditions

- 14. frequent follow-up contacts to monitor the subject's clinical status, environmental conditions, and if appropriate medication side effects
- 15. for non responders,
  - consider factors associated with poor response

- 16. children with risk factors associated with development of depressive disorders should have access to early services interventions

TADS

- Treatment for Adolescents with Depression Study
  - 2003
  - Fluoxetine alone
  - Placebo alone
  - Cognitive Behavioral therapy alone
  - Fluoxetine and CBT

TADS

- Response Rates
  - Fluoxetine and CBT combined = 86 %
  - Fluoxetine alone and CBT alone = 81 %
  - Placebo alone = 35 %

TORDIA

- Treatment of resistant depression in adolescents
- Teens not improved after
  - SSRI x 12 weeks

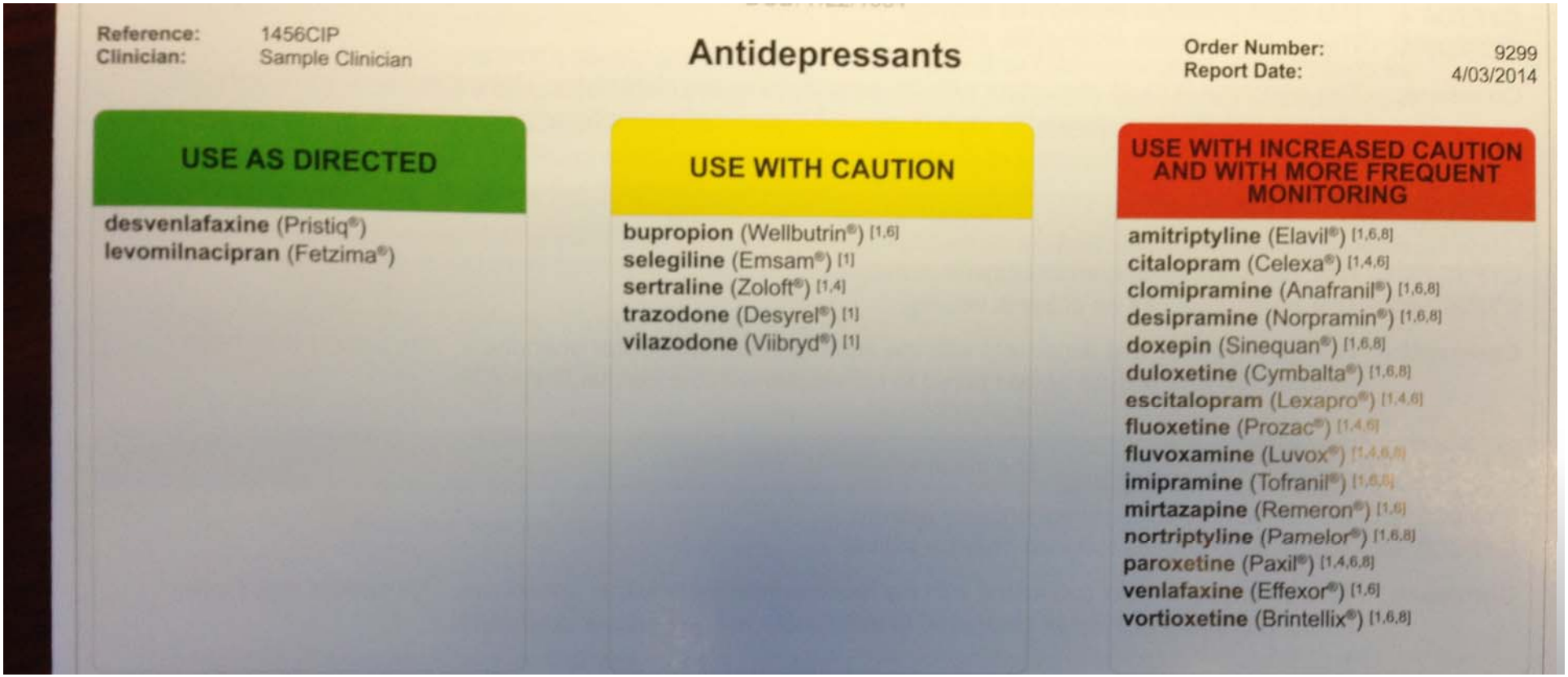
TORDIA

- 1. Switch to another SSRI
  - Paroxetine, citalopram, fluoxetine
- 2. Switch to SSRI plus CBT
- 3. Switch to venlafaxine
- 4. Switch to venlafaxine plus CBT

TORDIA

- 40 % remission at 24 weeks
  - Regardless of treatment
  - Remission patients responded early
- 61 % remission by week 72
  - Many still had residual irritability, fatigue, low self esteem

Cytochrome P450



Reference: 1456CIP
Clinician: Sample Clinician

Antidepressants

Order Number: 9299
Report Date: 4/03/2014

USE AS DIRECTED

desvenlafaxine (Pristiq®)
levomilnacipran (Fetzima®)

USE WITH CAUTION

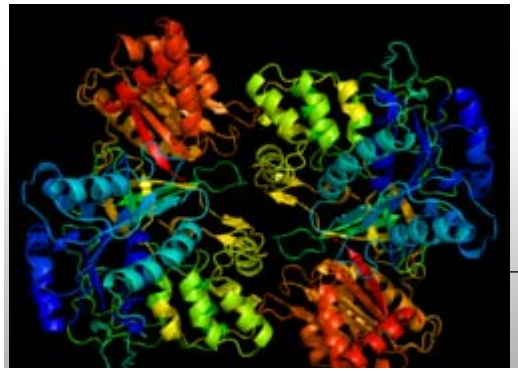
bupropion (Wellbutrin®) [1,6]
selegiline (Emsam®) [1]
sertraline (Zoloft®) [1,4]
trazodone (Desyrel®) [1]
vilazodone (Viibryd®) [1]

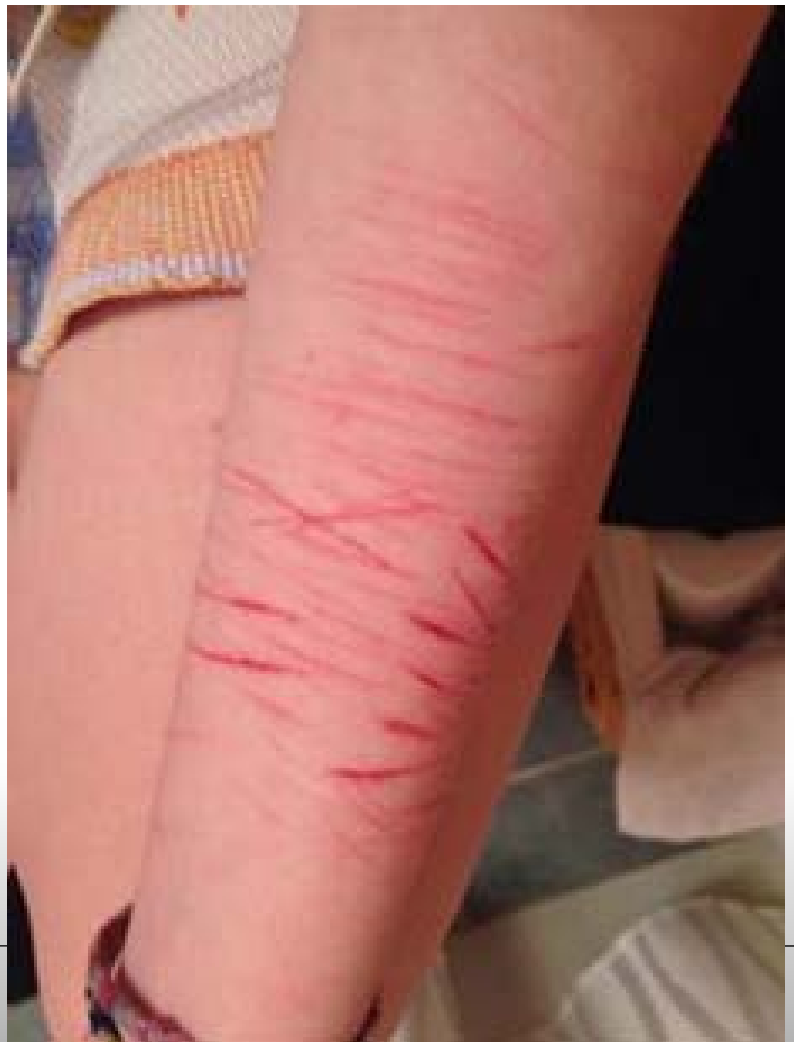
USE WITH INCREASED CAUTION AND WITH MORE FREQUENT MONITORING

amitriptyline (Elavil®) [1,6,8]
citalopram (Celexa®) [1,4,6]
clomipramine (Anafranil®) [1,6,8]
desipramine (Norpramin®) [1,6,8]
doxepin (Sinequan®) [1,6,8]
duloxetine (Cymbalta®) [1,6,8]
escitalopram (Lexapro®) [1,4,6]
fluoxetine (Prozac®) [1,4,6]
fluvoxamine (Luvox®) [1,4,6,8]
imipramine (Tofranil®) [1,6,8]
mirtazapine (Remeron®) [1,6]
nortriptyline (Pamelor®) [1,6,8]
paroxetine (Paxil®) [1,4,6,8]
venlafaxine (Effexor®) [1,6]
vortioxetine (Brintellix®) [1,6,8]

Mayo Clinic Study

- Financial interest associated with company
- Patients treated with cytochrome p450 data
  - Improved Depression Symptomatology by 8 wk
  - Doubled remission rates on Hamilton Rating





- New York Times
- Matthew Nock MD
- Suicide Detective

Stroop test

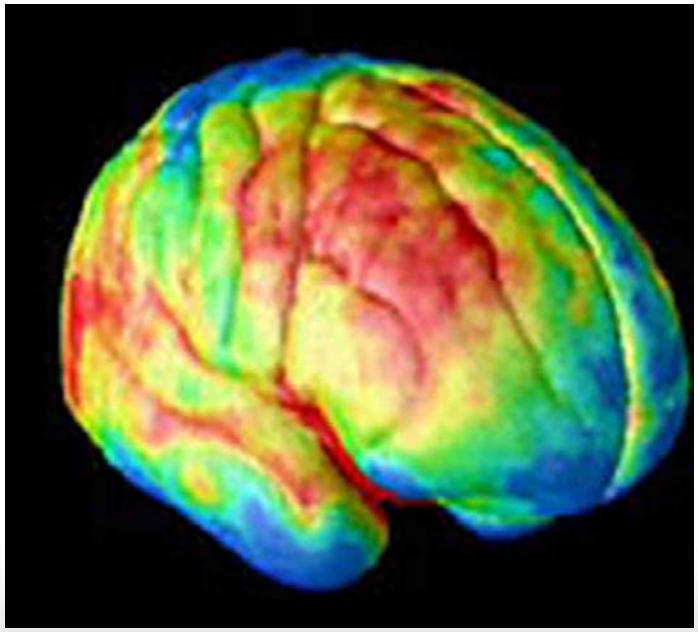
Project Implicit

- implicit.harvard.edu/implicit/
- implied though not plainly expressed
- Treatment IAT: Do you implicitly favor medication or talk therapy?
- Anxiety IAT: Do you implicitly associate yourself with being anxious or calm?

Implicit tests

- Mental Illness IAT: Do you implicitly think people with mental illnesses are dangerous?
- Self-esteem IAT: Do you implicitly associate yourself as good or bad?
- Eating IAT: Do you implicitly feel eating high-fat food is shameful?

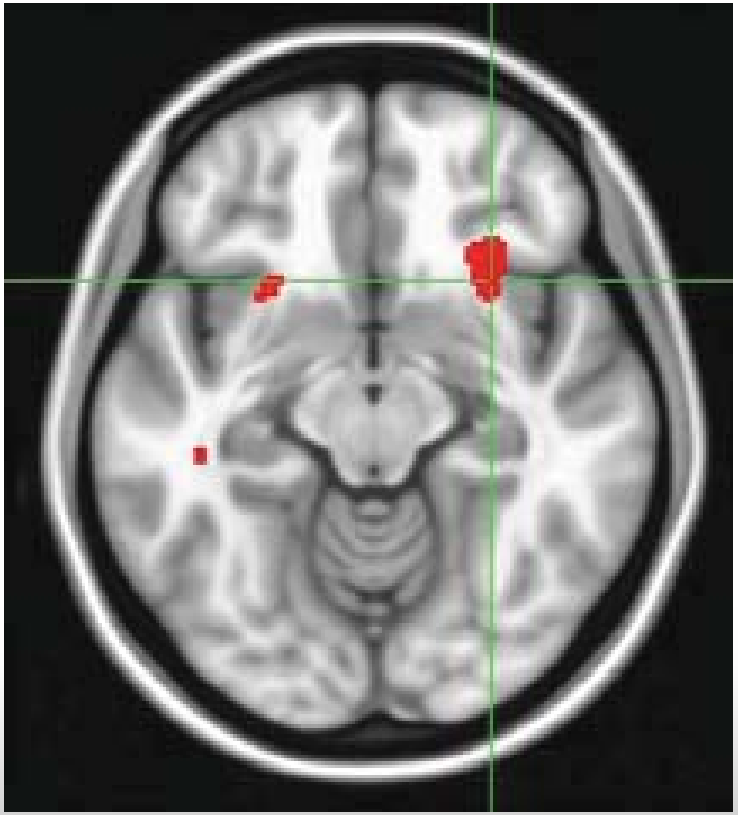
What treatment to choose?



Pet Scan to pick treatment

- Helen Mayberg, MD Emory
  - Used brain scans to predict who responds well to CBT or escitalopram

- Anterior insula
  - Emotional states
  - Self-awareness
- changes noted with
  - Meds
  - Mindfulness training
  - Vagal nerve stimulation



Preschoolers ?

PCIT-ED

- Parent-child interaction therapy-emotional development
  - Judy Luby, M.D. Washington University
  - Strengthen parent-child relationship
  - Positive parenting techniques
  - Coaching parents
  - Training parents to handle noncompliance

Comparison Study

- PCIT-ED compared to basic psycho-education
  - 12 weeks, 54 preschoolers age 3-7
  - Both groups improved
  - PCIT-ED showed improvements in
    - Hyperactivity, conduct, hostility, inattention
    - Executive functioning, recognizing emotions
    - Parental stress and depression decreased


4. Provide self-care and community support
3. Plan and manage care
5. Track and coordinate care
2. Identify and manage patient populations
6. Measure and improve performance
7. Template of the future
1. Enhance Access and Continuity of Care