

Depressive disorder in Children

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ABSTRACT

Background: Depressive disorder is common in children yet remains under diagnosed due to the fact that the children differ from the adults in the presentation and symptomatology.

Methods: Thirty two children diagnosed MDD as per DSM IV criteria were compared with twenty adult patients diagnosed as MDD by similar criteria. Comparison was made on symptomatology, socio-demographic variables and family history of Affective disorders.

Results: A non-significant difference between the two groups was seen.

Conclusions: Awareness and possibly sensitive criteria are needed to detect the cases of mild to moderate depression in children.

Key words: Depression, children, and somatic symptoms

Introduction

Depression in the children remains unrecognized and is dismissed as normal mood swings. In the current classificatory systems like ICD-10 and DSM-IV (American Psychiatric Association (APA), 1994) there are very few categories of emotional disorder specific to the childhood and mostly pertain to the subtypes of anxiety disorders. Mood disorders are diagnosed according to the adult criteria. The adult criteria, if applied to the children, should be on the basis of empirical data about the phenomenology and continuity. However, Kovacs (1984) opined that the adult criteria might identify the severer form of the disorders only. Revol et al (1994) rightly pointed out that the concept of the childhood depression is well defined but the diagnosis remains difficult. Children have limited vocabulary and poor communicability. They are more concrete and are dependent on the family. They are physically different and have shorter attention span and they are less sophisticated psychologically.

A more recent study (Kovacs, 1996) evaluated six variables to determine whether the features of MDD varied across the age span. The six variables were episode number, symptoms constellation, psychiatric co-morbidity, recovery from the index episode, recurrence and switch from the unipolar to the bipolar illness. The author concluded that the symptoms and recurrence rates of juvenile depression are similar to those of adults.

The present study was planned to compare Depression in children with that in adults on the following variables:

- 1) socio-demographic factors
- 2) symptom constellation and
- 3) family history of affective disorder

Material and Method

Thirty children attending the child guidance clinic for the first time at the psychiatry department, PGIMS, Rohtak, INDIA, comprised the sample. The children were diagnosed as Major Depressive Disorder as per the DSM IV criteria (APA, 1994). For the purpose of comparison 20 adults attending the psychiatric OPD for the first time and diagnosed as MDD as per DSM IV criteria were taken up. Both the groups were subjected to the clinical assessment by history taking and mental status examination. In case of the children preferably both the parents were interviewed. The information was gathered on a performa prepared for the purpose.

Results

Table 1				
Socio-demographic Characteristics of Sample				
Variables	Children (N=30)	Adults (N=20)	X ²	p
<u>Sex:</u>				
Males	19	10	0.87	NS
Females	11	10		
<u>Domicile:</u>				
Urban	19	9	1.64	NS
Rural	11	11		
<u>Family type:</u>				
Nuclear	21	7	5.96	sig
Joint	9	13		
<u>Family size:</u>				
Small	19	7	3.85	sig
Large	11	13		

Table 1 shows that there is a preponderance of male children as compared to females and more children are from the urban background in both the groups. There were statistically significant differences between the two groups on the variables family type and the family size. More children belonged to the nuclear and small families as compared to the adult patients.

Table 2 shows the clinical presentation on the sample. Both the groups could not be differentiated on the basis of the family history of the affective disorder. The 2 groups presented with the similar type of onset and no differences could be observed with respect to presence of

precipitating factors. Both the groups had their share of co-morbid conditions. The co-morbid conditions in the children were attention deficit hyperactivity disorder, anxiety disorder and the dissociative disorder; whereas in the adult group the co-morbid conditions were substance abuse and anxiety disorder.

Table 2			
Clinical Presentation of Sample			
Variables	Children (N=30)	Adults (N=20)	X ²
<u>Family history of affective disorder:</u>			
Present	8	7	0.00
Absent	22	13	
<u>Precipitating factor:</u>			
Present	8	5	0.02
Absent	22	15	
<u>Onset:</u>			
Acute	17	11	0.15
Gradual	13	9	
<u>Co-morbidity:</u>			
Present	7	2	1.44
Absent	23	18	

The presenting symptoms are depicted in Table 3. More children than the adults presented with the somatic symptoms. The predominant mood symptom/ s in the children were irritability and that in the adults was sadness. The children presented exclusively with the poor scholastic performance and reduced play activity where as the adults presented with the poor work performance.

Symptom constellation of the sample is shown in Table 4. The symptom constellation in both the groups was essentially the same though more children had irritability of mood. Two groups did not differ statistically on the basis of symptoms.

Discussion

Depression in the children merits special mention because the early onset of Depression

Table 3		
Presenting symptoms		
Variables	Children (N=30)	Adults (N=20)
<u>Somatic symptoms:</u>	18	8
<u>Mood symptoms:</u>		
Sadness	14	16
Irritability	22	5
<u>Poor scholastic performance</u>	24	-
<u>Poor work performance</u>	-	16
<u>Reduced play activity</u>	20	-

in children is associated with poorer prognosis and a severe and recurrent course in adulthood. This entails increased risk for drug abuse and suicidal behavior (NIMH Fact Sheet, 2000). Further, suicide is the third most common cause of death in adolescents (Hoyert et al, 1999). Therefore, it becomes important to recognize and to treat this disorder at the earliest (Shaffer et al, 1996; Weisman et al 1999). The finding that more children from the urban areas are attending the clinic can be explained on the basis of the fact that awareness of mental disorders is more in the urban

educated families.

Table 4

Symptom constellation

Variables	Children (N=30)	Adults (N=20)	X ²
Sadness	14	16	-
Irritability	22	5	-
Morbid thoughts	4	6	2.08
Suicidality	2	2	0.18
Poor self esteem	19	13	0.14
Somatization	22	12	0.95

The children presented with the clinical features such as sadness, irritability, somatization, morbid thoughts, suicidality and poor self-esteem. When compared with the clinical presentation in the adults the differences were not statistically significant. The evidence suggests that the misery in the younger children have some phenomenological features which are common with the adult Depression and the diagnosis could be made using the adult criteria

The children presented with somatic symptoms. Not all the patients who present with somatic symptoms are

referred to the psychiatric services. It is suggested that the children presenting with non-specific and unexplained somatic symptoms should be assessed for Depression.

Conclusion

Depression in the children is indistinguishable from the adult Depression. As the childhood Depression mostly presents with somatic symptomatology, it is a possible that many cases are missed. Awareness and possibly sensitive criteria are needed to detect the cases of mild to moderate depression and to treat them timely and adequately.

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