



# “CHANGE IS HARD” DEPRESSION AND ANXIETY IN ADOLESCENTS

Adolescence is a vulnerable period for mental health, with the onset of conditions most commonly emerging during this stage. Substance use and experimentation, social stressors, performance pressure, relationships, bullying and puberty are all factors that can impact a child’s mental health.

## FEATURES OF ADOLESCENT DEPRESSION

**Cardinal features:** (must be present)

- Dysphoria (Low mood/irritability\*) or Anhedonia

**At least 5 key features present over at least 2-week period and a marked change from baseline:**

- **Sleep changes:** increased during day or decreased sleep at night
- **Interest:** loss of interest in activities that used to interest them
- **Guilt:** worthless feelings, devalue themselves
- **Energy:** commonly presents as fatigue
- **Cognition/Concentration:** difficulty concentrating
- **Appetite:** usually declined, occasionally increased
- **Psychomotor:** agitation/anxiety or lethargic
- **Suicide**

## SCREENING TOOLS FOR DEPRESSION

**AAP guidelines recommend universal screening.**

- SIGECAPS in clinical interview
- PHQ-9 Adolescents
  - Focus on impairment, suicidality
  - Monitoring symptoms with goal of reducing score below 10 or a 50% reduction
- PROMIS  
<http://www.healthmeasures.net/explore-measurement-systems/promis>

## FEATURES OF ANXIETY DISORDER

**At least 3 or more symptoms present:**

- Restlessness or feeling keyed up or on edge
- Easily fatigued
- Difficulty concentrating
- Irritability
- Muscle tension
- Sleep disturbance
- Persistent, intense fear and avoidance of social situations
- Excessive fear when separated from home or attachment figures, worry about their own or their parents safety and health

Symptoms developmentally inappropriate, out of proportion and last > 6 months.

## SCREENING TOOLS FOR ANXIETY

**AAP guidelines recommend universal screening for all girls 8 and up.**

- Rating scales for screening and monitoring:
  - MASC – Multidimensional Anxiety Scale of Children (broad)
  - SCARED – Screen for Child Anxiety Related Emotional Disorder (narrow)
  - GAD – 7
- Assessment of key components
  - Precipitants/triggers of anxiety
  - Severity
  - Functional impairment
  - Ability to recover/coping

## KEY TAKEAWAYS

- It takes a “pills and skills” approach to treat adolescent mood disorders.
- Medication management is safe and effective for pediatric depression and anxiety with SSRIs as the first-line medications.
- Medication side effects are often self-resolved or easy to mitigate.
- Adequate trial for dose and duration (8-12 weeks) is important before medication change.
- FDA black box warning must be discussed with families along with the benefits of treatment vs. risks of untreated depression.
- Validate and normalize BEFORE we treat and heal.

*“I can see how hard this has been for you. I have seen a lot of kids your age going through similar things recently and we have been able to help them out quite a bit.”*

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