



Patient Information

Everybody Gets the Blues—Even Kids

While it's not unusual for children to feel down in the dumps at times, most people assume preschoolers or preteens are too young to be depressed. However, research shows clinical depression knows no age.

According to a study funded by the National Institute of Mental Health, children can experience the same symptoms and severity of depression often found in adults. Medical literature states that about two or three children out of every 100 have depression. This makes depression less common than asthma or allergies, but much more common than childhood diabetes or cancer.

Despite these numbers, depression remains under-diagnosed and under-treated among children and adolescents because its symptoms are not concrete.

So, what should you look for? Toddlers and children who are depressed are persistently irritable, withdrawn and lethargic. Other symptoms include:

- lack of enthusiasm or motivation
- increased agitation and irritability
- chronic fatigue and lack of energy
- withdraw from family, friends and activities
- excessive crying and persistent sadness
- changes in eating and sleeping habits
- frequent complaints about physical problems
- lack of concentration and memory loss
- feelings of worthlessness or excessive guilt
- extreme sensitivity to rejection or failure
- major developmental delays in toddlers
- play that involves harm to the self or others.

To distinguish between mood swings and depression, you have to determine the duration of depressive behavior. For instance, your child might experience some of these symptoms for a day or two. If this is the case, he probably isn't depressed. But if he displays symptoms of depression for more than 2 weeks, seek medical attention. To be classified as clinically depressed, your child must show these signs for an average of 7 to 9 months.

What Causes Depression?

The cause of childhood depression is unknown, although stud-

ies of adults with depression point to genetic predisposition and environmental influence. Children whose parents or siblings are affected by depression are more likely to develop it. Learning disabilities can also contribute to childhood depression. Divorce and the loss of a loved one can put a child at risk, but are not always triggers of depression.

Treatment Options

Treatment for childhood depression includes a combination of individual psychotherapy and family counseling. More comprehensive treatment plans may include play therapy, ongoing evaluation and, in some cases, medication. Antidepressants are often prescribed to treat milder cases of depression, but the Food and Drug Administration has not yet approved them for children younger than 8.

No matter what his age is, your child's emotions are very real. Experts believe that the more parents pay attention to their children's feelings, the better equipped they are to pick up on and seek treatment for depression. Talking with your child helps.

To get started, let your child know that you care about how he feels. But don't expect your child to know why he feels the way he does. Parents commonly make the mistake of asking, "Why are you sad all the time?" Children can almost never answer this questions. Instead, ask your child about the feelings he has. Start with something positive, such as asking him what makes him happy. Then you can move to the negative feelings. Try asking open-ended questions that let your child talk freely.

Bear in mind that depression is a serious condition. If you think your child is depressed, see your health care provider right away. Also, it might help to check with your health care provider before making an appointment with a mental health professional, to rule out any physical problems for your child's symptoms.

Additional Notes:
