



Assessment and Diagnosis of Depression

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Disclosures

I have no relevant financial relationship with a commercial interest to disclose.





Learning Objectives

- **To review how to assess for depression in children and adolescents in a primary care setting.**
- **To discuss and practice using a tool which can assist in the assessment and monitoring response to treatment of childhood depression.**



Agenda

- **Review clinical pearls on assessing depression in pediatric primary care**
- **Review a vignette of a depressed child**
- **Review depression screening tool: the PHQ9**





Major Depressive Disorder in the Primary Care Setting

- **Prevalence:**
 - **Children: 2%--1:1 M:F**
 - **Adolescence: 4-8%—1:2 M:F**
- **Significant burden of illness on patients and families.**
 - **We know COVID has made this worse!!**
- **High rates of depression in primary care settings prior to the pandemic as well. Primary care/Pediatricians see depression more often than Psychiatry in some settings (rural, community clinics, etc)**





Catching Depression

- **Many youth with depression can be missed in primary care settings- time constraints, inconsistent appt attendance, changing providers...**
- **USPSTF and the AAP recommend screening for depression adolescents in primary care**





ABOUT ADOLESCENTS AND DEPRESSION

DEPRESSION IS A SERIOUS DISORDER
THAT CAN IMPACT THE BRAIN
DEVELOPMENT OF ADOLESCENTS.



THE PREVALENCE OF DEPRESSION
RISES AT AGE 14-18 YEARS
OLD.



1 IN 5 INDIVIDUALS EXPERIENCE
A SERIOUS DEPRESSIVE EPISODE
AS AN ADOLESCENT.



DEPRESSION IS EPISODIC
AND WILL LIKELY RESULT
IN A RELAPSE.



ADOLESCENT GIRLS HAVE
TWICE AS MANY DEPRESSIVE
EPISODES COMPARED TO
BOYS.



SUICIDE IS THE THIRD LEADING
CAUSE OF DEATH IN
ADOLESCENTS AND YOUNG
ADULTS.





Public Health Priority

SCREEN for MENTAL HEALTH ISSUES

- **General Screener – All WCCs**
- **Screen for Depression: All Adolescent WCCs**

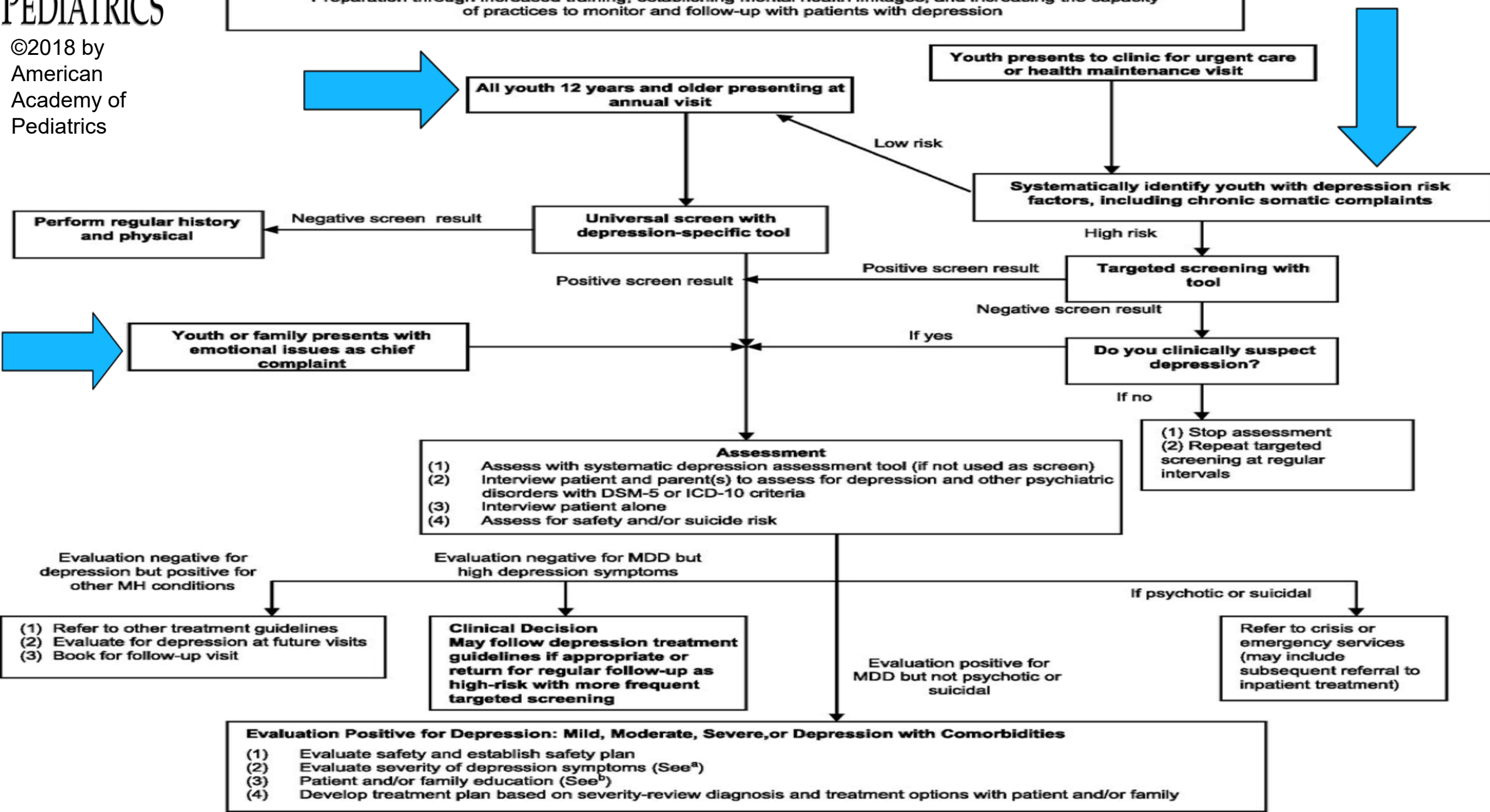




At WCCs: the PHQ2

- **Over the past two weeks have you been:**
 - 1. Feeling down, depressed, irritable or hopeless?**
 - 2. Had little interest or pleasure in doing things?**
- **If the answer is “yes” to either question, complete the PHQ9**

Preparation for Managing Depression in PC
Preparation through increased training, establishing mental health linkages, and increasing the capacity of practices to monitor and follow-up with patients with depression





Ways Depression Shows Up In Primary Care

- Explicit reason for the visit
- Suspicious symptom (headaches, stomach aches)
- You notice something different
- The “door knob” comment





Behavioral Change: Withdrawal Cluster

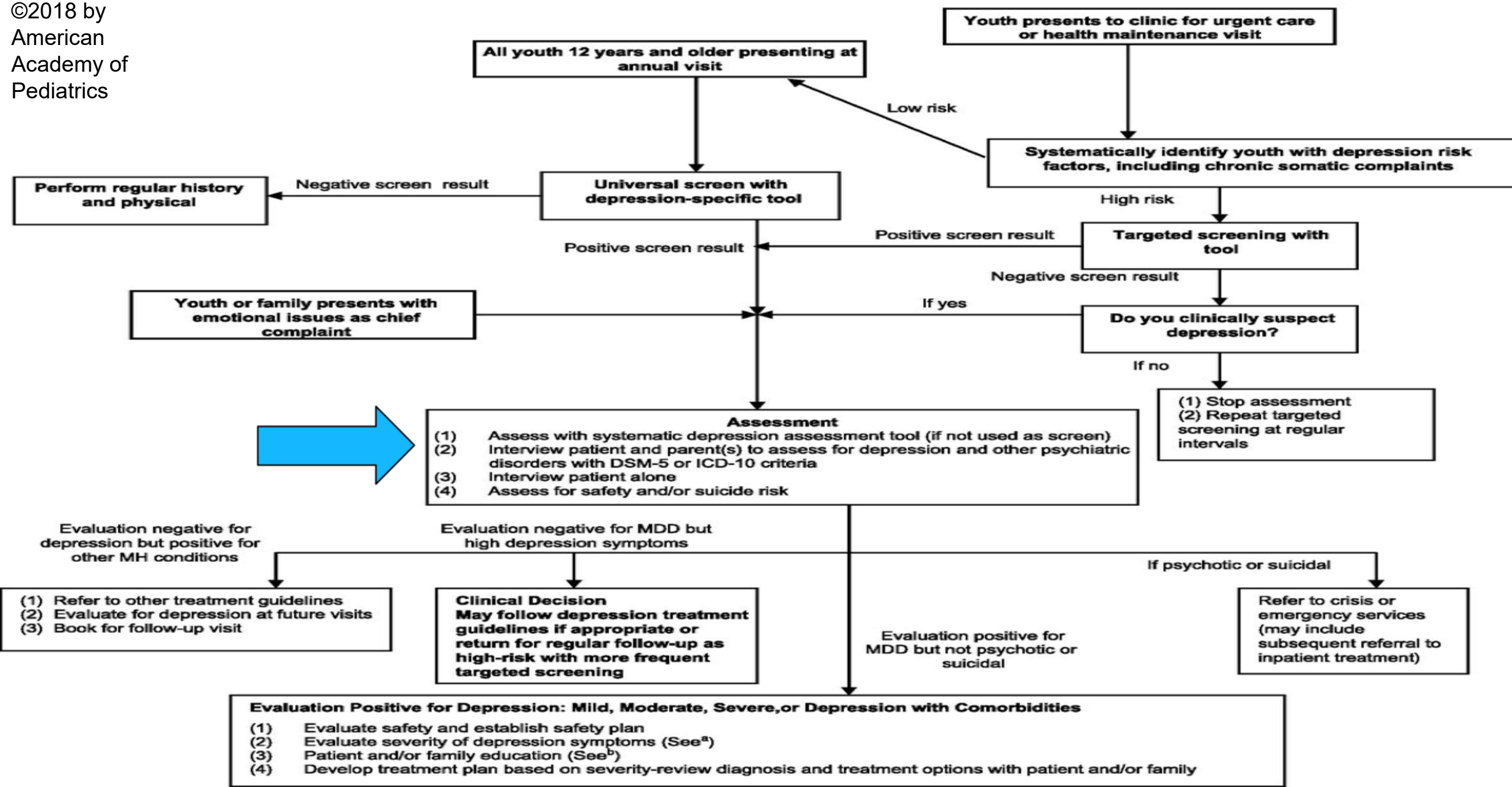




Behavioral Change: Acting Out Cluster



Preparation for Managing Depression in PC
Preparation through increased training, establishing mental health linkages, and increasing the capacity of practices to monitor and follow-up with patients with depression





The Depression Toolkit

- **Interview:** Adolescent Alone, as well as with parents
- **Physical Exam** to rule out medical “Look-Alikes”
- **Screening Tools:** Project TEACH website or at clinic
 - Prepubertal: CES-D
 - Postpubertal: PHQ9 or Columbia





Labs for “Look-Alikes”

- Vitamin D
- Iron studies
- Thyroid studies
- Pregnancy test
- UDS
- Fasting CMP
- CBC with Diff





Major Depressive Disorder

- **At least 5 out of 9 symptoms**
- **For at least 2 weeks**
- **With functional impairment**
- **Not better explained by medical illness or substance abuse**



The PHQ9

- First nine items, how often in past 2 wks
 - DSM V criteria for diagnosing Depression
 - Not at all = 0
 - Several Days = 1
 - More than Half the Days = 2
 - Nearly Every Day = 3
- Below:
 - Functional Impairment: (should be some)
 - Suicidality: (must probe; make safety plan)





Interpreting the PHQ9

- **0-5: No Significant Depression; Remission**
- **5-9: Mild Depression**
- **10-14: Moderate Depression**
- **15-19: Moderately Severe Depression**
- **20 or more: Severe Depression**



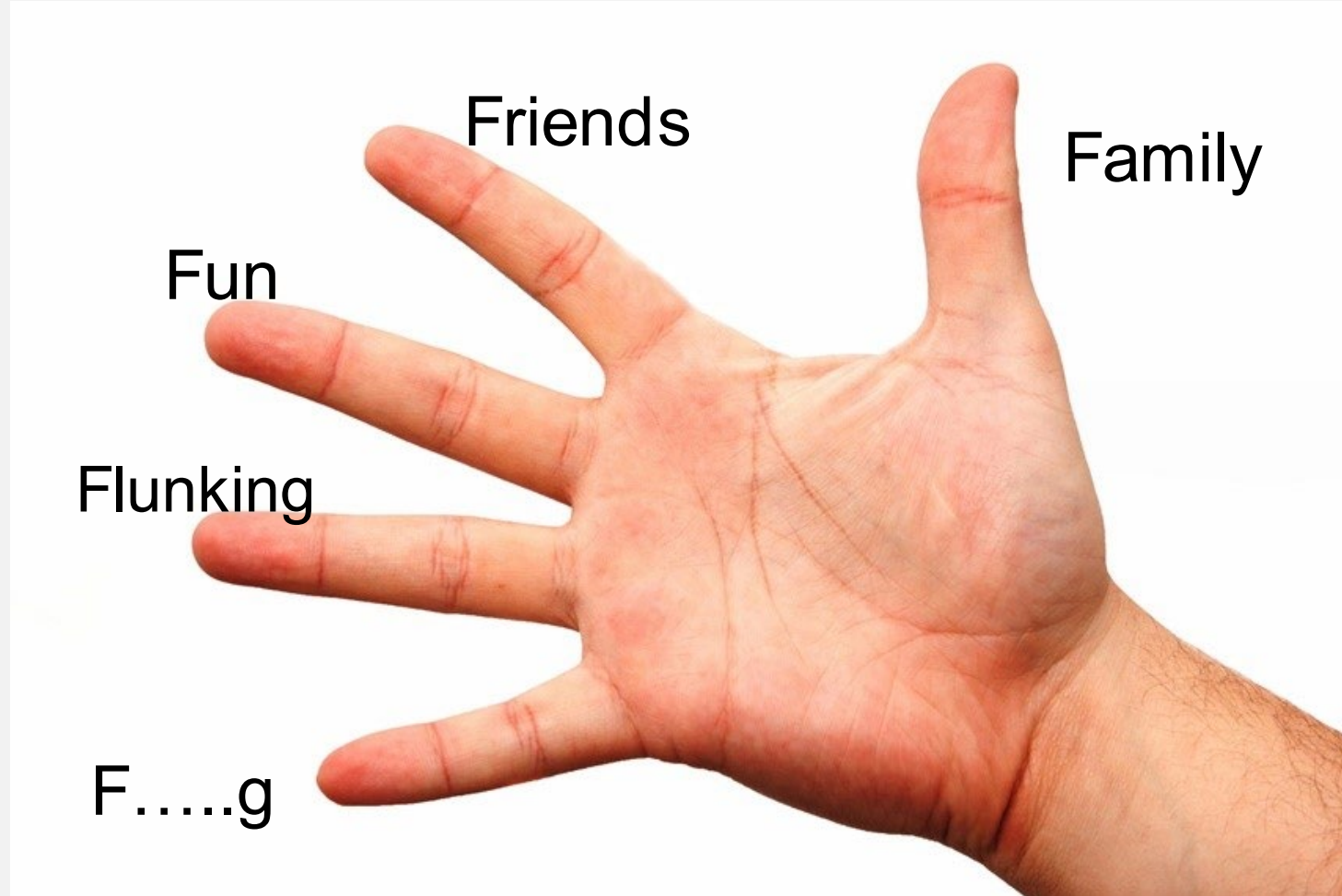
What's Different about Depression in Kids?

- Across the board:
 - Sad = Irritable = Bored
 - Anxious often comorbid, can seem dominant
- Prepubertal: Change in Behavior
 - withdrawn or acting out
- Postpubertal: Decline in social, home, or school domains





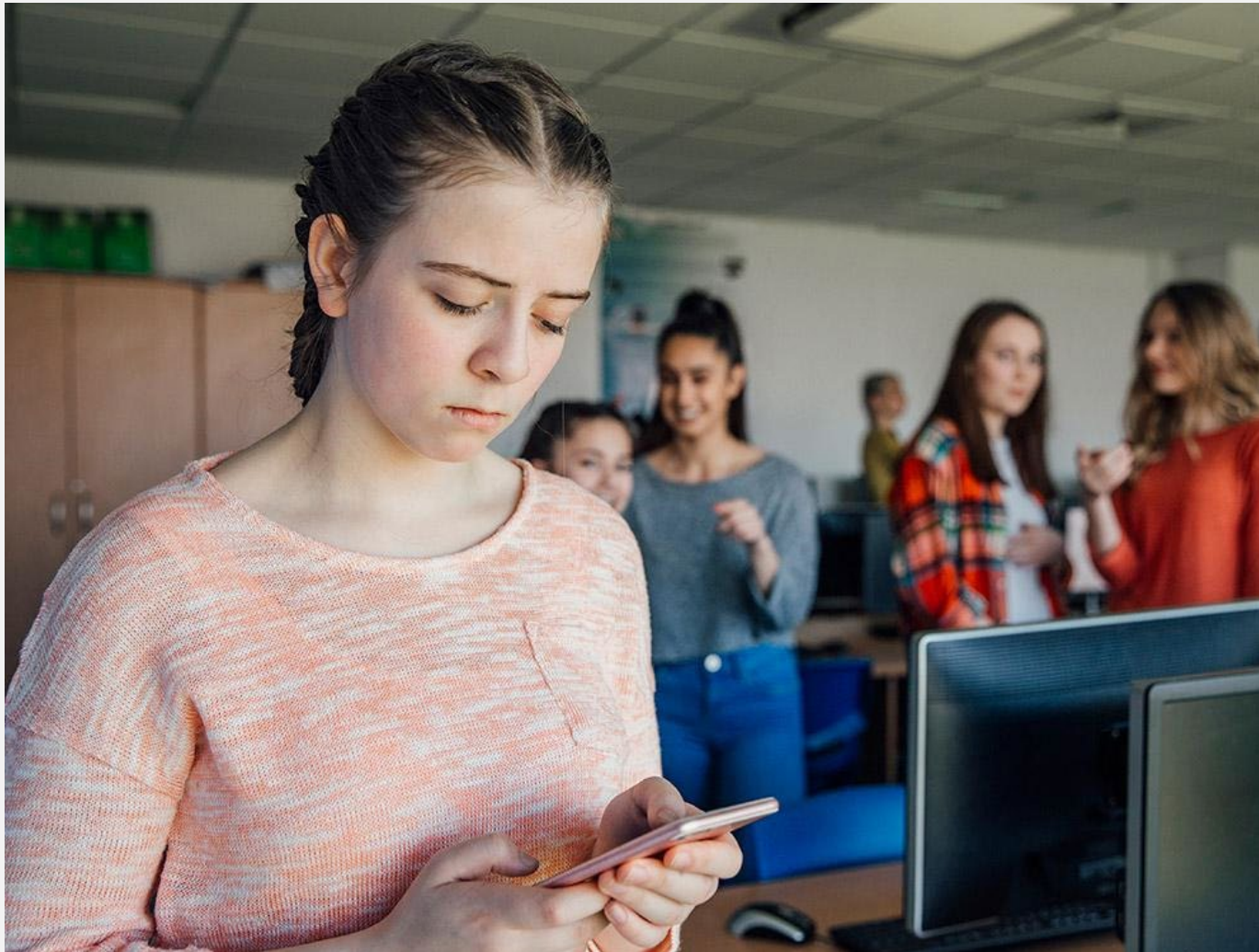
Areas of Teen Function





Depression Risk Factors

- **Family History of depression**
- **Stressors:**
 - **Loss, ongoing conflict and frustrations (sexual identity/orientation struggles), abuse, neglect, trauma, divorce, death**
- **Co-existing disorders (anxiety, substance abuse, ADHD, eating disorders)**
- **Medical illness**
- **Biological and sociocultural factors**





Loss

- **Relationships:** romance, divorce, family member, friends
- **Home/Community:** moving
- **Cultural Identity:** refugees, immigrants
- **Sense of Self:** puberty
- **Sense of Safety:** trauma, DV
- **Self-Esteem:** academic, sports, bullying, cyberbullying



Plan if There's Severe Depression/Suicidality

- **If unsafe, refer to CPEP or the Peds ED or Mobile Crisis**
- **If unsure about safety, call Project TEACH & they can help assess the next step**
- **If safety not an imminent issue, refer for therapy and med management**





Loneliness





GLAD-PC Toolkit

- **Psychoeducation Materials/Provider**
 - What to tell parents about depression?
- **Psychoeducation Materials for Children/Adolescents**
 - Self-Care Success
- **Psychoeducation Materials for Parents**
 - Depression Fact Sheet
 - FAQs about Antidepressants
 - Family Support Action Plan (NAMI, DBSA) (long version)
- **Other Patient and Family Handouts**
 - Facts on Psychological Counseling
 - Communication Tools Between Providers
- **Suicide**
 - Suicide & SSRIs
 - Suicide prevention tips



Summary

- **Reviewed how to assess for depression in pediatric primary care.**
- **Reviewed different vignettes on a depressed child.**
- **Discussed the use of tools for screening and monitoring of depression.**



Whenever You're in Doubt

CALL

Project TEACH

1-855-227-7272





Resources

- **The Website Resources: www.projectteachny.org**
 - **AACAP Depression Resource Center**
 - **AACAP Practice Guidelines**
 - **AACAP “Facts for Families”**
 - **Glad PC Toolkit Link**

- **Online textbook:**
 - **<http://iacapap.org/iacapap-textbook-of-child-and-adolescent-mental-health>**

QUESTIONS



Thank You!



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