ProjectTEACH
FAMILIES THRIVE WITH GOOD MENTAL HEALTH

Assessment and Diagnosis of Adolescent Depression

Presenter:

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FAMILIES THRIVE WITH GOOD MENTAL HEALTH

Disclosures

The REACH Institute – Faculty honoraria (per diem)

Why talk about adolescent depression?

Depression is Common in Teens

- Major Depressive Disorder
  - 1-2% for children (boys: girls-1:1)
  - 4-8% for adolescents (boys:girls-1:2)
  - By the end of adolescence: 11-20% lifetime
- Dysthymia
  - 1% for children
  - 5% for adolescents
- Sub-syndromal Depressive Symptoms
  - 5-10%

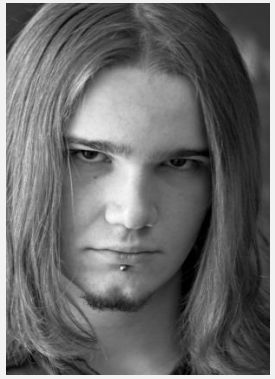
Depression Derails Kids' Lives Now

- **Poor Self-Image**: negative view of self → hopeless view of one's future → suicidality
- **School:** decreased concentration, lack of motivation, poor energy → bad grades, school absences → school drop-out or decreased level of achievement
- **Peers:** irritable mood & decreased energy/motivation→ conflict, drama, & decreased involvement in activities → loss of meaningful interpersonal relationships & a supportive social circle
- **Family:** irritable mood → conflict, drama → dismissed as bad kid, help not provided
- **Community**: irritable mood & decreased energy/motivation→ arguments with coaches/instructors, quitting activities → social isolation

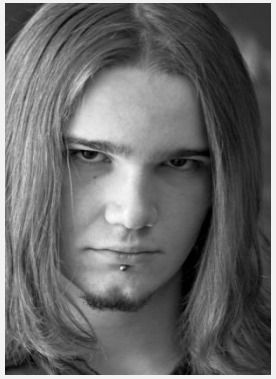
Depression Derails Kids' Lives Later

- Psychosocial problems persist as deficits never gained
- Recurrent Depressions
- Recurrent Suicidality
- Substance abuse
- Poor employment if education disrupted
- Hospitalizations

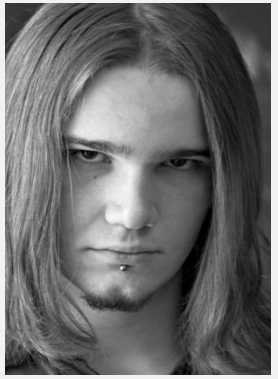
How to Recognize the Moods of an Adolescent



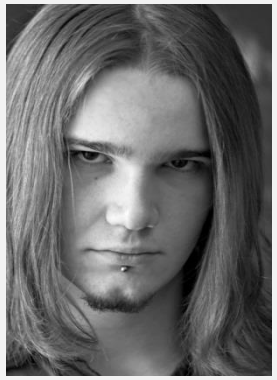
HAPPY



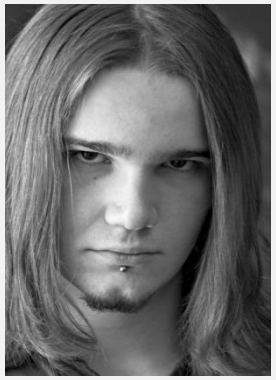
DEPRESSED



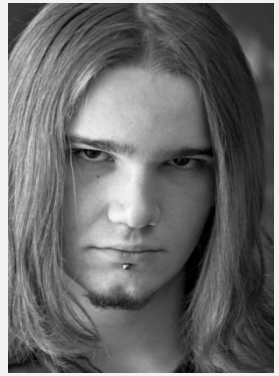
EXCITED



ANXIOUS



MANIC



SUICIDAL

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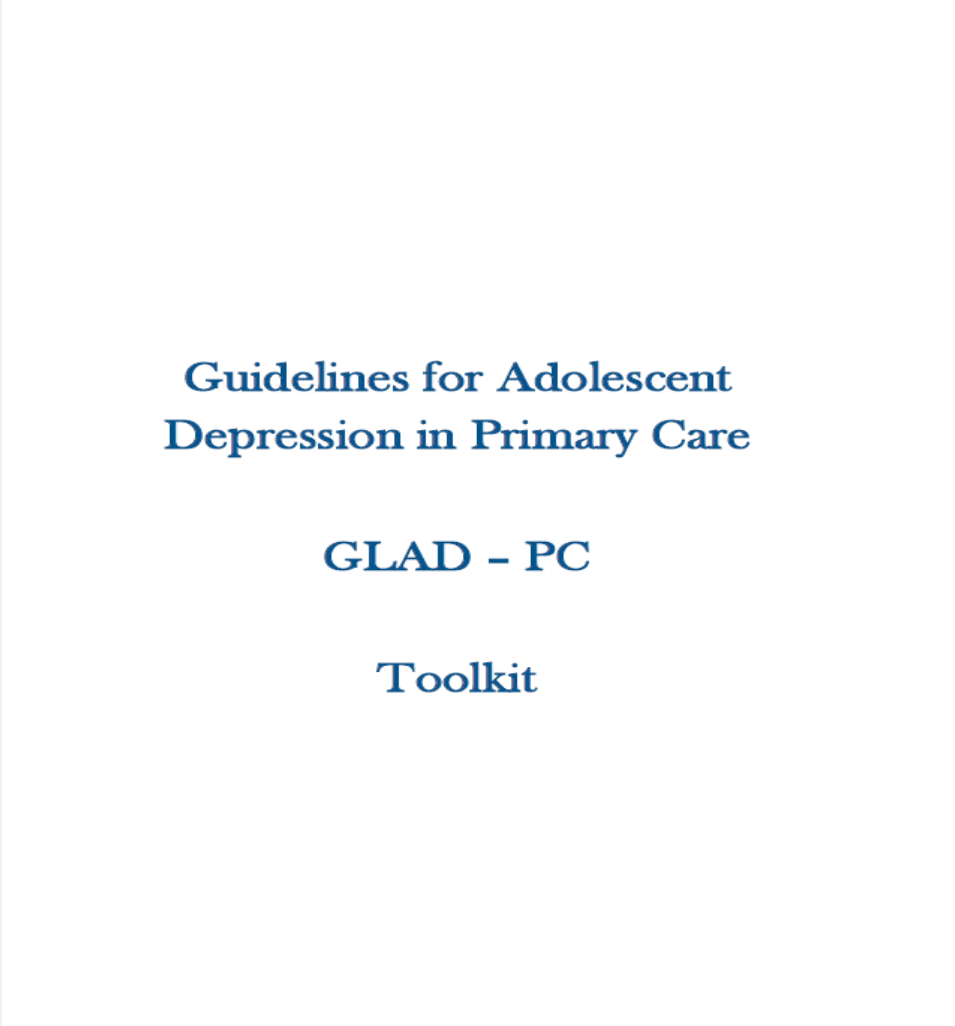
Raise Hands:
Have you heard of GLAD-PC?



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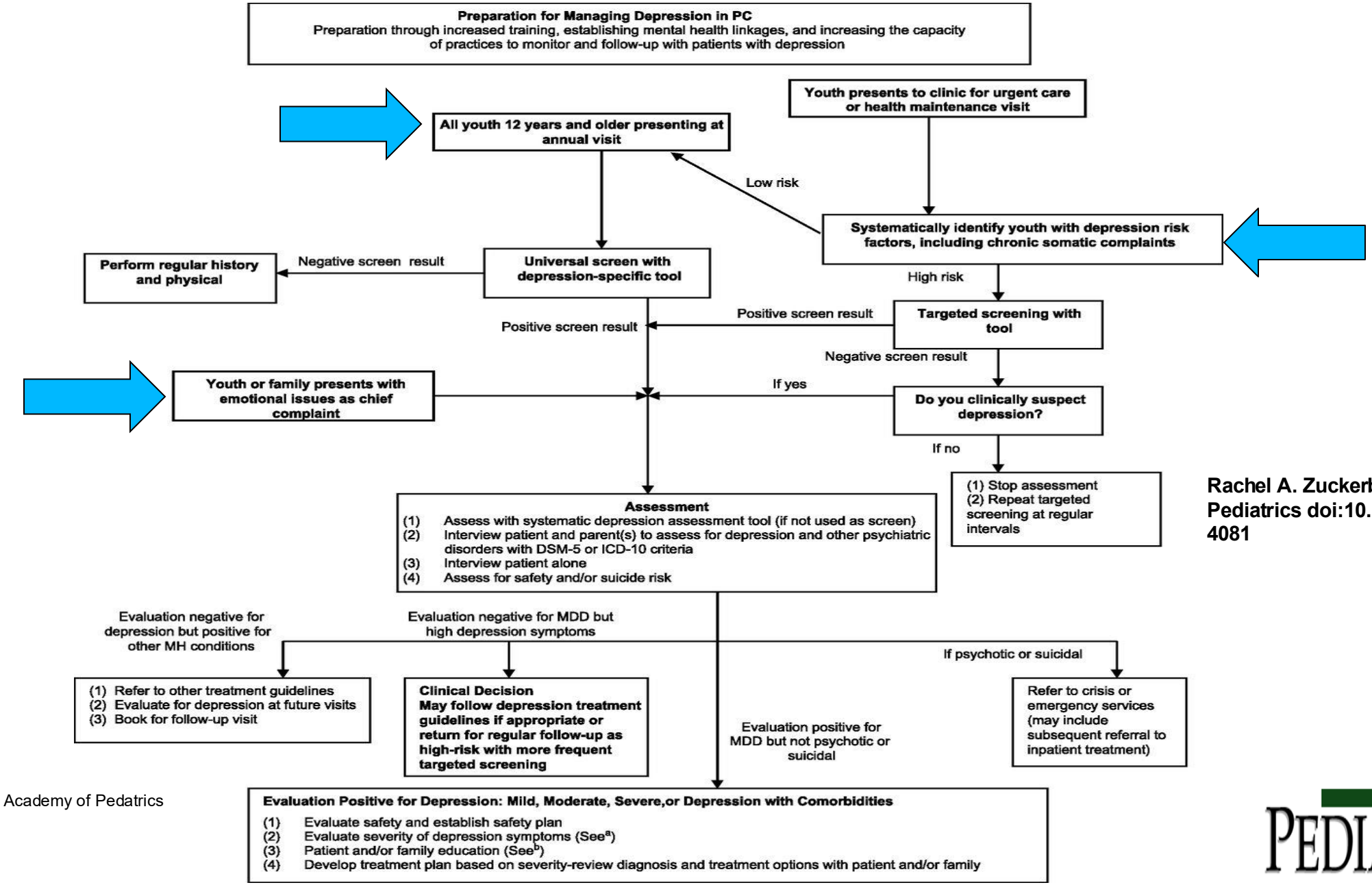
GLAD-PC: Part I, Part II, and a Toolkit

- Pediatrics. 2018 Feb;
  - **Guidelines for Adolescent Depression in Primary Care (GLAD-PC): I. Practice Preparation, Identification, Assessment, and Initial management.**
  - **Guidelines for Adolescent Depression in Primary Care (GLAD-PC): II. Treatment and ongoing management.**
- www.gladpc.org
  - **Guidelines for Adolescent Depression in Primary Care Toolkit**

Clinical assessment flowchart.



Rachel A. Zuckerbrot et al.
Pediatrics doi:10.1542/peds.2017-4081

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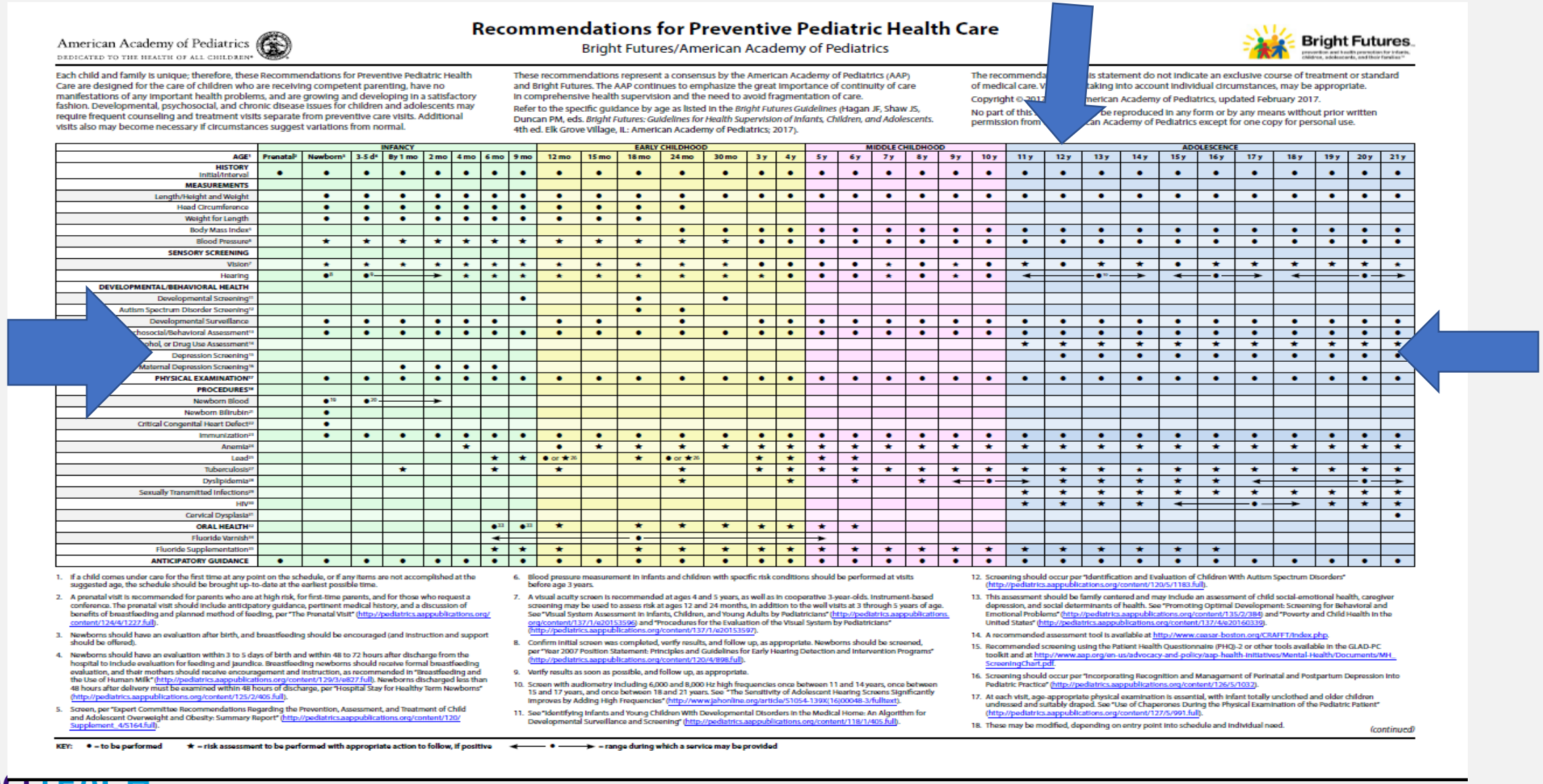
Other Advocates for Universal Screening

- The USPSTF recommends screening for major depressive disorder (MDD) in adolescents aged 12 to 18 years. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up. (2016, 2009).

Other Advocates for Universal Screening (AAP, 2016, 2014)



American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

Recommendations for Preventive Pediatric Health Care

Bright Futures/American Academy of Pediatrics

Bright Futures

Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in a satisfactory fashion. Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits. Additional visits also may become necessary if circumstances suggest variations from normal.

These recommendations represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care.

Refer to the specific guidance by age as listed in the *Bright Futures Guidelines* (Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*. 4th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2017).

The recommenda… is statement do not indicate an exclusive course of treatment or standard of medical care. V… taking into account individual circumstances, may be appropriate.

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	INFANCY							EARLY CHILDHOOD							MIDDLE CHILDHOOD						ADOLESCENCE										
AGE[1]	Prenatal[2]	Newborn[3]	3-5 d[4]	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y
HISTORY Initial/Interval	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
MEASUREMENTS																															
Length/Height and Weight		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Head Circumference		●	●	●	●	●	●	●	●	●	●	●																			
Weight for Length		●	●	●	●	●	●	●	●	●	●																				
Body Mass Index[5]												●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Blood Pressure[6]		★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
SENSORY SCREENING																															
Vision[7]		★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	●	★	●	★	●	★	●	★	★	●	★	★	★	★	★
Hearing		●[8]	●[9]	———	★	★	★		★	★	★	★	★	★	●	●	●	★	●	★	●	●	◄	————	●[10]	———	◄	———	◄	———	●	———
DEVELOPMENTAL/BEHAVIORAL HEALTH																															
Developmental Screening[11]								●			●		●																		
Autism Spectrum Disorder Screening[12]											●	●																			
Developmental Surveillance		●	●	●	●	●	●		●	●		●		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
…hosocial/Behavioral Assessment[13]		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
…phol, or Drug Use Assessment[14]																						★	★	★	★	★	★	★	★	★	★
Depression Screening[15]																							●	●	●	●	●	●	●	●	●
Maternal Depression Screening[16]				●	●	●	●																								
PHYSICAL EXAMINATION[17]		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
PROCEDURES[18]																															
Newborn Blood		●[19]	●[20]	———																											
Newborn Bilirubin[21]		●																													
Critical Congenital Heart Defect[22]		●																													
Immunization[23]		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Anemia[24]						★			●	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Lead[25]							★	★	● or ★[26]		★	● or ★[26]		★	★	★	★															
Tuberculosis[27]				★			★		★			★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Dyslipidemia[28]												★			★		★		★	◄	——●	——►	★	★	★	★	★	★	◄	———	●	——►
Sexually Transmitted Infections[29]																						★	★	★	★	★	★	★	★	★	★
HIV[30]																						★	★	★	★	◄	——●	——►	★	★	★
Cervical Dysplasia[31]																															●
ORAL HEALTH[32]							●[33]	●[33]	★		★	★	★	★	★	★	★														
Fluoride Varnish[34]							◄	——►			●					►															
Fluoride Supplementation[35]							★	★	★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★				
ANTICIPATORY GUIDANCE	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

1. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up-to-date at the earliest possible time.
2. A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding, per "The Prenatal Visit" (http://pediatrics.aappublications.org/content/124/4/1227.full).
3. Newborns should have an evaluation after birth, and breastfeeding should be encouraged (and instruction and support should be offered).
4. Newborns should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital to include evaluation for feeding and jaundice. Breastfeeding newborns should receive formal breastfeeding evaluation, and their mothers should receive encouragement and instruction, as recommended in "Breastfeeding and the Use of Human Milk" (http://pediatrics.aappublications.org/content/129/3/e827.full). Newborns discharged less than 48 hours after delivery must be examined within 48 hours of discharge, per "Hospital Stay for Healthy Term Newborns" (http://pediatrics.aappublications.org/content/125/2/405.full).
5. Screen, per "Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report" (http://pediatrics.aappublications.org/content/120/Supplement_4/S164.full).
6. Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.
7. A visual acuity screen is recommended at ages 4 and 5 years, as well as in cooperative 3-year-olds. Instrument-based screening may be used to assess risk at ages 12 and 24 months, in addition to the well visits at 3 through 5 years of age. See "Visual System Assessment in Infants, Children, and Young Adults by Pediatricians" (http://pediatrics.aappublications.org/content/137/1/e20153596) and "Procedures for the Evaluation of the Visual System by Pediatricians" (http://pediatrics.aappublications.org/content/137/1/e20153597).
8. Confirm initial screen was completed, verify results, and follow up, as appropriate. Newborns should be screened, per "Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs" (http://pediatrics.aappublications.org/content/120/4/898.full).
9. Verify results as soon as possible, and follow up, as appropriate.
10. Screen with audiometry including 6,000 and 8,000 Hz high frequencies once between 11 and 14 years, once between 15 and 17 years, and once between 18 and 21 years. See "The Sensitivity of Adolescent Hearing Screens Significantly Improves by Adding High Frequencies" (http://www.jahonline.org/article/S1054-139X(16)00048-3/fulltext).
11. See "Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening" (http://pediatrics.aappublications.org/content/118/1/405.full).
12. Screening should occur per "Identification and Evaluation of Children With Autism Spectrum Disorders" (http://pediatrics.aappublications.org/content/120/5/1183.full).
13. This assessment should be family centered and may include an assessment of child social-emotional health, caregiver depression, and social determinants of health. See "Promoting Optimal Development: Screening for Behavioral and Emotional Problems" (http://pediatrics.aappublications.org/content/135/2/384) and "Poverty and Child Health in the United States" (http://pediatrics.aappublications.org/content/137/4/e20160339).
14. A recommended assessment tool is available at http://www.ceasar-boston.org/CRAFFT/index.php.
15. Recommended screening using the Patient Health Questionnaire (PHQ)-2 or other tools available in the GLAD-PC toolkit and at http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Documents/MH_ScreeningChart.pdf.
16. Screening should occur per "Incorporating Recognition and Management of Perinatal and Postpartum Depression Into Pediatric Practice" (http://pediatrics.aappublications.org/content/126/5/1032).
17. At each visit, age-appropriate physical examination is essential, with infant totally unclothed and older children undressed and suitably draped. See "Use of Chaperones During the Physical Examination of the Pediatric Patient" (http://pediatrics.aappublications.org/content/127/5/991.full).
18. These may be modified, depending on entry point into schedule and individual need.

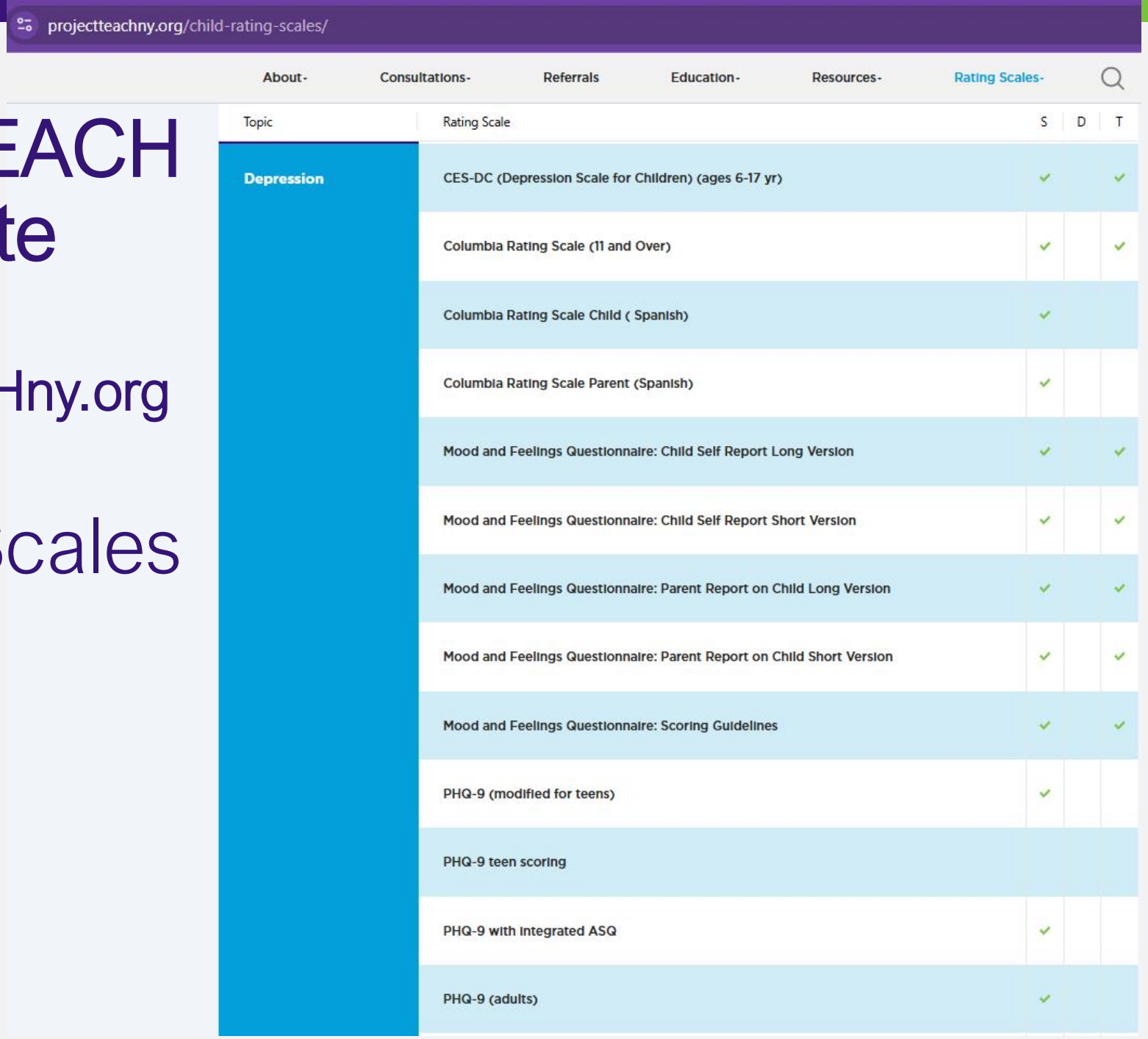
(continued)

KEY: ● = to be performed ★ = risk assessment to be performed with appropriate action to follow, if positive ◄——●——► = range during which a service may be provided

Project TEACH website

ProjectTEACHny.org

- Rating Scales



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PHQ-9: Modified for Teens

Name: _____ **Clinician:** _____ **Date:** _____

Instructions: How often have you been bothered by each of the following symptoms during the past **two weeks**? For each symptom put an **"X"** in the box beneath the answer that best describes how you have been feeling.

	(0) Not At All	(1) Several Days	(2) More Than Half the Days	(3) Nearly Every Day
1. Feeling down, depressed, irritable, or hopeless?				
2. Little interest or pleasure in doing things?				
3. Trouble falling asleep, staying asleep, or sleeping too much?				
4. Poor appetite, weight loss, or overeating?				
5. Feeling tired, or having little energy?				
6. Feeling bad about yourself – or feeling that you are a failure, or that you have let yourself or your family down?				
7. Trouble concentrating on things like school work, reading, or watching TV?				
8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?				
9. Thoughts that you would be better off dead, or of hurting yourself in some way?				

In the **past year** have you felt depressed or sad most days, even if you felt okay sometimes?
[ ] Yes [ ] No

If you are experiencing any of the problems on this form, how **difficult** have these problems made it for you to do your work, take care of things at home or get along with other people?
[ ] Not difficult at all [ ] Somewhat difficult [ ] Very difficult [ ] Extremely difficult

Has there been a time in the **past month** when you have had serious thoughts about ending your life?
[ ] Yes [ ] No

Have you **EVER**, in your WHOLE LIFE, tried to kill yourself or made a suicide attempt?
[ ] Yes [ ] No

***If you have had thoughts that you would be better off dead or of hurting yourself in some way, please discuss this with your Health Care Clinician, go to a hospital emergency room or call 911.*

Office use only **Severity score:** _____

Modified with permission by the GLAD-PC team from the PHQ-9 (Spitzer, Williams, & Kroenke, 1999), Revised PHQ-A (Johnson, 2002), and the CDS (DISC Development Group, 2000)

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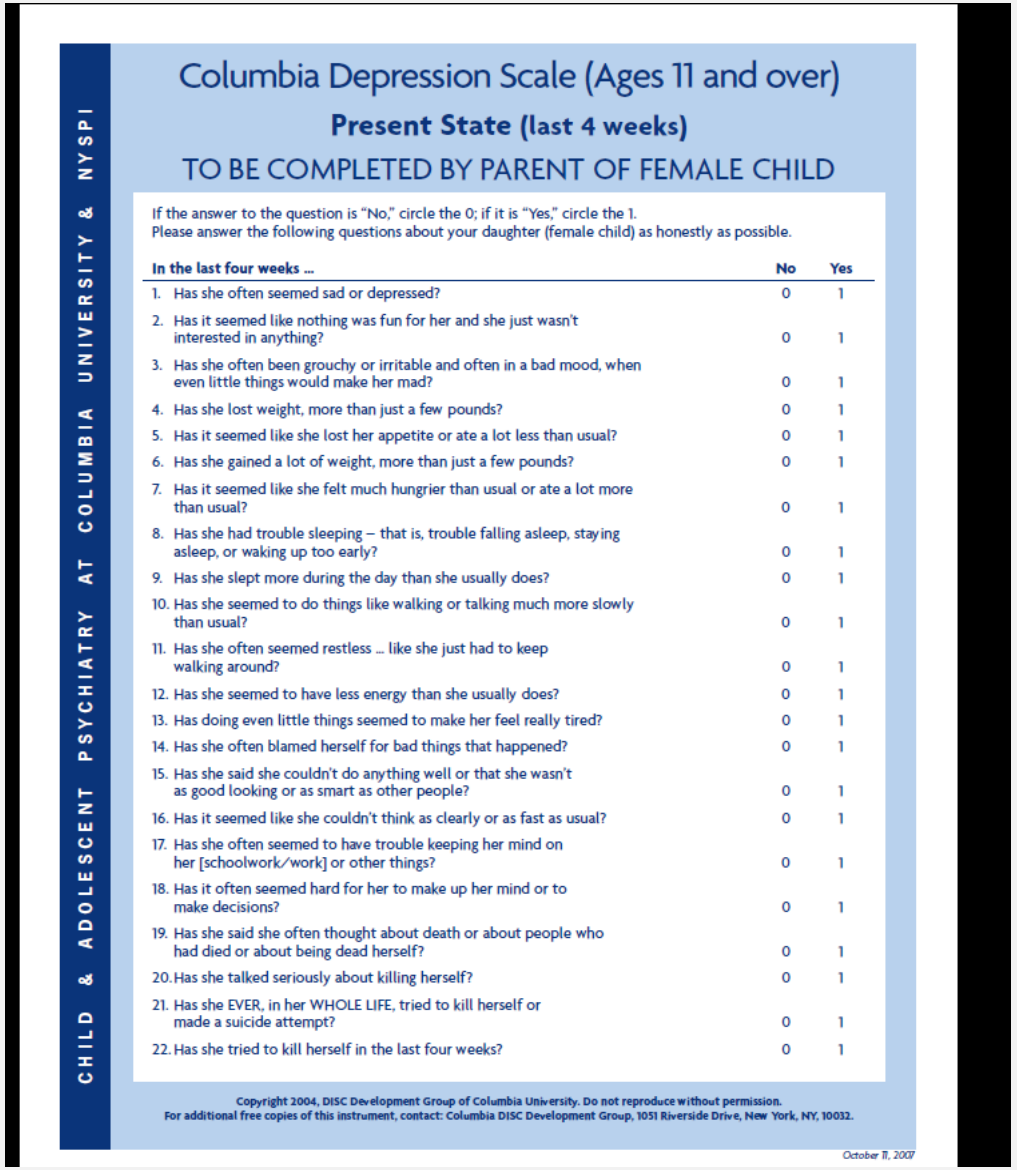
Parent Screens



CHILD & ADOLESCENT PSYCHIATRY AT COLUMBIA UNIVERSITY & NYSPI

Columbia Depression Scale (Ages 11 and over)

Present State (last 4 weeks)

TO BE COMPLETED BY PARENT OF FEMALE CHILD

If the answer to the question is "No," circle the 0; if it is "Yes," circle the 1.
Please answer the following questions about your daughter (female child) as honestly as possible.

In the last four weeks ...	No	Yes
1. Has she often seemed sad or depressed?	0	1
2. Has it seemed like nothing was fun for her and she just wasn't interested in anything?	0	1
3. Has she often been grouchy or irritable and often in a bad mood, when even little things would make her mad?	0	1
4. Has she lost weight, more than just a few pounds?	0	1
5. Has it seemed like she lost her appetite or ate a lot less than usual?	0	1
6. Has she gained a lot of weight, more than just a few pounds?	0	1
7. Has it seemed like she felt much hungrier than usual or ate a lot more than usual?	0	1
8. Has she had trouble sleeping – that is, trouble falling asleep, staying asleep, or waking up too early?	0	1
9. Has she slept more during the day than she usually does?	0	1
10. Has she seemed to do things like walking or talking much more slowly than usual?	0	1
11. Has she often seemed restless ... like she just had to keep walking around?	0	1
12. Has she seemed to have less energy than she usually does?	0	1
13. Has doing even little things seemed to make her feel really tired?	0	1
14. Has she often blamed herself for bad things that happened?	0	1
15. Has she said she couldn't do anything well or that she wasn't as good looking or as smart as other people?	0	1
16. Has it seemed like she couldn't think as clearly or as fast as usual?	0	1
17. Has she often seemed to have trouble keeping her mind on her [schoolwork/work] or other things?	0	1
18. Has it often seemed hard for her to make up her mind or to make decisions?	0	1
19. Has she said she often thought about death or about people who had died or about being dead herself?	0	1
20. Has she talked seriously about killing herself?	0	1
21. Has she EVER, in her WHOLE LIFE, tried to kill herself or made a suicide attempt?	0	1
22. Has she tried to kill herself in the last four weeks?	0	1

October 11, 2007

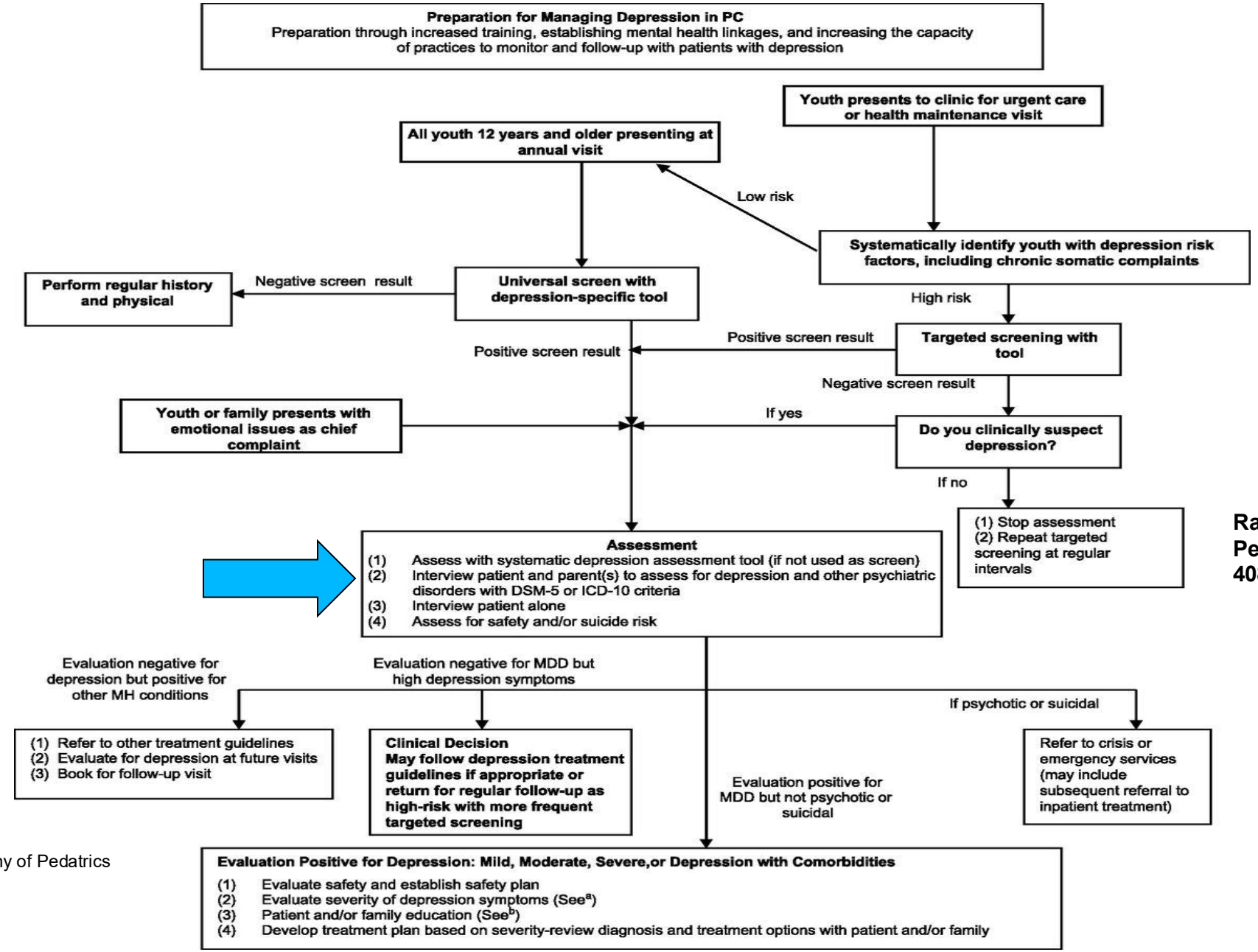
CASE: Danielle

- Danielle's mother books a sick visit appointment saying to the front desk that Danielle is "not right."
- You have known Danielle all of her life and there has never been any issues.
- Danielle is 15 years old.
- When you come into the exam room, Danielle appears "angry" at her mom.
- Her mom says Danielle has quit basketball and is angry at her mom and dad.

CASE: Danielle

- Danielle appears irritable.
- With her mom in the room, Danielle says basketball was boring.
- Danielle says she happily plays video games and watches Stranger Things.
- She says her parents annoy her and are on her case because she does not do as well in school as her brother. She says she gets Bs.
- Her mom says Danielle's grades have dropped from B plus to B minus but she does not bother Danielle about that.
- Danielle stays up late in her room.
- Danielle no longer hangs out with her basketball friend group.

Clinical assessment flowchart.



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DSM 5 Diagnostic Criteria for MDD

A. Five (or more) of the following symptoms have been present during the same 2-week period and ***represent a change from previous functioning***; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.

(1) Depressed mood - or *irritable mood in kids!*

(2) Diminished interest or pleasure in all, or almost all, activities

(3) Significant weight loss or weight gain, or decrease or increase in appetite

(4) Insomnia or hypersomnia

(5) Psychomotor agitation or retardation

(6) Fatigue or loss of energy

(7) Feelings of worthlessness or excessive or inappropriate guilt

(8) Diminished ability to think or concentrate, or indecisiveness

(9) Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide

Depression in Adolescents:

- May appear less depressed than pre-pubertal counterparts
- Express more helplessness and hopelessness
- Experience greater anhedonia
- Begin to endorse excess sleep
- More apt to experience weight changes
- Somatic complaints
- Academic Difficulties
- Suicidality
- Behavioral Problems, Hostility

Interview Patient With Parent and Alone

- Follow up with further questions to determine coherence of story:
  - Is it persistent? How long? Interfering with function?
- Confirm positives on written screens and clarify:
  - Nature, duration, onset, precipitants, what's been tried?
- Targeted Physical Exam
- Labs only as indicated by history, physical exam

Assess for Comorbidity

- A child or adolescent with a depressive disorder will have a 20-33% chance of having another disorder
- Most commonly: anxiety disorders, conduct and oppositional disorders and dysthymic disorder
- MDD often precedes the onset of substance use disorders

Assess Psychosocial Functioning

- How impaired is this teen?
  - Is he missing class?
  - Is she getting good grades?
  - Has the school noticed a problem?
  - Is he still playing basketball on the team?
  - Has she continued to paint?
  - Are his friends still coming to visit?
  - Is she still going out to parties?
  - Does he participate in family outings?

Assess for Protective Factors

- Positive parent-child relationship
- Connection to school
- Prosocial peer group
- Sports
- Higher IQ

Assess for Genetic/family risk factors

- Genetic loading: Single most predictive factor associated with the risk of developing MDD

- Twin studies: 50% heritability; greater in adolescent-onset depression (Rice, 2009)

Investigate for Suicide

- Ask adolescent directly about ideation, impulses, and acts
- Ask parents directly about statements or behaviors suggesting suicidal ideation/feelings

CASE: Danielle

- Alone in the room, Danielle is a little more talkative but still somewhat hostile and closed off.
- Danielle mentions that the coach benched her, and she felt disrespected.
- Danielle denies drug use.
- She says she is tired during the day after staying up late playing video games and streaming shows.
- She says suicidal thinking is stupid.
- She does say nobody would care if she were not around.

Points to Remember

- Familiarize yourself and practice with the GLAD-PC Guidelines
- Prepare yourself and your office to undertake the identification and management of adolescent depression
- Screen all adolescents ages 12 and up with a formal depression self-report tool
- Always be on the lookout for kids with risk factors for depression
- Remember that kids who come in with **ANY** behavioral chief complaint should be assessed for depression as well

Points to Remember

- Talk with teens alone
- Get information from Parents and Caregivers
- Remember the DSM-5 criteria
- Functioning, functioning, functioning!
- Assess for safety
  - Can this patient go home today?