

Depression in Children and Adolescents: Treatment

Here is information from the American Academy of Pediatrics about how depression is treated in children and adolescents.

Introduction

Many children and adolescents with depression do not receive treatment because they have never been diagnosed, they do not have access to mental health care, or they are embarrassed to seek care. Children who do not receive treatment do not function at their best, and their symptoms may worsen over time.

Treatment of depression is effective but may take a while. Following through with treatment, even when, at first, it seems to not be working, is important.

Treatment Options

Treating depression may involve family therapy, psychotherapy (talk therapy), medicine, or combined medicine and therapy. The kind of treatment a child receives depends on the type of depression they have, how severe it is, how long they have experienced the symptoms, their age, and other factors that are specific to them and their family.

Here are different treatment options.

Support From Your Child's Doctor

Your child's doctor may choose to support, monitor, and educate you and your child as a first step, particularly if your family is well-known to them and your child's symptoms are not severe. This could involve your child's doctor keeping a close watch on symptoms (have your child assessed weekly), helping your child think in new ways about themselves, and encouraging healthy habits that are known to lessen depression symptoms. If symptoms do not improve or your child's depression worsens, your child's doctor may refer you and your child to a mental health specialist.

Psychotherapy

Certain types of psychotherapy can help children with depression. Be sure to confirm that the mental health specialist who cares for your child is specifically trained in the method recommended for your child.

- Cognitive behavior therapy (CBT). Specially trained professionals provide CBT, which focuses on helping a child or adolescent become aware of situations that are troubling, identify feelings or beliefs about these situations, change any negative or inaccurate beliefs and thoughts, and learn ways to cope with stress. CBT is usually limited to a particular number of sessions, often concluding when specific skills are learned. "Homework" is often provided to practice these skills between sessions.
- Interpersonal psychotherapy for adolescents (IPT-A). This type of therapy helps a child or adolescent address relationship issues and improves their ability to socialize. IPT-A can also help with transitions (such as moving or divorce), grief, and conflicts with family or peers. The therapy is for a limited time, and your child may have homework, or participate in group therapy, provided by a psychologist or a counselor with special training.

Family Therapy

Family therapy is a type of counseling that helps a family understand each other better and learn coping skills to deal with stress. When

one member of a family is experiencing a mental health issue, family therapy can help the rest of the family feel supported, learn ways to support each other, and reduce conflict.

Medicine

Your child's doctor may prescribe medicine, an antidepressant, to treat depression. Research shows that children and adolescents with major depression have the best results from CBT (cognitive behavior therapy) with medicine. The most commonly used antidepressants for depression in children are selective serotonin reuptake inhibitors (SSRIs).

If your child is taking medicine for depression, it will take a while to titrate (adjust) the medicine and find the dose that works best. The dose will be lower at first and then increased. Sometimes children will need to try more than one SSRI to find one that works best. It is important to note any side effects and report them to the doctor. The most common side effect is abdominal pain. However, the pain lessens as the patient continues to use the medicine.

Other side effects of SSRIs include

- Dry mouth
- Constipation
- Diarrhea
- Sweating
- Sleep problems
- Irritability
- Increased impulsivity or the child doing things that the child might not otherwise do
- Agitation
- Jitteriness
- Headache
- Appetite changes
- Less libido (sex drive) in males

If you or your child notice any of the following side effects, you should call the doctor right away:

- Rash
- Combined fever, chills, restlessness, and confusion
- Combined dizziness, drowsiness, nausea, and headache
- Feeling restless and unable to be still
- Agitation, silliness, speaking too fast, feeling overenergetic, and sleeping less than usual
- Increase in suicidal thoughts

It may take 4 to 6 weeks of taking an antidepressant for your child to feel any effect. Keep in mind that results may vary for each child.

Also, it is important to never stop taking an antidepressant quickly. When it is time to stop taking the medicine, the pediatrician or mental health specialist will slowly reduce the dose of the drug over several weeks to avoid withdrawal side effects.

About the US FDA Black Box Warning

Parents may have learned that selective serotonin reuptake inhibitors (SSRIs) have a boxed warning (commonly referred to as “black box warning”) from the US Food and Drug (FDA) Administration. The boxed warning calls attention to serious or life-threatening risks.

The US FDA tests and approves medicines before they can be sold. The details of the black box warning are important to understand because some parents and adolescents feel hesitant about medicine that seems harmful.

In 2004, the US FDA added a black box warning for antidepressants for children and adolescents. The US FDA reviewed 24 research studies with more than 4,400 children and adolescents who had been

prescribed any of 9 antidepressants. No child died by suicide in any of these trials. US FDA officials found that about 2 out of 100 children not taking antidepressants would report suicidal thoughts or behaviors, compared to 4 out of 100 who were taking antidepressants.

Many research studies show that antidepressants are safe and effective at treating children with depression. The black box warning is intended to encourage parents and doctors to ask about suicidal thoughts.

Remember

Contact your child’s doctor if you have any questions and visit www.HealthyChildren.org for more parenting information.

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The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

Adapted from the American Academy of Pediatrics patient education booklet, *Understanding Depression in Children and Adolescents*.

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