



Depression and Anxiety in the Young

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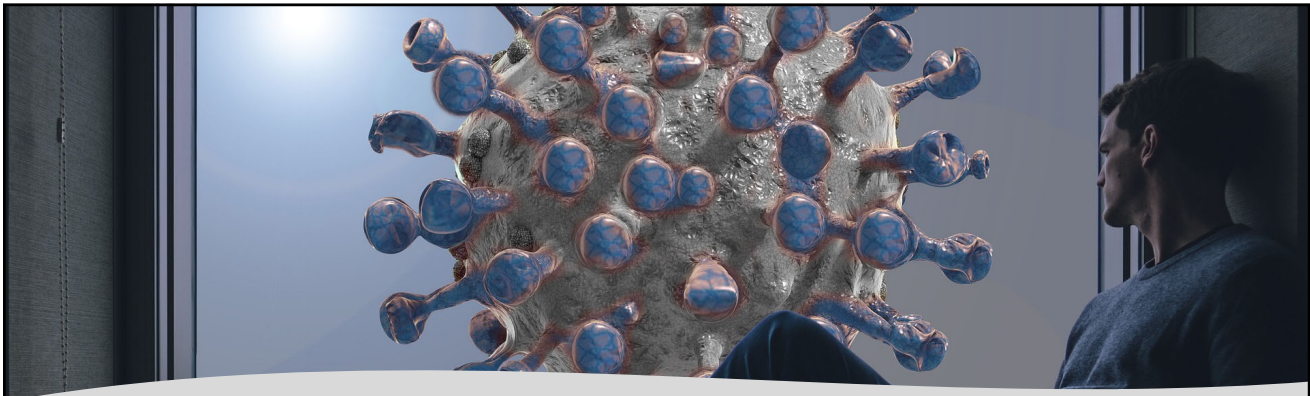
The Ohio State University Wexner Medical Center

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Objectives

- Review process for screening and diagnosis of anxiety and depression in adolescents and young adults.
- Discuss evidence-based recommendations for first line treatment of anxiety and depression in adolescents and young adults.
- Review indications for psychiatry referral.



Why adolescent and young adult mental health?

- Half of mental health disorders begin by age 14
- Rates continue to rise
- COVID-19 pandemic has further strained an overburdened system
- Treatment improves outcomes

Case 1

11-year-old male presents for his well child check. Mom notes he is more irritable and gets easily upset and angry at his family members. He is complaining of frequent stomach aches, especially during the school week. He has regular, soft bowel movements and no other GI complaints. He has recently started using a night light because he reports feeling afraid of the dark. He is usually an excellent student, but grades are now average the past semester because he is easily distracted and forgets to complete some assignments. Of note, his parents are going through a divorce which is amicable, and kids are splitting time between parents.



Screening tools

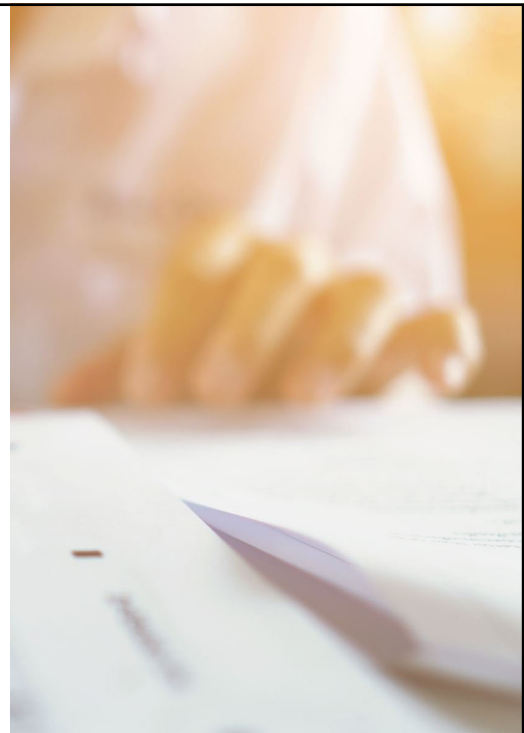
PSC-17 (Pediatric Symptom Checklist)

SCARED (Screen for Child and Adolescent Anxiety-Related Disorders)

GAD-7 (Generalized Anxiety Disorder)

Pediatric Symptom Checklist

- Parent completed version (PSC)
- Youth Self Report (Y-PSC)
- 35 item questionnaire



Differential Diagnoses

Medical conditions

- Thyroid disease, asthma, seizure disorder, arrhythmia, PANS, headache syndrome, CNS tumor, pheochromocytoma

Toxicology

- Substance use disorders, intoxication

Psychiatric conditions

- ADHD, ASD, learning disorder, depression, bipolar disorder

Back to the Case

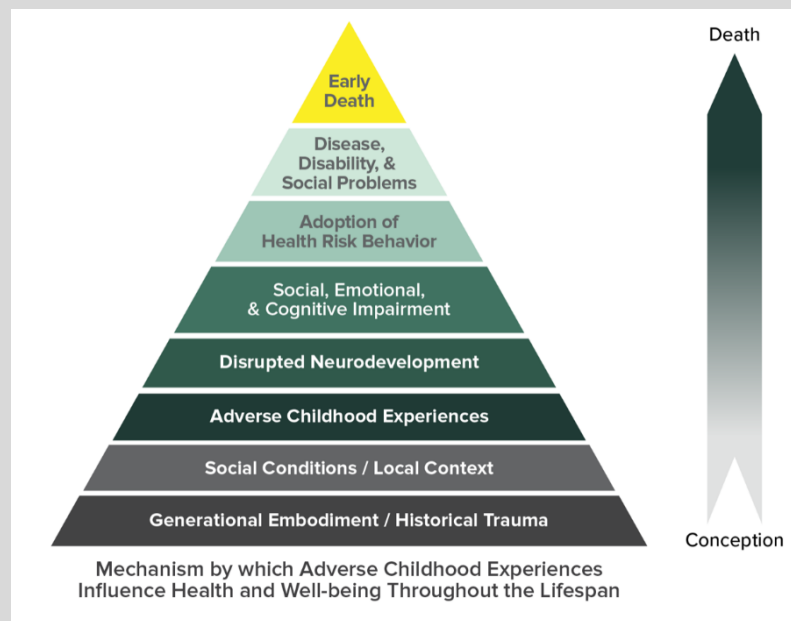
- Patient interviewed with and without parent present
 - Home life
 - School life
 - Risk and protective factors



Generalized Anxiety Disorder – DSM-5 Criteria

- Excessive anxiety and worry occurring more days than not for at least six months.
- The individual finds it difficult to control the worry.
- The anxiety and worry are associated with three or more of the following symptoms: restlessness, being easily fatigued, difficulty concentrating, irritability, muscle tension, sleep disturbance.
- The anxiety and/or physical symptoms impair functioning or cause distress.
- The disturbance is not caused by the physical effects of a substance.
- The symptoms are not better explained by another medical condition.

ACE Study: Adverse Childhood Experiences affect Health Outcomes and Mental Health



Treatment of Anxiety

Cognitive Behavioral Therapy (CBT)

Medication (SSRIs)

Referral to psychiatrist

CAMS: Child- Adolescent Anxiety Multimodal Study

- RCT in 488 youth (ages 7-17) with diagnosis of non-OCD anxiety disorder
- 2008 study published in NEJM
- Randomized to 12 weeks: CBT, Sertraline, CBT + Sertraline, Placebo
- Results
 - Combination therapy worked the best
 - Medication alone equal to CBT alone
 - Mean dose of Sertraline: combination 134 mg/day, Sertraline alone 146 mg/day, placebo 176 mg/day

Case 1 Conclusion

- Elevated Internalizing Score on PSC-17 and elevated overall score on SCARED
- Discussed treatment options
- Referred for CBT and symptoms improved over time and medication was not needed.



Resources for Anxiety

- AACAP Practice Parameter for the Assessment and Treatment of Children and Adolescents with Anxiety Disorders
- Anxiety BC
- Coping Cat
- BH-TIPS (Behavioral Health Treatment Insights and Provider Support) and Project ECHO (Extension for Community Healthcare Outcomes)



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Case 2

Derek is an 18-year-old with no significant past medical history presenting for his annual well visit. As part of routine screening your office administers a Patient Health Questionnaire (PHQ-9). You note that Derek scored a 10. How do you proceed?





Depression

- Affects 20-25% of adolescents
- Impacts school performance, relationships and physical health
- 50% of youth suffering from depression are missed in the primary care setting

Screening



WHY?



WHO?



HOW?

Patient Health Questionnaire (PHQ-9)

Over the last two weeks how often have you been bothered by any of the following problems (0-3):

1. Little interest or pleasure in doing things
2. Feeling down, depressed, or hopeless
3. Trouble falling or staying asleep, or sleeping too much
4. Feeling tired or having little energy
5. Poor appetite or overeating
6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down
7. Trouble concentrating on things, such as reading the newspaper or watching television
8. Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual
9. Thoughts that you would be better off dead or of hurting yourself in some way

If you checked off any problems, 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?

Screening

PHQ Variations – PHQ-2 and PHQ -A

Beck Depression Inventory-Primary Care Version

Columbia Depression Scale

Mood and Feelings Questionnaire

Center for Epidemiologic Studies Depression Scale for Children

PRIME MD-PHQ

Back to our case

- Derek scored a 10 on his PHQ-9
- What else do we need to know?



Diagnosing Major Depressive Disorder

DSM-IV depression criteria: at least 5 of the 9 key features, present over at least a 2-week period, representing a change from prior functioning, at least one of number 1 and 2 must be present:

1. Depressed or irritable mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad or empty) or observations made by others (e.g., appears tearful)
2. Decreased interest or pleasure in all or most activities for most of each day (self-report or observed by others)
3. Significant weight change (-5%) or change in appetite nearly every day
4. Change in sleep: insomnia or hypersomnia
5. Change in activity: psychomotor agitation or retardation (observable by others, not just subjective experience)
6. Fatigue or lack of energy
7. Guilt/worthlessness: excessive or inappropriate guilt or feelings of worthlessness
8. Poor concentration and/or indecision
9. Suicidality: recurrent thoughts of death or suicide, or has a suicide plan, or has made a suicide attempt

Ask Suicide-Screening Questions (ASQ)

- In the past few weeks, have you wished you were dead?
- In the past few weeks, have you felt that you or your family would be better off if you were dead?
- In the past week, have you been having thoughts about killing yourself?
- Have you ever tried to kill yourself?
- If yes to any of the above, Are you having thoughts of killing yourself right now?



Treatment

Mild Depression

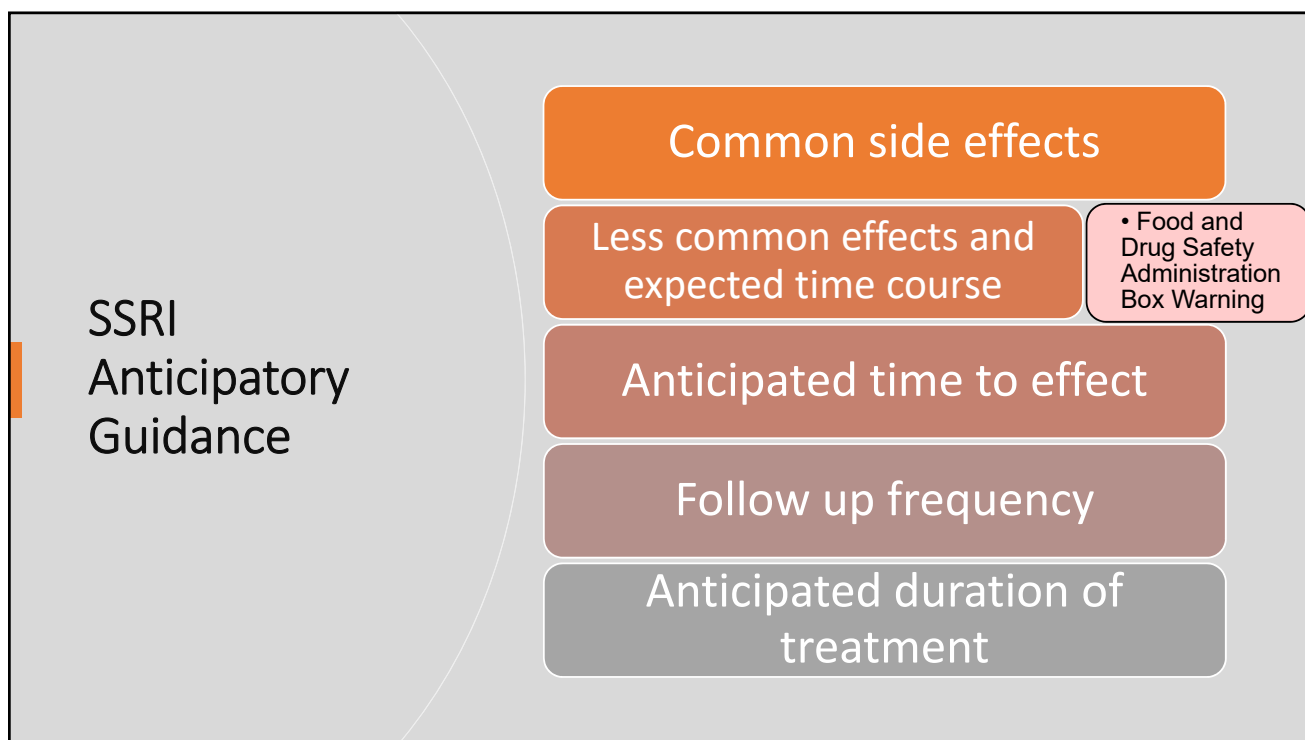
- Active Support

Moderate Depression

- Cognitive Behavioral Therapy
- Interpersonal Therapy for Adolescents
- Pharmacology

Severe Depression

- Crisis or Emergency Services
- Mental Health Expert



Treatment

- **Fluoxetine**

- start at 10mg daily, minimum effective dose 20mg, increase every 1-2 weeks to target of 20-40mg daily
- FDA approved
- Long half life

- **Alternative SSRI Options**

- **Escitalopram**

Safety Plan

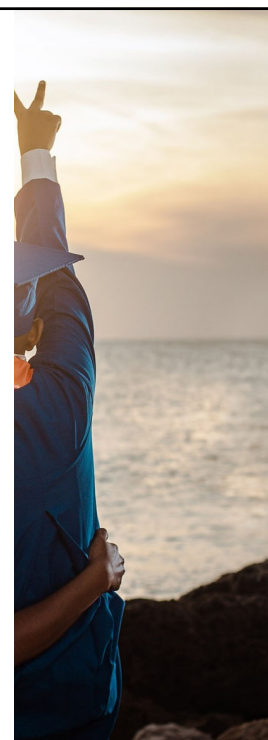
Risk and protective factors

Means restriction

Safety network

Case 2 Conclusion

- Did not have significant improvement despite titration of **fluoxetine**
- Transitioned to **escitalopram** with excellent effect



Resources for Depression

- Guidelines for Adolescent Depression in Primary Care
 - <http://www.gladpc.org/>
- National Network of Child Psychiatry Access Programs
 - <https://www.nncpap.org/>
- 988 Suicide and Crisis Lifeline
 - <https://988lifeline.org/>



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Special thank you to the REACH Institute for the excellent training and helpful resources through their Patient-Centered Mental Health in Pediatric Primary Care program (PPP).