

FDA: Don't Leave Childhood Depression Untreated

Every psychological disorder, including depression, has some behavioral components.

Depressed children often lack energy and enthusiasm. They become withdrawn, irritable and sulky. They may feel sad, anxious and restless. They may have problems in school, and frequently lose interest in activities they once enjoyed.

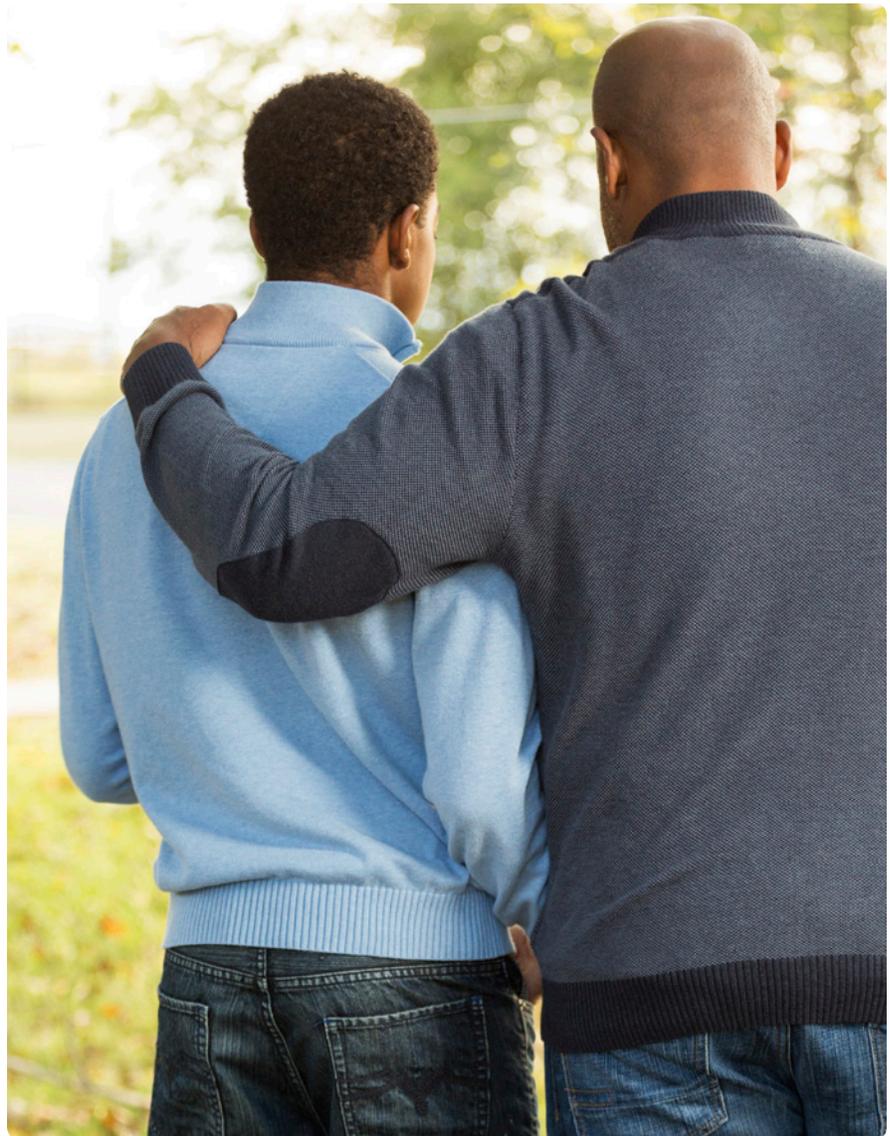
Some parents might think that medication is the solution for depression-related problem behaviors. In fact, that's not the case. The Food and Drug Administration hasn't approved any drugs solely for the treatment of "behavior problems." When FDA approves a drug for depression—whether for adults or children—it's to treat the illness, not the behavior associated with it.

"There are multiple parts to mental illness, and the symptoms are usually what drug companies study and what parents worry about. But it's rare for us at FDA to target just one part of the illness," says Mitchell Mathis, M.D., a psychiatrist who is the Director of FDA's Division of Psychiatry Products.

Depression Is Treatable

The first step to treating depression is to get a professional diagnosis; most children who are moody, grouchy or feel that they are misunderstood are not depressed and don't need any drugs.

Only about 11 percent of adolescents have a depressive disorder by



age 18, according to the National Institute of Mental Health (NIMH) (www.nimh.nih.gov/health/topics/depression/index.shtml). Before puberty, girls and boys have the same incidence of depression. After ado-

lescence, girls are twice as likely to have depression as boys. The trend continues until after menopause. "That's a clue that depression might be hormonal, but so far, scientists haven't found out exactly how hor-

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mones affect the brain,” says child and adolescent psychiatrist Tiffany R. Farchione, M.D., the Acting Deputy Director of FDA’s Division of Psychiatry Products.

It’s hard to tell if a child is depressed or going through a difficult time because the signs and symptoms of depression change as children grow and their brains develop. Also, it can take time to get a correct diagnosis because doctors might be getting just a snapshot of what’s going on with the young patient.

“In psychiatry, it’s easier to take care of adults because you have a lifetime of patient experience to draw from, and patterns are more obvious” says Mathis. “With kids, you don’t have that information. Because we don’t like to label kids with lifelong disorders, we first look for any other reason for those symptoms. And if we diagnose depression, we assess the severity before treating the patient with medications.”

Getting the Proper Care

The second step is to decide on a treatment course, which depends on the severity of the illness and its impact on the child’s life. Treatments for depression often include psychotherapy and medication. FDA has approved two drugs—fluoxetine (Prozac) and escitalopram (Lexapro)—to treat depression in children. Prozac is approved for ages 8 and older; Lexapro for kids 12 and older.

“We need more pediatric studies because many antidepressants approved for adults have not been proven to work in kids,” Farchione says. “When we find a treatment that has been shown to work in kids, we’re encouraged because that drug can have a big impact on a child who doesn’t have many medication treatment options.”

FDA requires that all antidepressants include a boxed warning about the increased risks of suicidal thinking and behavior in children, adolescents and young adults up to age 24. “All of these medicines work in the brain and the central nervous system, so there are risks. Patients and their doctors have to weigh those risks against the benefits,” Mathis says.

Depression can lead to suicide. Children who take antidepressants might have more suicidal thoughts, which is why the labeling includes a boxed warning on all antidepressants. But the boxed warning does not say not to treat children, just to be aware of, and to monitor them for, signs of suicidality.

“A lot of kids respond very well to drugs. Oftentimes, young people can stop taking the medication after a period of stability, because some of these illnesses are not a chronic disorder like a major depression,” Mathis adds. “There are many things that help young psychiatric patients get better, and drugs are just one of them.”

It’s important that patients and

their doctors work together to taper off the medications. Abruptly stopping a treatment without gradually reducing the dose might lead to problems, such as mood disturbance, agitation and irritability.

Depression in children shouldn’t be left untreated. Untreated acute depression may get better on its own, but it relapses and the patient is not cured. Real improvement can take six months or more, and may not be complete without treatment. And the earlier the treatment starts, the better the outcome.

“Kids just don’t have time to leave their depression untreated,” Farchione says. “The social and educational consequences of a lengthy recovery are huge. They could fail a grade. They could lose all of their friends.”

Medications help patients recover sooner and more completely. 

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