



DEPRESSION IN CHILDREN

DEPRESSION

Like many adults, children can experience the normal mood many of us refer to as "depression." This happens when we're frustrated, disappointed or sad about a loss in our lives. Part of the normal ups and downs of life, this feeling fades relatively quickly. Studies of children aged 6 to 12, however, have shown that as many as one in 10 suffer from the illness of depression. These children cannot escape their feelings of sadness for long periods of time.

Like depression in adults, the illness has the following symptoms in a child:

- sadness
- hopelessness
- feelings of worthlessness
- excessive guilt
- change in appetite
- loss of interest in activities
- recurring thoughts of death or suicide
- loss of energy
- helplessness
- fatigue
- low self-esteem
- inability to concentrate
- change in sleep patterns

Unlike adults, children may not have the vocabulary to accurately describe how they feel. Up to a certain age, they simply do not understand such complex concepts as "self-esteem, guilt, or concentration". If they don't understand the concepts, they can't express these feelings in ways an adult would quickly recognize. As a result, children may show their problems in their behavior. Some key behaviors - in addition to changes in eating or sleeping patterns - that may signal depression are:

- a sudden drop in school performance
- inability to sit still, fidgeting, pacing, wringing hands, pulling or rubbing the hair, skin, clothing or other objects ; in contrast, slowed body movements, monotonous speech or muteness
- outbursts of shouting or complaining or unexplained irritability
- crying
- expression of fear or anxiety
- aggression, refusal to cooperate, antisocial behavior
- use of alcohol or other drugs
- complaints of aching arms, legs or stomach, when no cause can be found

Causes

Researchers are making new discoveries about the causes of depression every day as they study the roles of biochemistry, heredity and environment in the development of the illness. Studies show that people suffering from depression have imbalances of important biochemicals in their brains. These biochemicals, called neurotransmitters, allow the brain's cells to communicate with one another. Two neurotransmitters that tend to be out of balance in depressed people are serotonin and norepinephrine. An imbalance in serotonin can cause the sleep problems, irritability and anxiety characteristics of depression, while an imbalance in norepinephrine, which regulates alertness and arousal, may contribute to the fatigue and depressed mood of the illness. Researchers have also found that depressed people have imbalances in cortisol, another natural biochemical the body produces in response to extreme cold, anger or fear. Scientists don't know if these biochemical imbalances cause depression or if depression causes the imbalances. They do know, however, that cortisol levels will increase in anyone who must live with long-term stress.

Family history is important. Studies indicate that depression is three times more common in children whose biological parents suffer from depression; even if the children have been adopted into a family whose members do not have the illness. Other research indicates that if one identical twin develops depression, the other twin has a 70 % chance of also suffering from it. These studies suggest that some people inherit a susceptibility to the illness.

Family environment is also important. A drug-dependent or alcoholic parent cannot always provide the consistency a child needs. The loss of a loved one through divorce or death is stressful, as is enduring the long-term illness of a parent, a sibling or the child him or herself. A child living with a parent who is psychologically, physically or sexually abusive must cope with incredible stress. All of these can contribute to depression.

That's not to say that children coping with these situations are the only ones susceptible to depression. Many youngsters from stable and loving environments also develop the illness. For this reason, scientists suspect that genetics, biology and environment work together to contribute to depression.

Treatment

Therapy is essential for children struggling with depression so that they can be free to develop necessary academic and social skills. Young people respond well to treatment because they adapt readily and their symptoms are not yet entrenched.

Psychotherapy is a very effective treatment for children. During therapy, the child learns to express his or her feelings and to develop ways of coping with the illness and environmental stresses.

Researchers have also looked at the effectiveness of medications and have found that some children respond to antidepressant medications. However, the use of medications must be closely monitored by a physician with expertise in this area, usually a child psychiatrist. The American Academy of Child and Adolescent Psychiatry emphasizes that psychiatric medication should not be the only form of treatment but, rather, part of a comprehensive program that usually includes psychotherapy.