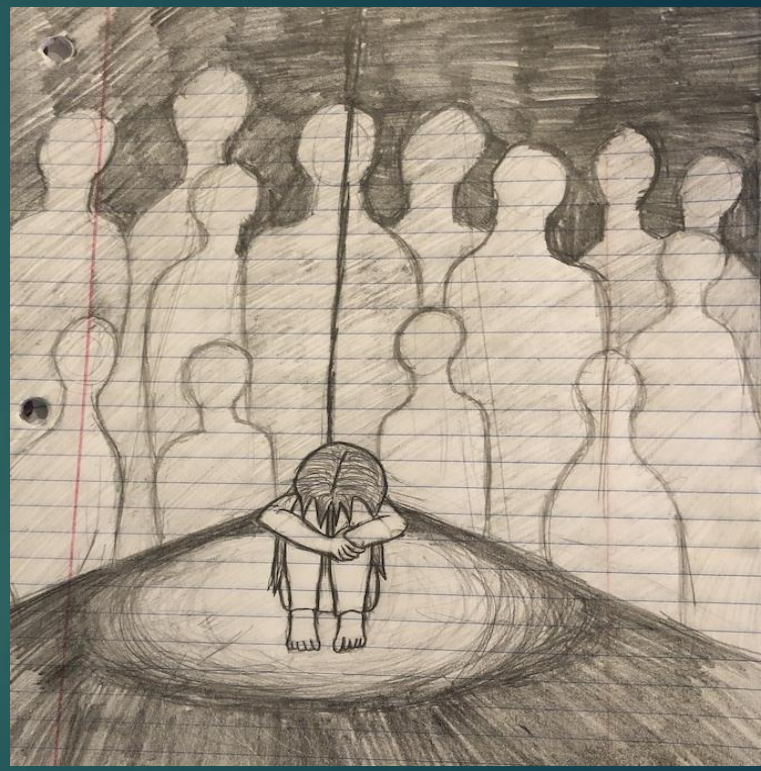
Management of Depression in Pediatric Primary Care

STEPHANIE N. MARCY, PHD ABPP



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Increased Pressure on Physicians

- Mental Health system is overburdened
- Strong reliance on primary care providers to address concerns
- Integration of MH/BH intervention into primary care
  - Screening
  - Intervention
  - Longer-term monitoring/management
  - Safety and advocacy
  - Resources
  - Psychopharm
  - Parenting Education and Support Groups

AAP: Guidelines for Clinical Practice (2018)

- "Adolescent Depression" – ages 10-21 years
- Preparation of practice
- Identification – youth at risk
- Assessment and diagnosis
- Initial management
- Safety planning
- Treatment
- Ongoing management of youth depression

GLAD-PC *Pediatrics*, *141*(3)

Screening

Recommendation:

- Yearly universal adolescent depression self-report instruments (age 12 and older)

Purposes of Screening

- Prevention and Early Intervention
- Risk mitigation
- Tool to guide care
- Ongoing monitoring
- Basis for discussion with patient/family

The Patient Health Questionnaire-2 (PHQ-2)

Patient Name _____ Date of Visit _____

Over the past 2 weeks, how often have you been bothered by any of the following problems?	Not At all	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems? *(Use "✔" to indicate your answer)*	**Not at all**	**Several days**	**More than half the days**	**Nearly every day**
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
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	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING 0 + _____ + _____ + _____

=Total Score: _____

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?

Not difficult at all	**Somewhat difficult**	**Very difficult**	**Extremely difficult**
☐	☐	☐	☐

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____ DATE: _____

Over the last 2 *weeks*, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so figety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3
	add columns	+	+	
	TOTAL:			

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card).

10. 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?

- Not difficult at all _____
- Somewhat difficult _____
- Very difficult _____
- Extremely difficult _____

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A2663B 10-04-2005

		Not at all	Several days	More than half the days	Nearly every day
1.	Little interest or pleasure in doing things	0	1	2	3
2.	Feeling down, depressed, or hopeless	0	1	2	3
3.	Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4.	Feeling tired or having little energy	0	1	2	3
5.	Poor appetite or overeating	0	1	2	3
6.	Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7.	Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
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	0	1	2	3
9.	Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

2.	Feeling down, depressed, or hopeless	0	1	2	3

In youth – may be irritable, cranky, easily frustrated

Valid Use of PHQ-9 as Diagnostic Aid

- Questions 1 and/or 2 need to be endorsed as a “2” or “3.”
- 5 or more positive symptoms
  - “2” or “3” in questions 1-8
  - “1”, “2”, or “3” in question 9
- The functional impairment question (How difficult….) needs to be rated at least as “somewhat difficult.”

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____ DATE: _____

Over the last 2 *weeks*, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
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6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
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9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3
	add columns		+	+
	TOTAL:			

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card).

10. 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?

- Not difficult at all _____
- Somewhat difficult _____
- Very difficult _____
- Extremely difficult _____

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10. 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?

- Not difficult at all _____
- Somewhat difficult _____
- Very difficult _____
- Extremely difficult _____

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PHQ-9 scoring

Total Score	Depression Severity
0-4	No or minimal depression
5-9	Mild Depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

		Not at all	Several days	More than half the days	Nearly every day
1.	Little interest or pleasure in doing things	0	1	2	3
2.	Feeling down, depressed, or hopeless	0	1	2	3
3.	Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4.	Feeling tired or having little energy	0	1	2	3
5.	Poor appetite or overeating	0	1	2	3
6.	Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7.	Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
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	0	1	2	3
9.	Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

- Questions 1 and/or 2 need to be endorsed as a "2" or "3."
- 5 or more positive symptoms
  - "2" or "3" in questions 1-8
  - "1", "2", or "3" in question 9
- Not "positive" score
- Are we done?

		Not at all	Several days	More than half the days	Nearly every day
1.	Little interest or pleasure in doing things	0	1	2	3
2.	Feeling down, depressed, or hopeless	0	1	2	3
3.	Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4.	Feeling tired or having little energy	0	1	2	3
5.	Poor appetite or overeating	0	1	2	3
6.	Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7.	Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
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	0	1	2	3
9.	Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

Going Beyond the Screening Tool

Opportunity

- to build trust and understanding
- to validate child and/or parents' perceptions and concerns
- to de-stigmatize depression
- to open up lines of communication
- to model to the family that mental health IS part of a child's medical care

Springboard for Discussion

- Screening tool is a starting point
- Follow up questions/conversation with patients
- Use cutoffs as guidelines but don't have to wait until elevated to discuss
- Explore even low range endorsements ("sometimes" "a little")
- Trust your clinical intuition
  - Minimization and under-reporting is common
  - Parents often underestimate or miss internalizing symptoms
  - How do responses correspond with what your impressions are from how child is functioning in social, academic, and family environment

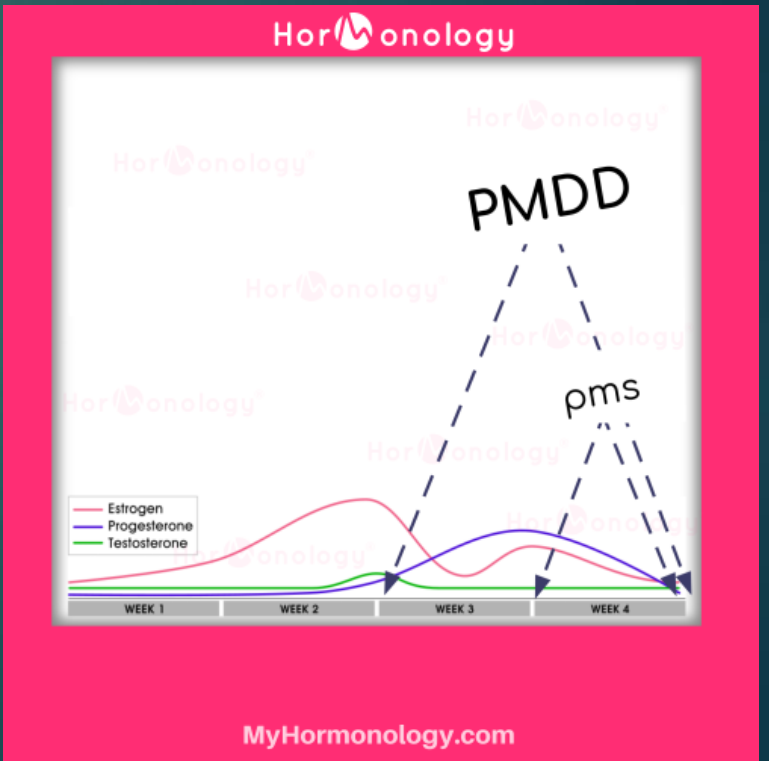
Be Mindful

- Of child and parent comprehension of the questions and purpose
  - Developmental level
  - Literacy
  - Language
  - Potential outcomes
- Integrate cultural context into interpreting responses, and be sensitive to these as you proceed

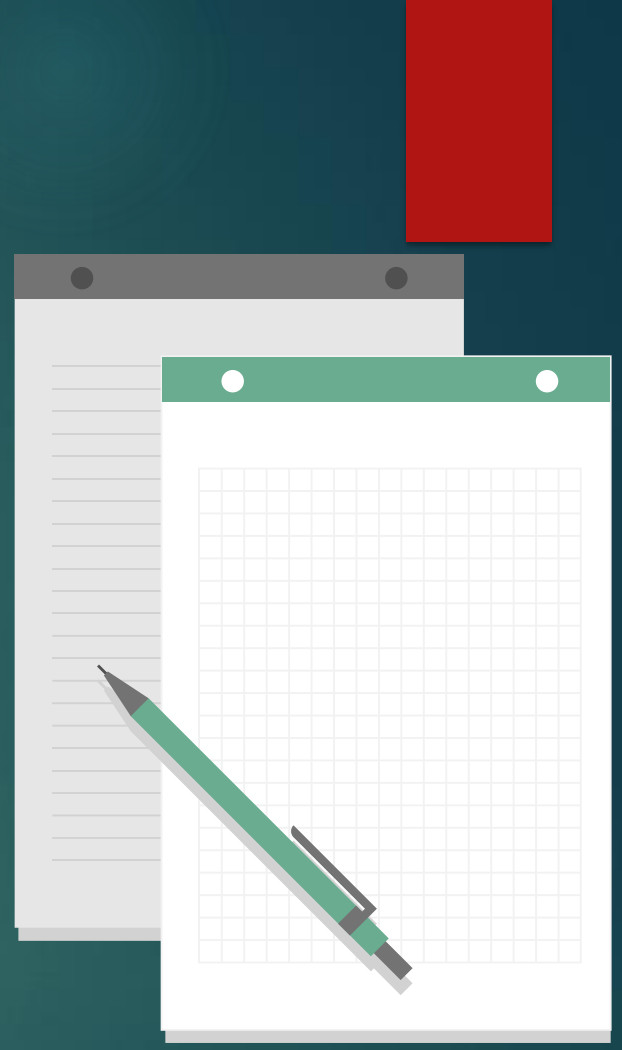
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3
	add columns		+	+

Differential Diagnoses/Presentations to Consider

- **Persistent Depressive Disorder (previously Dysthymia)**
  - Sx >/=1 year (for youth), not without sx for more than 2 months during year
- **Adjustment Disorder(s)**
  - Response to identifiable stressor/event
- **Acute Bereavement**
- **Premenstrual Dysphoric Disorder**
- **Substance Use/Abuse**



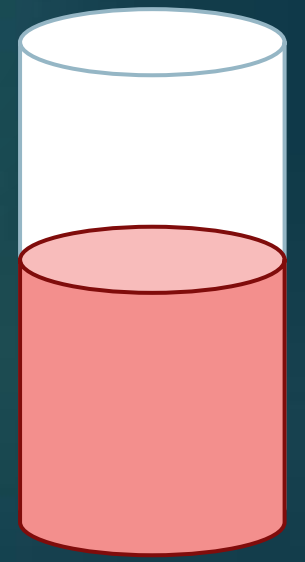
Intervention and Management



- Triage visit agenda, and prioritize this concern
- Be “present” and mindful of your posture and nonverbal cues
- Don’t over-react, don’t under-react, no surprises
- Speak with patient privately if possible
- Explore
- Use plain language
- Ask open-ended questions

- Normalize and/or validate their feelings when appropriate (i.e., don't "correct")
- Increase hope: Depression is treatable
- Build team of support, avoid blame, discourage guilt
- Provide initial education on depression to patient and parent/caregiver
  - Depression is beyond just being upset, and often without a specific "reason"
  - Often well-meaning parents invalidate child's feelings by saying they "have nothing to be depressed about" or encouraging them to "focus on the positive"

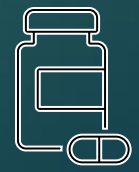
“When I feel disappointed or overwhelmed or upset, a lot of times my mom will tell me to think about the good things, how lucky I am, and remind me of how bad other people have it. I hate that. It doesn’t help me, and it just makes me feel guilty, and like I’m not allowed to feel bad. And then I feel worse!”



Sometimes need others to see the “glass half empty” with you

- Close monitoring – bring them back in regularly, track progress
- Evaluate for contributing factors and identify potential resources and interventions to help mitigate
  - Advocacy with school
  - Social determinants (housing, food insecurity, unemployment)
- Link with outside therapeutic supports if available and accessible
  - Community mental health
  - School based support
  - Groups
  - In person/virtual
- Hotlines
- Consider psychotropic medications





Therapeutic Interventions

- Brief intervention for mild sx
  - Cognitive Behavioral Therapy (CBT)
  - Interpersonal psychotherapy for adolescents (IPT-A)
- Group – may be good option with limited resources
- Online resources for parenting guidance or self-education
- Psychopharm

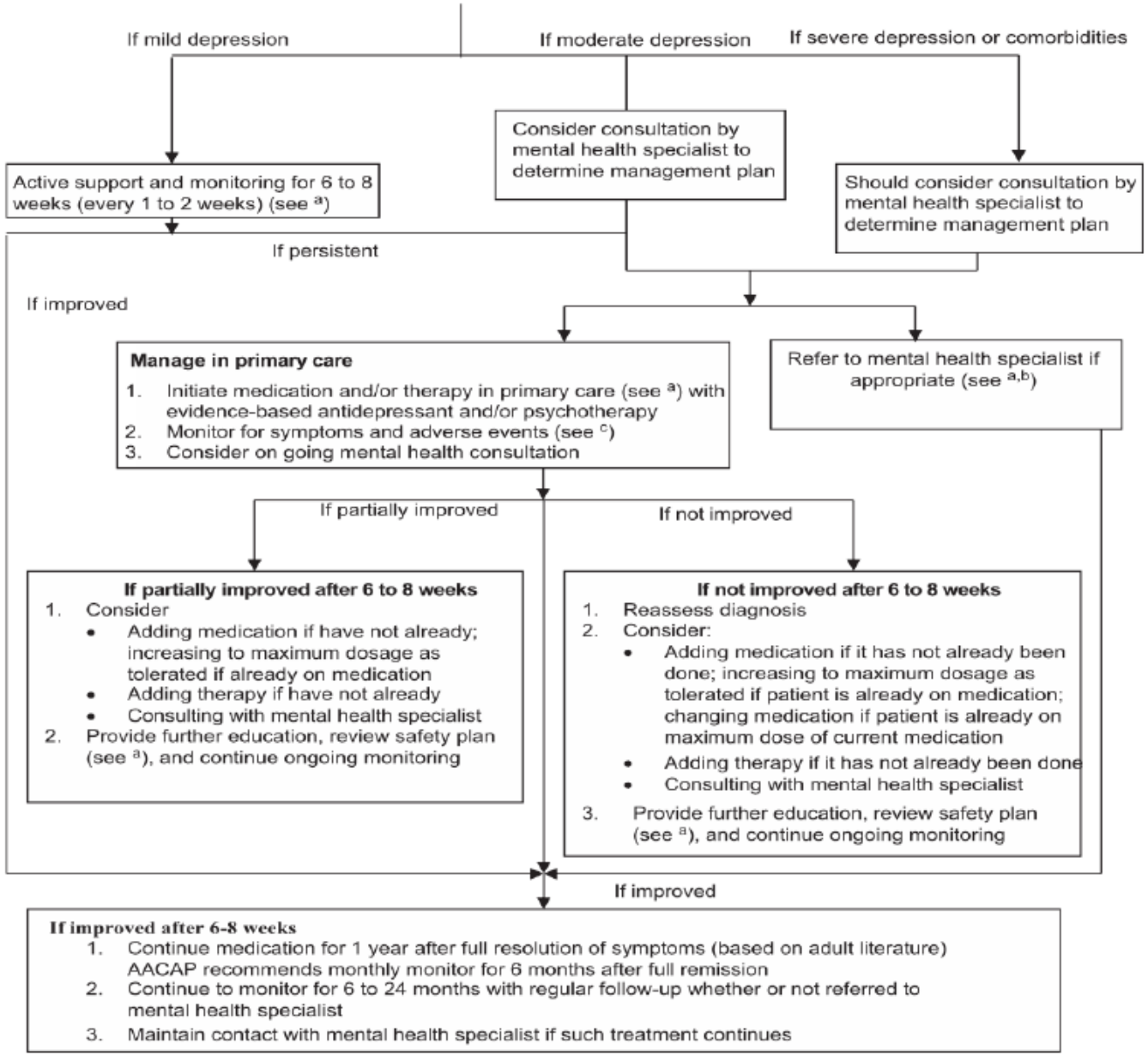
Brief Psychopharm Overview

- Fluoxetine still has the most evidence to support its use in the adolescent population
- SSRI and suicidality: overall improvement in suicidality in subjects treated with antidepressants, with only a few subjects reporting worsening or new onset suicidality
  - Important to monitor
- More rapid initial response when medication is initiated first or in combination with psychotherapy

Guidelines for Adolescent Depression in Primary Care (GLAD PC)

- Endorsed by AAP
- http://www.gladpc.org/
- 192-page toolkit, free
- Medication management

Clinical Management Flowchart



http://www.gladpc.org/

GLAD PC Treatment Recommendations

- Although CBT or IPT are proven therapy treatments for youth depression, they are often not available, and medication is sometimes indicated and/or preferred.
- Medication may be needed if the child has severe or persistent depression or has co-morbid anxiety disorders (e.g., panic, separation anxiety, social phobia, GAD, or OCD).
- Currently, SSRIs are the medication of choice
- fluoxetine is recommended as the first-choice SSRI, but other SSRIs (see Table 2) may be considered “first-line” as well, especially escitalopram, which is also FDA-approved for adolescents.

http://www.gladpc.org/

Table 2. SSRI Dosing and Adverse Effects

	Medication	Starting Dose*	Increments	Effective Dose	Maximum Dosage	Not to Be Used With	Common Adverse Effects	RCT Evidence for Efficacy
First Line	Fluoxetine	10 mg po qd	10-20 mg	20 mg	60 mg	MAOIs***	Headaches, GI upset, insomnia, agitation, anxiety	Y**
Second Line	Escitalopram (first-line: 12 and older)	5 mg po qd	5 mg	10-20 mg	20 mg	MAOIs***	Headaches, GI upset, insomnia	Y**
	Citalopram[a]	10 mg po qd	10 mg	20 mg	40 mg	MAOIs***	Headaches, GI upset, insomnia	Y
	Sertraline	25 mg po qd	12.5-25 mg	100 mg	200 mg	MAOIs***	Headaches, GI upset	Y



Non-Suicidal Self Injury

NSSI

- Self-Harm
  - Cutting
  - Burning
  - Picking (skin, scabs, cuticles, pimples)
  - Scratching
  - Biting
  - Bruising
  - Punching
  - Ingesting
  - Others (tattoos, high injury sports/activities)

Snapshot

- Coping behavior to relieve and/or distract from overwhelming emotional pain or dysregulation
- Relief experienced reinforces behavior, “addicting”
- Self-directed anger or self-punishment
- Means of communicating/seeking attention
- Most will hide injuries – embarrassing shameful
- Social modeling/normalization/encouragement (contagion effect)



Risk Factors

- History of ACEs, family discord/violence, detachment
- Psychiatric issues (mood, anxiety, trauma, personality)
- Problems with peers
- Negative emotionality
- Emotional dysregulation
- Highly sensitive
- Self-critical, self-loathing
- Friend or family member who has attempted NSSI or suicide
- Discomfort or concerns about their sexual identity and/or non-heterosexual

A Gateway To Suicide?

- NSSI is a “strong predictor of future suicide attempts—even stronger than a history of past suicide attempts” (Klonsky, Victor, & Saffer, 2014)
- Shared MH dx risk factors with Suicide
  - Depression
  - Borderline personality disorder
  - Substance abuse
  - Eating Disorders
  - Posttraumatic stress disorder
  - Impulsivity
  - Externalizing behaviors
  - Attention deficits, with or without hyperactivity
  - Conduct disorders

NSSI Factors Associated with Higher Risk for Suicide Attempt

- Duration longer than one year
- Higher number of methods used
- High frequency
- Absence of physical pain during the act
- Severe physical damage
- Concealment of the action
- Strong conscious intention to die



Desensitization?

What To Do?

- Mobilize support (parent/caregiver) and remove tools used for self harm
- Monitor sx, stressors, and assess for suicidality
- Don't overreact
- Avoid shame, judgment, punishment
- Explore and identify functional value for patient
- Substitution behaviors and/or behavioral delay
- Improve problem-solving and coping skills
- Treat underlying cause(s) and/or co-morbidities through MH treatment, tools and strategies they can implement themselves instead of self-harm
  - Mindfulness - labeling emotions, viewing them analytically and mindfully choosing how to respond when faced with intense emotions
  - Distress tolerance
  - Improve interpersonal efficacy

Takeaways for Providers:

- Consider routine screening for depression in clinical practice for children and adolescents (using PHQ or other evidence-supported screening tool)
- Follow up discussions with patients/families using screening tool as a starting point (not only point)
- Monitor for worsening symptoms and/or risk (e.g., SI, NSSI)
- Increase frequency of visits for at-risk or depressed youth to monitor, especially if no mental/behavioral health resources
- Consider starting medications for moderate-severe and/or persistent sx

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A Few Resources

- GLAD-PC toolkit: **http://www.gladpc.org**
- **http://www.thereachinstitute.org/**
- **https://www.sprc.org/settings/primary-care/toolkit**
- **https://www.adolescenthealth.org/Resources/Clinical-Care-Resources/Mental-Health/Mental-Health-Resources-For-Parents-of-Adolescents.aspx**
- **https://childmind.org/resources/**
- **https://www.healthychildren.org/English/health-issues/conditions/emotional-problems/Pages/Childhood-Depression-What-Parents-Can-Do-To-Help.aspx**
- **https://www.nami.org/Home**