2018

Treatment Modalities in Pediatric Depression

Katie McNally

University of Southern Maine

Follow this and additional works at: https://digitalcommons.usm.maine.edu/thinking_matters

Part of the Medicine and Health Sciences Commons

Recommended Citation

McNally, Katie, "Treatment Modalities in Pediatric Depression" (2018). Thinking Matters Symposium. 165.
https://digitalcommons.usm.maine.edu/thinking_matters/165

This Poster Session is brought to you for free and open access by the Student Scholarship at USM Digital Commons. It has been accepted for inclusion in Thinking Matters Symposium by an authorized administrator of USM Digital Commons. For more information, please contact jessica.c.hovey@maine.edu.
Treatment Modalities in Pediatric Depression
Katie McNally RN, BSN
Instructor: Dr. Linda Samia PhD, RN, CNL

Purpose
The purpose of this evidence-based project is to answer the following question: In pediatric patients with Major Depressive Disorder (MDD), how does combination treatment with a Selective Serotonin Reuptake Inhibitor (SSRI) and cognitive behavior therapy (CBT) affect symptoms of depression, when compared with using only an SSRI?

Evidence Synthesis

- Depression scores on standardized tests decreased with combo therapy - not statistically significant, however.
- Suicidality decreased significantly in both groups, showing positive effect of SSRI with or without CBT.
- Time to remission of symptoms not significantly less with combo therapy, however rate of relapse was much lower, showing a clinical significance in adding CBT to treatment.

Translation to Practice

- Education and counseling on depression.
- Refer to social worker or therapist if needed.
- Assess for safety, potential for self-harm, follow up in 2-4 months.
- Start low dose SSRI. Titrate up to min effective dose & continue for 6-12 months after remission of symptoms.3
- CBT: provide education & treatment plan for MDD, teach relaxation, coping & problem-solving, encourage goal-setting, & increase engagement and cooperation, decrease of symptoms.7
- Considerations - children and teens can be especially difficult to treat due to lack of knowledge and understanding of importance of these treatments, adherence issues. Obtain parental support for CBT & assist with accessibility. Arrange so social impact as low as possible for the patient - not during school time or interfering with social activities.

Proposed Evaluation

- Follow up 4wks, 6mo, and 1yr - instability/adherence issues require closer management.
- Standardized testing to evaluate results include:
  - Beck’s Depression Inventory (BDI) - self-reported symptoms: dysphoria, anhedonia, suicidality, sleep dysfunction, cognitive function, and appetite changes.2
  - Children’s Global Assessment Scale - Revised (CGAS-R) - Provider-reported symptoms 5
  - Child-Behavior Checklist (CBCL) - Parent checklist on behavior, problem-solving, and somatic symptoms.1

Conclusion

- CBT should be considered as an effective treatment in all forms and severities of depression.
- SSRI treatment for moderate-severe depression.
- Regular evaluation of efficacy of treatments and assessment for further symptoms is critical to ensure remission and prevent relapse.

References


Evidence Appraisal

Multiple databases searched: CINAHL, MEDLINE, and a general medical database search. Keywords used include “pediatric,” “depression,” “MDD,” “SSRI,” “CBI,” “non-pharmacological,” “psychotherapy,” and “nutrition.” Four studies were included with level of evidence and validity generally average to high quality.

Background

- Pediatric MDD 11.7%, increasing >50% by 2020, will be in top 5 causes of mortality and morbidity in children.4
- Common symptoms: chronic pain, headaches, risky sexual behaviors, STIs, poor eating/sleeping; Increased health costs; poor performance in school and relationships.1,2,7
- Suicide 3rd leading cause of death for teens.6
- Many PCPs uncomfortable treating pediatric patients, especially young (<12 years old).3,6 Only 1 in 5 children with MDD receive appropriate treatment.7
- Clinical practice guidelines lacking in pediatric population; metabolism, response to medications in the brain & developmental processes not well understood and are different than adults; treatment has been very conservative.6

Evidence Synthesis

- Follow up 4wks, 6mo, and 1yr - instability/adherence issues require closer management.
- Standardized testing to evaluate results include:
  - Beck’s Depression Inventory (BDI) - self-reported symptoms: dysphoria, anhedonia, suicidality, sleep dysfunction, cognitive function, and appetite changes.2
  - Children’s Global Assessment Scale - Revised (CGAS-R) - Provider-reported symptoms 5
  - Child-Behavior Checklist (CBCL) - Parent checklist on behavior, problem-solving, and somatic symptoms.1

Conclusion

- CBT should be considered as an effective treatment in all forms and severities of depression.
- SSRI treatment for moderate-severe depression.
- Regular evaluation of efficacy of treatments and assessment for further symptoms is critical to ensure remission and prevent relapse.

References