

VISTA HILL CLINICAL UPDATES

Assessing Major Depression in Pre-School Children

Following is a synopsis of an interesting article from the Journal of the American Academy of Child and Adolescent Psychiatry that explores the DSM criteria for Major Depressive Disorder (MDD) and proposes modifications that expand the criteria for application to the preschool child. While few of our patients in Vista Hill programs are in the preschool age (the major exception being the TLC preschool program of ParentCare), review of the proposed MDD criteria for preschoolers should add to our clinical appreciation of developmental histories of older patients. The source article for this Clinical Inservice appears in the JAACAP 41:8, August 2002—those interested in reviewing the entire article can contact Maureen Frisk by e-mail or at 858/514-5124.

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In an article published in the August 2000 Journal of the American Academy of Child and Adolescent Psychiatry, J. Luby, M.D., et al. discuss their efforts to develop modifications of DSM IV diagnostic criteria for Major Depressive Disorder applicable to the preschool population. The potential value of this effort to proactively address mental health problems early on so as to reduce life long illness is obvious, however, use of the proposed criteria in our clinical review of developmental histories may also prove to be of benefit in work with latency age, adolescent and even adult clients.

It wasn't until the 1970s that depressive disorders were even thought to be applicable to latency age children, however, with that change in view, mental health providers came to appreciate that major depressive disorder and also more moderate depressive illnesses can and do occur in childhood and typically persist on through into adolescence and adult life. This informs our current understanding that depression has potential to be a lifelong, chronic and recurring illness that needs early recognition, prompt treatment and ongoing surveillance throughout the lifespan. Although depressions often remit with treatment, and some remit spontaneously, the need for ongoing assessment and access to treatment is evident. There is further good evidence that early successful treatment of depression reduces the likelihood of recurrence and progression of the illness in later developmental stages.

As an aside, it should be noted that recent research strongly indicates that one of the factors leading to depressive symptoms in preschool children is the presence of a depressive illness in the mother or primary caretaker. These findings do not indicate whether the influence of genetics or experience is causative in these situations, however, it is expected that future research will clarify that both are factors which contribute. Hence screening and, when appropriate, treatment of mothers and other family members is a component of care for the child.

Following are the proposed diagnostic criteria for Preschool Major Depressive Disorder offered by the authors of this interesting paper. Overall the modifications change the current criteria that require extended time periods of persistent symptomatology and additionally they expand the scope of assessment to include the arena of play activities and generalized irritability as potential markers of depressive illness. Modifications of the standard DSM-IV are indicated in italics.

A. Five (or more) of the following symptoms have been present *but not necessarily persistently* over a 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure *in activities or play*. *If both (1) and (2) are present a total of only four symptoms are needed.*

1. Depressed mood *for a portion of the day for several days, as observed (or reported) in behavior*. *Note: may be irritable mood.*
2. Markedly diminished interest or pleasure in all, or almost all, activities *or play for a portion of the day for several days (as indicated by either subjective account or observation made by others).*
3. Significant weight loss when not dieting or weight gain or decrease or increase in appetite nearly every day.
4. Insomnia or hypersomnia nearly every day.
5. Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down).
6. Fatigue or loss of energy nearly every day.
7. Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) *that may be evident in play*

themes.

8. Diminished ability to think or concentrate, or indecisiveness, *for several days* (either by subjective account or as observed by others).

9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without specific plan, or suicide attempt or a specific plan for committing suicide. *Suicide or self-destructive themes are persistently evident in play only.*

In the field test study of these age-adjusted clinical criteria, youth who met these modified criteria for major depressive illness were found to be significantly more impaired socially than normal controls suggesting that the modified criteria are successful in identifying young children at risk. As with clinical evaluation of older children this study points to the extreme importance of maintaining a developmental perspective to better understand a child's cognitive and emotional status.

In summary, depressive reactions and depressive illnesses do occur in the preschool population and age-adjusted criteria are of value in better identifying these children so that effective intervention for them (and possibly also their parents, if depressed) can be instituted. Furthermore, when evaluating an older child, adolescent or adult, development data regarding their depressive traits in early childhood may be helpful in support the diagnosis of depression.