

## Patient leaflets from the BMJ Group

# Depression in children

**Depression is an illness that affects people of all ages, including children and teenagers. It can stop a child or teenager getting the most out of life. Fortunately, there are some good treatments that can help young people get better.**

We've brought together the best and most up-to-date research about depression to see what treatments work. You can use our information to talk to your doctor and decide which treatments are best for your child.

## What happens when children get depressed?

Adults aren't the only ones who get depressed. Children and teenagers get depression, too. But depressed young people often hide their feelings. As a parent, you may find it hard to tell if your child is depressed or just going through a phase.

Depression is an illness. It can get worse if it isn't treated. But depressed children can be helped with the right treatment. This information is about depression in children and teenagers aged 6 to 18.

No one knows for sure what causes some children and teenagers to get depression. More girls than boys get depressed. Children may be at more risk of depression if they fight a lot with their parents or don't have close friends. Also, depression may run in some families.

Depression in children is often triggered by events. This could be anything from the death of a parent to the break-up of a friendship, or worries about school work.

## What are the symptoms?

Children and young people often have different symptoms than adults who are depressed.

These are the symptoms you might notice if your child is depressed:

- Being sad or irritable most of the day, nearly every day
- Losing interest in the activities they used to enjoy.

Besides being in a low mood, you might notice that your child:

- Doesn't feel like eating or is eating more than usual
- Sleeps too much or too little, and has no energy
- Feels restless or sluggish
- Blames themselves for things that go wrong. Feeling worthless or guilty for no reason is common
- Can't concentrate or make decisions. Your child's grades at school may suddenly drop.

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Younger children may have physical symptoms with no obvious cause, like headaches, stomach aches or pains in the arms or legs.

Teenagers are more likely to harm themselves. Some children cut themselves or think about suicide. They may also drink alcohol or use drugs.

Children don't need to have all of these symptoms to be depressed. But if your child has the first two symptoms and at least two others for at least two weeks, they could have major depression. Don't wait more than a couple of weeks before talking to your doctor.

### What treatments work?

Most depressed young people can be helped with treatment. Talking treatments (psychotherapy) work well. Your doctor will probably suggest these first. Medicines are only used if children have bad depression, or talking treatments alone aren't helping.

#### Talking treatments

The two main talking treatments used for children with depression are **interpersonal therapy** and **cognitive behaviour therapy (CBT)**. There haven't been any studies comparing the two, so we don't know which works best. Unfortunately it can be hard to get these treatments in some areas.

Other types of therapy are sometimes tried, but there's not enough research to show if they work.

There's good research to show that **interpersonal therapy** can help teenagers recover from depression. In one study, three-quarters of teenagers felt less depressed, were more sociable and better at getting along with friends after this therapy. There's not much research to show whether it works in children younger than 12 years.

In interpersonal therapy, children and teenagers work with a therapist to learn new and better ways of getting along with other people. It's based on the idea that depression is often linked to relationship problems, like fights with parents or having trouble making friends. Most people meet their therapist once a week for three or four months.

There's also good research to show that **cognitive behaviour therapy (CBT)** helps to improve the symptoms of depression. Having CBT in a group with other teenagers or children may help to get rid of depression altogether.

CBT aims to change the way you think and behave. You work with a therapist to change unhelpful ways of thinking about yourself and the world. These ways of thinking may make you depressed, for example if you think you are no good at anything. You learn to think and behave in a more positive way. Most people meet their therapist for about 20 sessions over 12 weeks.

We don't know how long the benefits of these talking therapies last. They don't seem to stop children and teenagers from getting depressed again in future.

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## Medicines

Research shows that a type of antidepressant called **fluoxetine (Prozac)** may help some young people with bad depression. But it can have side effects.

Fluoxetine is one of a group of antidepressants called selective serotonin reuptake inhibitors. It is the one that research shows works well and is safest for young people. Doctors don't usually give antidepressants to people under 18, and especially not children under 12. But they might recommend fluoxetine if your child's depression is very bad, or talking treatments alone haven't worked.

Children should only be given fluoxetine with a talking treatment. Research shows fluoxetine combined with cognitive behaviour therapy works well for teenagers with moderate or severe depression. In studies, children took fluoxetine for at least eight weeks. It can stop depression coming back, if children keep taking it once they feel better.

There is a small risk that children taking fluoxetine might hurt themselves, or think about suicide. If your child is given fluoxetine, your doctor should check regularly to make sure the depression isn't getting worse. Research shows this is less likely to happen if they are also having a talking treatment at the same time.

You can get withdrawal symptoms if you suddenly stop taking fluoxetine. These include feeling dizzy or light-headed, drowsy, sick or tired, and having headaches. Children or teenagers who are taking fluoxetine shouldn't stop or reduce their dose suddenly. Withdrawal symptoms are less likely to happen if your doctor lowers the dose gradually.

Fluoxetine can react with a type of migraine drug called a triptan (Sumatriptan is the one used most often for children). This can be dangerous. These medicines should not be taken together.

Fluoxetine can have other side effects. Some children don't feel like eating, and lose weight while taking it. Some children get headaches, sleep problems, shakiness and vomiting. In most cases these side effects were mild and temporary. But in one study, 4 out of 48 children and teenagers stopped taking fluoxetine because they got mania (a very high mood) or a bad rash.

It's very unusual for children to be treated with other types of antidepressant. Doctors in the UK are advised only to use fluoxetine for children. If your doctor prescribes another medicine, ask him or her to explain why.

## Things you can do to help your child

If you think your child may be depressed, you should talk to your child's doctor. Here are some other things you can do if you think your child is at risk of depression.

Problems at school may have triggered your child's symptoms. For example, they may be being bullied or having a hard time with school work. You can talk to teachers, school counsellors or school psychologists to find out more. Also, consider whether problems at home might have played a part.

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Encourage your child to keep fit and healthy. Exercising three times a week for up to an hour may lift your child's mood. They may also benefit from eating the right foods, such as plenty of fruits and vegetables.

Some people take a herbal treatment called St. John's wort for depression. There's some evidence that it might work for adults. But there's no research to show whether it is safe or helpful for children with depression. It can also interfere with the way some other medicines work. It should not be taken with migraine medicines called triptans or with antidepressants.

### What will happen to my child?

Depression can badly affect your child's development, both in their social life and in their school life. A bout of depression lasts on average seven months. Some children recover from depression without treatment, but at least one half of children who don't have treatment will still be depressed after a year. That's why it's important to get help. The right treatment reduces a child's risk of having depression lasting a year or more.

Children who have had a bout of depression may get another one in future, either as a child or teenager, or when they are older. Knowing which treatments help can be very useful to help manage these relapses.

It's important to know that as many as a third of depressed teenagers and children try suicide. Any parent will find this very painful to consider. But being alert, and knowing how to get emergency medical help for your child, may help prevent this happening.

If children say they are thinking about suicide, it's a clear sign that they need help. You need to take this very seriously. Call your doctor straight away. You can also make an emergency plan with your doctor, to use if you become worried that your child is suicidal.

### Where to get more help

Young Minds is a UK charity for children and young people with mental health problems, and their parents. You can contact the helpline on 0800 018 2138 or visit the website (<http://www.youngminds.org.uk>).

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