Screening Pediatric Depression & Anxiety

DAVID DEWINE, PH.D.

MARCH 10, 2012
USPS: SEATTLE WA

Disclosure Information

I have no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider of commercial services discussed in this CME activity.

I do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.

Pediatric Depression & Anxiety

High prevalence
Low detection
Low treatment
Shaping the Issue

- What are the challenges to screening children and teens for depression and anxiety?
- What would you like to gain from participating in this workshop?

The Challenge with Screening

- Knowledge
- Time
- Resources
- Incentives
- Discomfort

Objectives

1. Increase knowledge
2. Improve efficiency
3. Optimize resources
4. Improve patient care
5. Increase comfort
Objective 1: Increase Knowledge

- Review Essential Facts
- Differentiate between normal and abnormal mood and anxiety problems
- Memorize risk factors & core symptoms
- Learn to use primary screening instruments

What’s Normal: Common Reactions to Stress

- Worry
- Sadness
- Withdrawal
- Fatigue / sleep problems
- Anhedonia
- Somatic complaints
- Irritability

Pediatric Depression

- Children 4-2.5% (male : female 1:1)
- Teens 4-8% (male : female 1:2)
- Life time prevalence: 20%
- Leading cause of disability in youth
Knowledge Test: Depression

- Depressed or irritable mood; 5/9 SX; ≥ 2 weeks
- S – Sleep changes
- I – Loss of interest or pleasure (anhedonia)
- G – Guilt / hopelessness
- E – Low self-esteem
- C – Poor concentration
- A – Appetite change
- P – Psychomotor change
- S - Suicidal ideation / thoughts of death

Primary Risk Factors

- Parental depression
- Co-morbid anxiety
- Temperament
- Negative cognitions
- Chronic or intense stress
- Family conflict
- Poor health

Other Mood Related Disorders

- Insomnia / Sleep disorders
- Dysthymia: chronic mild to moderate
- Hypothyroidism
- Seasonal Affective Disorder
- Iron Deficiency
- Bipolar D/O
Case 1:

Trevor: 14 yo male, recently moved to area with his family following dad’s redeployment. Having difficulty falling asleep for two months, feels tired during the day, spends time by himself, has not connected with friends, has lost 3 lbs, misses friends.

What do you want to know?

- History
  - Personal and family history
- Impairment level?
- Substance use?
- Safety concerns?
- Negative thoughts?

Pediatric Anxiety Disorders

- Developmentally inappropriate or excessive:
- Impairs functioning
- 8-20% lifetime prevalence
- 50% before the age of 14
  - 75% before 24
- 3% are identified and treated
### Common Fears

- **Infants:**
  - Loud noises, being dropped, and separation
- **Toddlers:**
  - Monsters and darkness
- **Preschoolers:**
  - Safety, mastery
- **School-aged:**
  - Performance, proficiency, rejection, illness
- **Teens:**
  - Social competence, evaluation, psychological well-being

### Anxiety Disorders

- **Generalized Anxiety Disorder**
  - Excessive worry + 6 months + >2 topics
- **Separation Anxiety Disorder**
  - Developmentally inappropriate
- **Panic Disorder**
  - Unexpected, intense fear + Avoidance
- **Social Phobia**
  - Different from shyness + Avoidance

### Anxiety Disorders

- **Obsessive Compulsive Disorder**
  - Intrusive recurrent thoughts + associated behaviors
- **PTSD vs. Acute Stress Reaction**
  - Avoidance, Hyper arousal, Re-experiencing
  - Body’s normal initial response to trauma
  - >4 weeks + causing impairment
Conditions that Mimic Anxiety

- Psychiatric illness
- Hypothyroidism
- Heavy metal toxicity
- Asthma
- Headache and CNS syndromes
- Cardiac arrhythmia
- Drugs

Anxiety Management

- Behavioral Inhibition
- Functional Impairment
- Sleep problems
- Physical complaints
- Reinforcement
  - Response quickly increases stress
  - Response quickly decreases stress

Common Confusions

- OCD vs. perseverations
- Social phobia vs. shyness
- Mood swings vs. easily frustrated
- Anxiety vs. Oppositional defiance
- Depression or ADHD vs. Sleep
Case 2: Fear of storms

Yesinia: 5yo girl whose family recently moved from PR. Refuses to go outside when there’s a chance of rain. Cries and clings to parents during storms and refuses to sleep in alone. Parents are considering homeschooling due to these fears.

What do you want to know?

- History
  - Parents’ adjustment
- Cultural considerations
- Temperament / BI
- Functional Impairment
- Somatic complaints
  - Sleep, GI, Head

Case 3: A Bad Trip

Laurie: 17 yo girl with 6 weeks of separation anxiety, panic like symptoms and depressed mood following a family MVA. Severe anxiety getting into the car, sleep problems, nightmares, and poor concentration. Headaches and stomachaches every morning and afternoon while riding in the car.
Case 4: Lines things up
Leo: 5yo boy whose parents are concerned because he “compulsively” lines up his trains. Teachers report that he “obsesses” about riding the bus and going to the same bathroom. He has few friends because of his rigidity and when he gets “anxious” he spins and flicks his fingers.
Objective 2: Improve Efficiency

- Consider a model for screening that appreciates:
  - Time constraints of the PCM
  - Most patients require minimal effort
  - Devote time only when necessary
  - Time up front should save time later

Risk & Prevention Pyramid (Kazak, 2005)

Screening Efficiently

- Broad Screening
- Psychosocial Risk
- Specific Measures
1st Level: Broad Screening

- Ask
  - “How is your mood?”
  - “You look sad. Has anyone else told you that lately.”
  - “Any change in Katie’s mood or behavior since the last time I saw her?”
  - “Is Devon usually this shy?”

1st Level: Broad Screening

- Strengths and Difficulties Questionnaire (SDQ)
  - Total Difficulties
  - Emotional Symptoms
  - Conduct Problems
  - Hyperactive Score
  - Peer Problems
  - Prosocial Behavior Scale

SDQ

- Parent & Teacher report forms
  - 3-4yo
  - 4-10 yo
  - 11-17 yo
- Self-report form
  - 11-17 yo
- Total and subscale scores
- Online scoring
Look for Primary Risk Factors

- Treatment history
- Increased conflict
- Acute stressors
- Dramatic change in behavior
- Significant social pressures
- Family history

More = Worse

Infant Mental Health Screening

- Difficult/unwanted pregnancy
- Perinatal depression
- Newborns with feeding, sleeping, regulation problems
- Special needs siblings
- Limited resource or social support
- Attachment concerns

2nd Level: Symptom Screening

Pediatric Symptom Checklist
(Jellinek et al., 1999)

1. PSC 6-16 = 28/30
2. PSC 4-5 = 24/28
3. Y-PSC = 30/28

Internalizing questions:
11, 13, 19, 22, 27 – cutoff ≥ 5.
3rd Level: Diagnostic checklists

- Provide “objective” data
- More effective than asking
- Outcome measurement

Screening Children for Depression

Center for Epidemiological Studies Depression Scale for Children (CES-DC)

- 20 questions
  - “0” = Not at all  “3” = A lot
- positive ≥ 15 - Higher may indicate severity

Screening Teens for Depression

- Patient Health Questionnaire – 9
  - PHQ-9: Modified for Teens
- Symptom persistence for past 2 weeks.
- More effective than informal interview
Screening teens for BPD

Mood Disorders Questionnaire
- 15 Y/N items evaluating mania
- Appropriate for teens >12
MDQ-A (Wagner, 2006)
  ○ Parent reports are more sensitive

Screening for Anxiety

• SCARED: Screen for Child Anxiety Related Emotional Disorders
  ○ 41 items
  ○ 8-18yo
  ○ Time: 10 min
  ○ Parent and youth versions
• Total score positive ≥ 30

Screening for Substance Abuse

• C – Car
• R - Recreation
• A - Alone
• F - Forget
• F – Family/Friends
• T - Trouble
Screening Suicide Risk

- SAD PERSONS & Family History
  - S – Sex (Females attempt more but males* complete)
  - A – Age over 16*
  - D – Depression
  - P – Previous attempts*
  - E – Ethanol abuse
  - R – Rational thinking is lost*
  - S – Social supports lacking*
  - O – Organized plan*
  - N – No significant other
  - S – Sickness (stressors)
  - First degree relative of a completer *

*Designates Critical Items

Tips for talking about suicide

- Be open, curious, and concerned
  - “Have you ever been so sad you wished you were dead?”
  - “Have you ever been so upset you hurt yourself physically”
  - “Do you know anyone who has ever hurt or killed them self?”

Objective 3: Optimize Resources

- Organize screening tools
- Maintain a list of effective referrals
  - Update as you go
- Keep it simple
- Collaborate when possible
  - Integrated BH providers
  - Colleagues
  - Maintain referrals and resource lists
Guidelines for the Management of Adolescent Depression Management

- WWW.GLAD-PC.ORG
- Recommendations
  - Identification
  - Assessment & Diagnosis
  - Initial Management
  - Treatment
  - Ongoing Management.
- References
- Tips and Resources

Objective 4: Improve patient care

- Screening educates patients and parents about the mind body connection
- Screening can reduce stigma
- Prevention beats treatment every day!

Objective 5: Improve Comfort

- Practice, Practice, Practice
- Have a model that works
- Do what you know
Pediatric ADHD Assessment Protocol

- **1st visit**
  - Interview child and parent and conduct exam
  - Give rating scales for parents and teachers

- **2nd visit**
  - Review data and make Diagnosis
  - Discuss Dx, Tx, risks & benefits
  - Rx / refer

- **3rd visit**
  - Review, adjust, refer / maintain

Pediatric Mood & Anxiety Assessment

- **1st visit**
  - Interview child and parent and conduct exam
  - Give rating scales for parents and teachers

- **2nd visit**
  - Review data and make Diagnosis
  - Discuss Dx, Tx, risks & benefits
  - Rx / refer

- **3rd visit**
  - Review, adjust, refer / maintain

A Few Words on Treatment

Cognitive Behavioral Therapy (CBT)
  - Behavioral activation
    - Increasing pleasurable activities
  - Cognitive restructuring
    - Faulty cognitions
    - A, B, C
  - Assertiveness and problem-solving skills
  - Exposure

SSRI

Combined treatments are typically better
Tips on management

- Parental involvement is important
- Reassess at 6-8 weeks
- Stay actively involved
- Collaborate and communicate openly with teen, family and mental health care specialist.
- Monitor for safety issues

Summary

Knowledge
- Increase knowledge

Time
- Improve efficiency

Resources
- Optimize resources

Incentives
- Improve patient care

Discomfort
- Increase comfort

Resources

- www2.massgeneral.org/schoolpsychiatry/screeningtools_table.asp
  - Comprehensive list of screening tools
- AAP: Addressing Mental Health Concerns in Primary Care: A Clinician’s Toolkit
- Bright Futures Mental Health Toolkit http://www.brightfutures.org/mentalhealth/pdf/tools.html
THANK YOU

Questions or Comments?

david.dewine@us.army.mil