

SCREENING AND ASSESSING MOOD DISORDERS

Amber Hunt, DO
Riley Child and Adolescent Psychiatry
Project ECHO
10/17/19

Objectives

- ▣ Definition of mood disorders and prevalence in pediatric primary care
- ▣ Discuss differential for youth mood disorders
- ▣ Barriers to implementing effective screening in youth mood disorders
- ▣ Best practice guidelines for screening and assessing mood disorders in youth

What is a mood disorder?

- ▣ Major Depressive Disorder
- ▣ Disruptive Mood Dysregulation Disorder (considered a depressive disorder)
- ▣ Adjustment Disorder with depressed mood
- ▣ Persistent Depressive Disorder (Dysthymia)
- ▣ Bipolar I/II Disorder

Youth mood disorders

- ▣ Roughly 7% of School-age Children (9-17 years) has a mood disorder
- ▣ In a 3-year span (2012 – 2015), rates of severe youth depression increased from 5.9% to 8.2%
- ▣ 76% of youth have no or insufficient treatment
- ▣ Low rates of referral completion to specialty mental health

Assessing mood disorders

- ▣ Gender differences
- ▣ Cultural/Ethnic Differences
- ▣ Socioeconomic variables
- ▣ Family dynamics

Assessing mood disorders

- ▣ Interview Parent AND Child
- ▣ Discuss confidentiality!
- ▣ One to one discussion
- ▣ Functionality and SAFETY
- ▣ Include specific screening tools

Behavioral symptoms of depression unique to youth

- ▣ Irritability / anger / hostility
- ▣ Increased interpersonal conflict
- ▣ Running away (A cry for help!)
- ▣ Extreme sensitivity to rejection / failure

Behavioral symptoms of depression

- ▣ Frequent sadness, tearfulness, crying
- ▣ Psychomotor agitation/retardation
- ▣ Decreased interest/enjoyment
- ▣ Low energy
- ▣ Low self esteem and guilt, hopelessness, persistent boredom
- ▣ Relationship difficulty/social isolation
- ▣ School changes, academic difficulties, diminished concentration
- ▣ Self-Injury/Suicidality
- ▣ Physical/Somatic Symptoms/Appetite or weight changes

Always Assess for Safety

- ▣ Suicide is the second leading cause of death in youth ages 10-24.
- ▣ 1 in 8 children ages 6-12 have suicidal thoughts
- ▣ Suicidal methods can differ in youth vs. adults
- ▣ Be familiar with risk factors
- ▣ Know warning signs

Risk factors and Warning signs for suicide

- ▣ Previous attempts!!!
- ▣ Preoccupation/Obsession with death/suicide
- ▣ Direct or Indirect suicide statements/threats
- ▣ “Final arrangements”
- ▣ Comorbid mental health disorders (e.g. depression, anxiety, substance use disorders)
- ▣ Family dysfunction
- ▣ Involvement in bullying, h/o interpersonal violence/fighting, exposure to violence, previous self-harm, abuse
- ▣ LGBTQ/racial/ethnic minority status

Differential for depression

- ▣ Normal moodiness of teens
- ▣ Major depressive disorder
- ▣ Persistent depressive disorder (dysthymia)
- ▣ Premenstrual dysphoric disorder
- ▣ Substance/medication-induced depressive disorder
- ▣ Adjustment disorder
- ▣ Anxiety disorders
- ▣ PTSD or other trauma-related disorder
- ▣ Depressive episode of bipolar disorder
- ▣ Eating disorders
- ▣ ADHD
- ▣ Conduct disorder
- ▣ Depressive disorder due to another medical condition: Anemia, Mononucleosis, Thyroid disorders, Other medical disorders
- ▣ Medication adverse effects

Disruptive Mood Dysregulation Disorder

- ▣ SEVERE temper outbursts (verbal and/or physical aggression) out of proportion to situation
- ▣ Temper outbursts are inconsistent with developmental level
- ▣ Occur on average 3 or more times/week
- ▣ Interepisode mood is typically irritable/angry most of the day, nearly every day (observed by parents, teachers, peers)
- ▣ Present in at least 2 settings, severe in at least one
- ▣ Diagnosis should not be made before age 6 or after age 18

Bipolar Disorder

- ▣ extended period of elevated mood (either happy or irritable or both) lasting at least 1 week and present most of the day, nearly every day (or any duration if hospitalization is necessary)
- ▣ decreased need for sleep
- ▣ an increase in goal-directed activity
- ▣ increased or pressured speech
- ▣ racing thoughts or flight of ideas
- ▣ acting silly or inappropriate with poor judgment that can lead to painful consequences
- ▣ distractibility
- ▣ grandiosity

Screening tools

- ▣ PHQ-9 Modified for teens
- ▣ Beck Depression Inventory (BDI)
- ▣ CES-DC/Center for Epidemiological Studies Depression Scale for Children, parent & child report versions (6-17 years)
- ▣ Mood and Feelings Questionnaire (MFQ)
- ▣ Columbia Depression Scale (Parent and teen)

GLAD-PC Toolkit



Resources

- ▣ <https://www.thereachinstitute.org/images/pdfs/glad-pc-toolkit-2018.pdf>
- ▣ <http://pedicases.org/interviewing/intro.html>