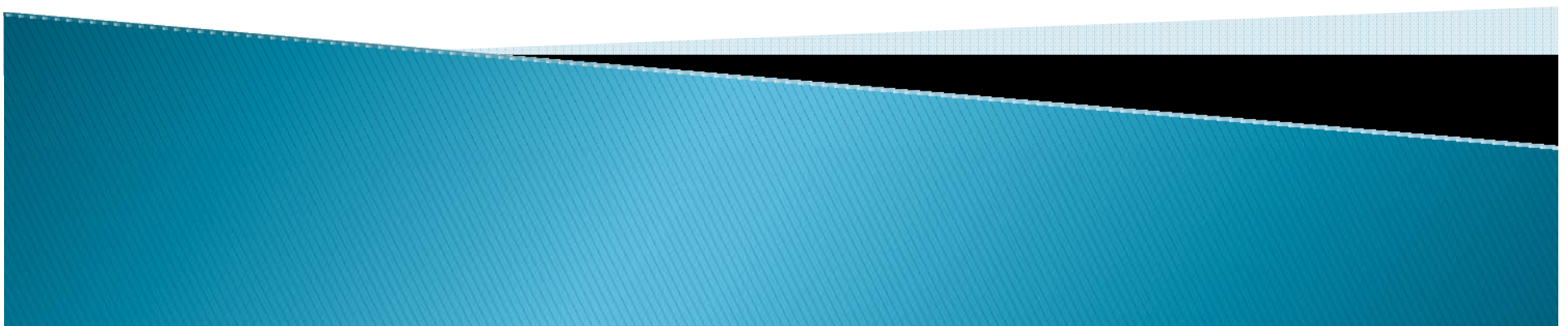


**A DISCUSSION:
CHILDHOOD/ADOLESCENT
MOOD DISORDERS AND
SUICIDE**



OBJECTIVES

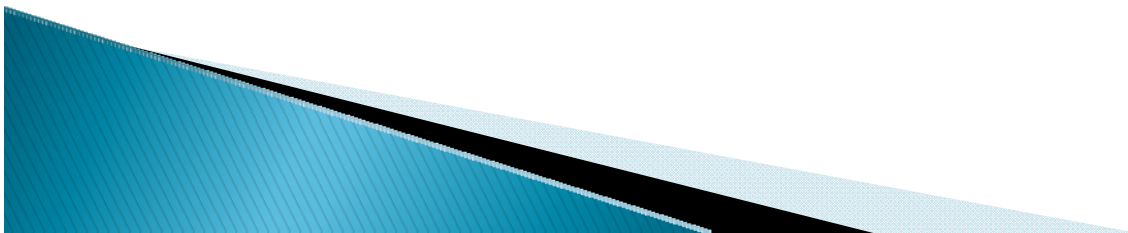
- ▶ The course will focus on mood disorders in children and adolescents. We will review the similarities and differences in presentations between children and adolescents; consider the issue of suicide and suicidal ideation as they relate to the mood disorders; and will include a review of treatment options for mood disorders.

- ▶ **Presenter: Brent D. Bell, D.Ph.**
 - Medical Director of Behavioral Health Services
 - APS Healthcare



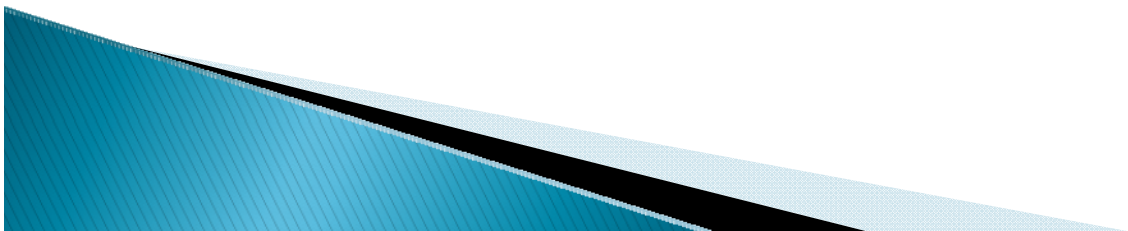
“The feeling of being valuable – ‘I am a valuable person’ – is essential to mental health and is a cornerstone of self-discipline.”

M. Scott Peck



Anecdotal Evidence - Danger

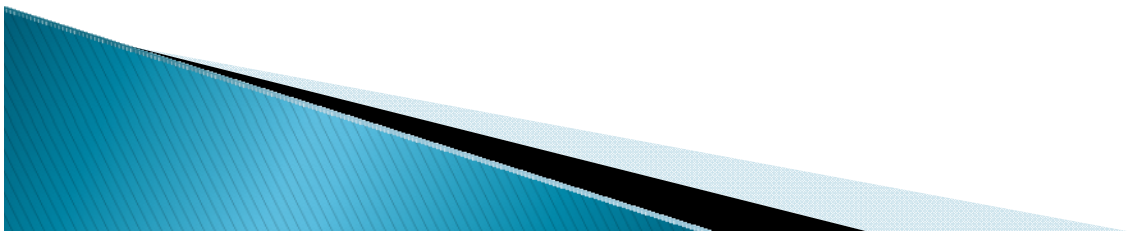
- Will Robinson - Danger!
- Science or Experience
- Sample Size of One
- Is Really Hearsay or Casual Observation
- Thus: Consultation!!!



The Power/Danger of Diagnosis

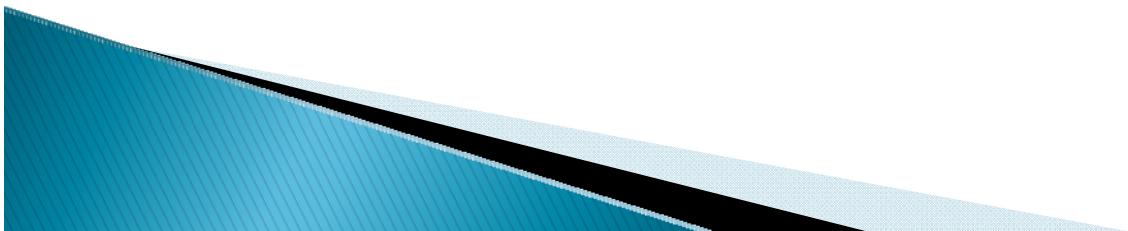
- Electronic Health Records

- DMS IV & DMS V



Screening Tools – What to Pick?

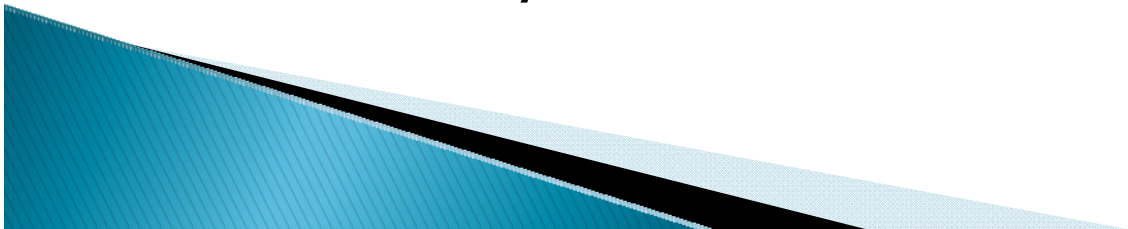
- Cheap, fast, easy to use
- One that you feel comfortable with
- Use Consistently
- * – Face-To-Face Interview



Face – to –Face: Observations

- Nails and Hair and Scars
- Clothing and Hygiene
- Sad, Angry, Anxious
- Eye Contact
- Number of Attempts, Methods and Current Plans
- Signs of Rumination
- Signs of Psychosis
- Hobbies: Writers of Poetry?

How do they visualize the future?



Hallucinations

Hypnagogic – falling asleep

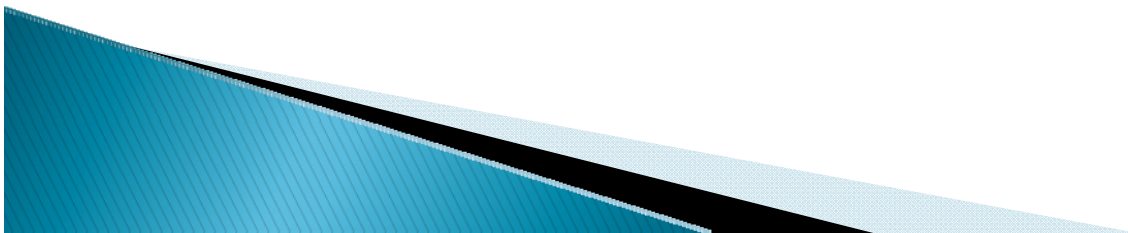
Hypnopomnic – Waking up

Auditory

Olfactory

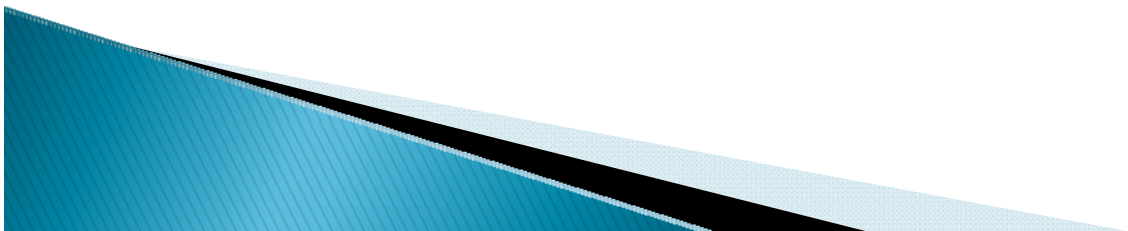
Gustatory

Tactile



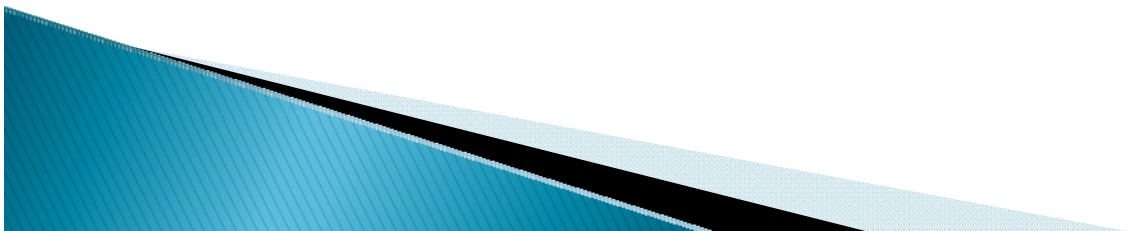
Organic Brain Disorders with Hallucinations

- Temporal Lobe Epilepsy
- Delirium
- Dementia
- Focal Brain Lesions
- Viral Encephalitis
- Tumors
- Alcohol, Cocaine, Amphetamines, Etc.
- 10–40% of Auditory Hallucinations Are Not Associated with Mental Illness



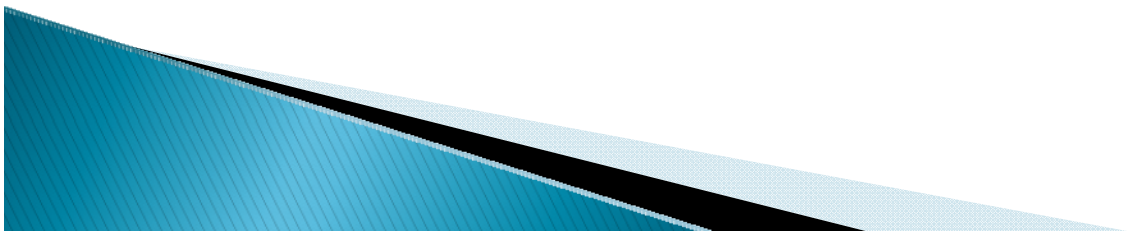
Auditory Hallucinations

- Schizophrenia 75%
- Bipolar Disorder 20–50%
- Depression/Psychotic Features 10%
- PTSD 40%



Auditory Hallucinations – That Are More Indicative of Psychosis:

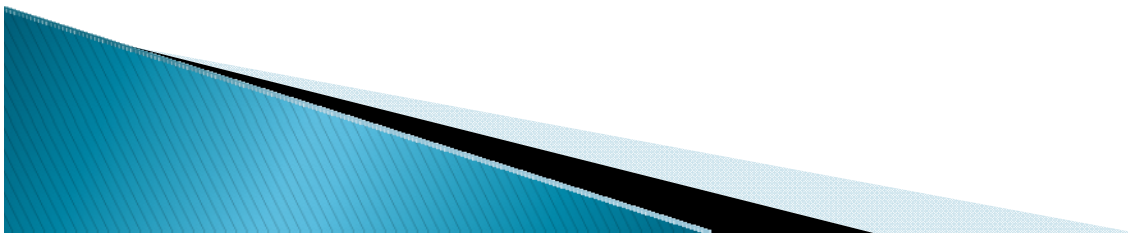
- Higher Frequency of Hallucinations
- Localization of Voices Outside the Head
- Greater Linguistic Complexity
- More Emotional Response
- Extent to Which Patients Believe That Others Share the Experience



Differentiation from

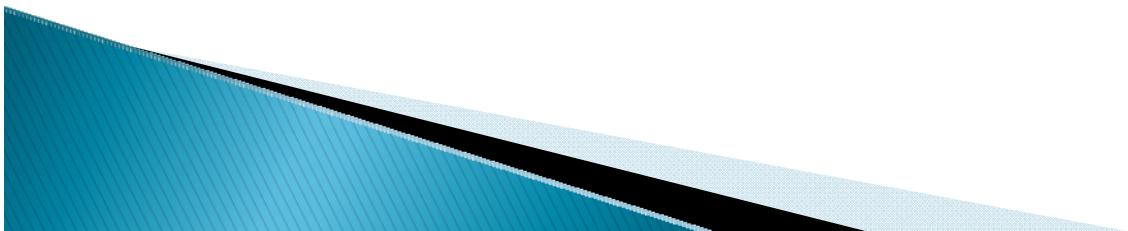
- Auditory Illusions
- Vivid Auditory Imagery
- Delusion of Reference

**Ask a patient if the experience is closer to a real external voice than to a thought



Characteristics:

- Male, Female, Alien, Robot, Etc.
- Single or Multiple
- Inner Body or Outer
- One or More
- 1st, 2nd or 3rd Person
- Spontaneous or Triggered
- 1st order Hears voices), 2nd order (talks back to voices), 3rd order (converses with voices)
- Comforting or bothersome
- Cultural

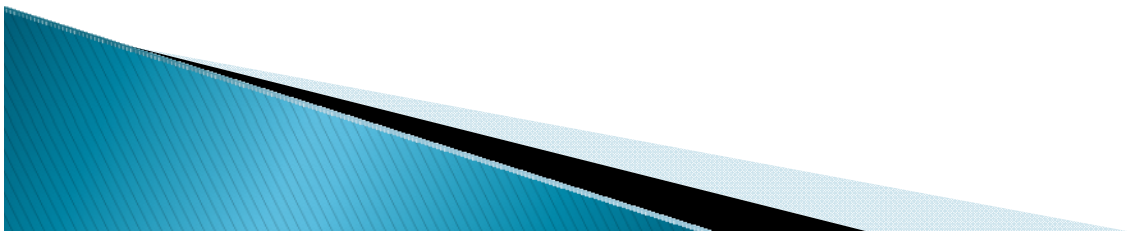


Childhood Signs of Psychosis

- Fluid in Nature
- Hallucinations
- Bizarre Thoughts
- Inability to Distinguish Dreams from Reality
- Poor Emotional Control
- High Anxiety
- Confused Thinking or Speech
- Extreme Paranoia

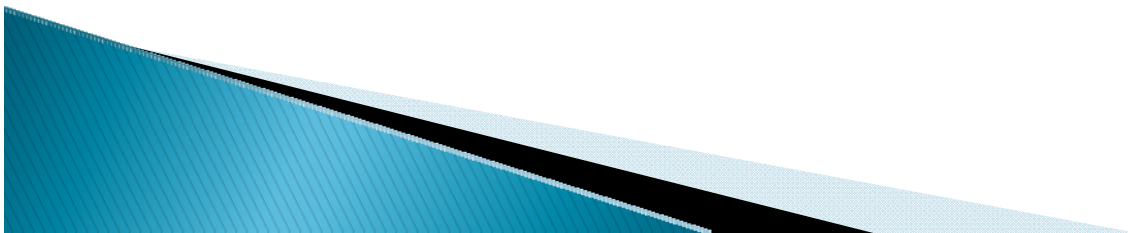
Imaginary friend or Psychosis

- A.. Imaginary friend – perfectly normal usually ego syntonic
- B. Psychosis – imaginary person trying to harm them – child often will ask whether real or not



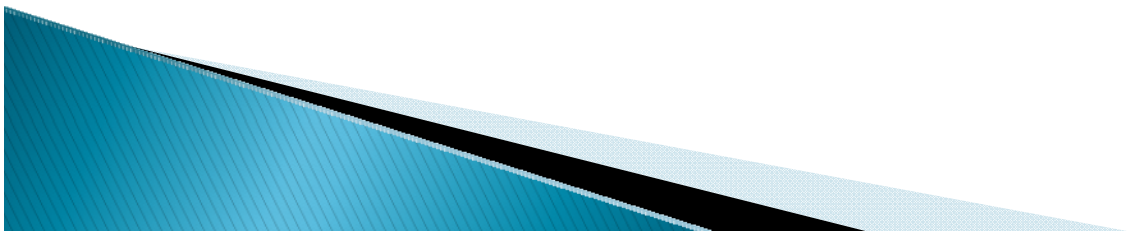
Mood Disorders:

1. Major Depression → Depressive Disorder
2. Dysthymic Disorder
3. Bipolar Disorder
4. Mood disorder due to a general medical condition
5. Substance induced mood disorder



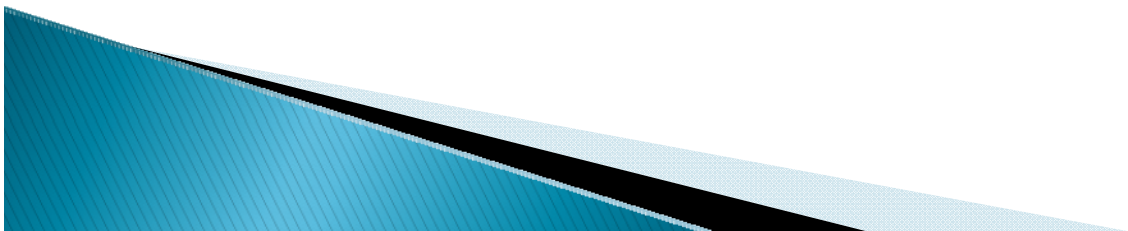
Criteria For Depression

1. Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful). Note: In children and adolescents, can be irritable mood.
2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation made by others)
3. Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day. Note: In children, consider failure to make expected weight gains.
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) nearly every day (not merely self-reproach or guilt about being sick)
8. Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others)
9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide



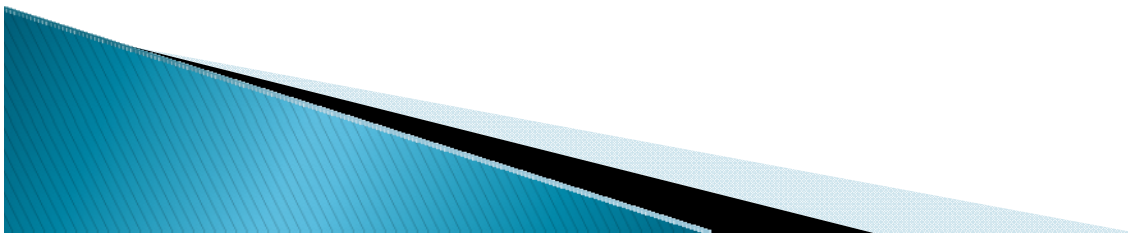
History of Depression – Child/Adolescent

- Deni Spitz – 1930's and 1940's
- Early thoughts – Ego states
- By grade 3 – children have a thorough understanding of killing themselves



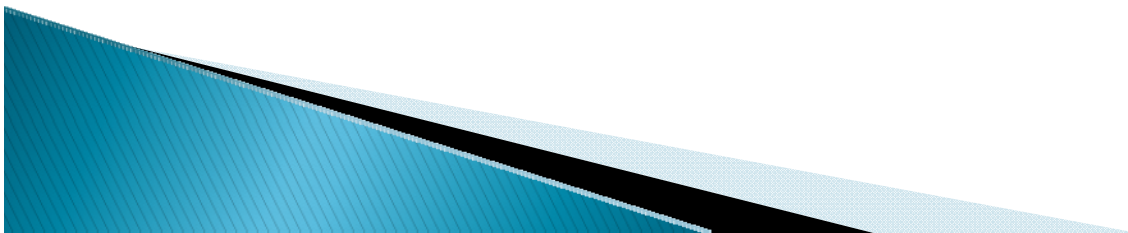
Mood Disorders:

- Multifactoral inheritance
- Aggregate families
- child of a depressed parent - 50% risk
- sibs of a depressed child = 7-10% risk
- sibs of a bipolar child = bipolar risk = 4-18%
- sibs of a bipolar child = depression risk = 6-28%
- boys = girls in risk until adolescence



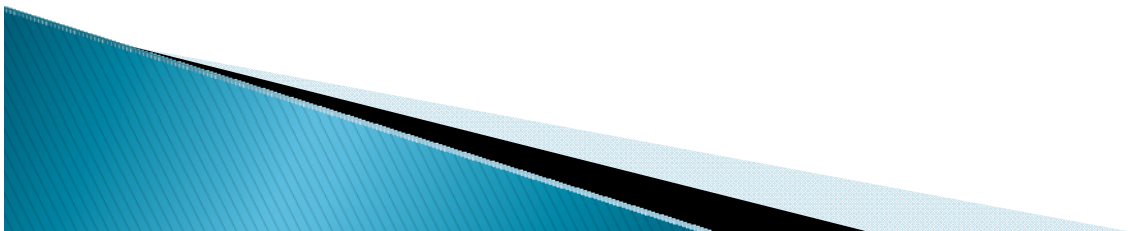
Prevalence of “Mood Disorders”

- 7-14% before age 15 = 1st episode of major depression
- 20-30% of adult bipolar patients have 1st episode before age 20
- In 100,000 adolescences, 2000-3000 have a mood disorder, of this number 8-100 will die by suicide



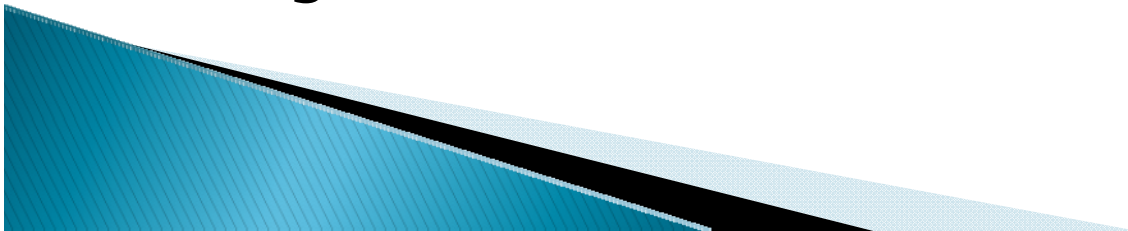
Events or situations related to depression in children and adolescents:

1. Bullying
2. Child abuse – all types
3. Chronic illness
4. Learning disabilities
5. Poor social skills
6. Death in family or divorce
7. Unstable care giving
8. Sexual identity issues
9. Break-up with boyfriend or girlfriend.



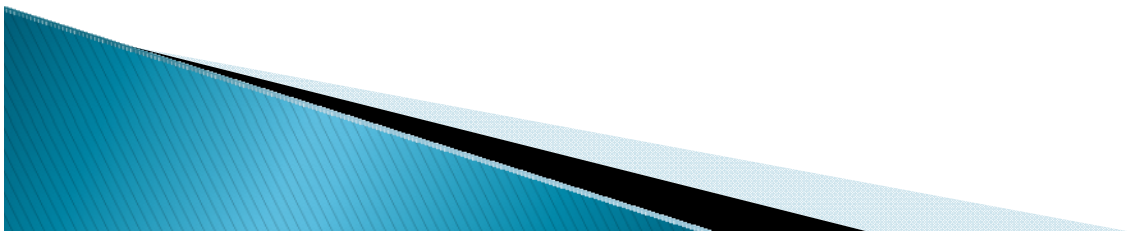
Symptoms Of Depressed Children

- Sadness, lack of interest
- Irritable, aggressive
- Fear of separation
- Irregular sleep
- stomachaches, physical complaints
- nothing pleases the child
- disruptive with poor school performance
- anxiety
- prone to a fluid psychosis
- regression of skills



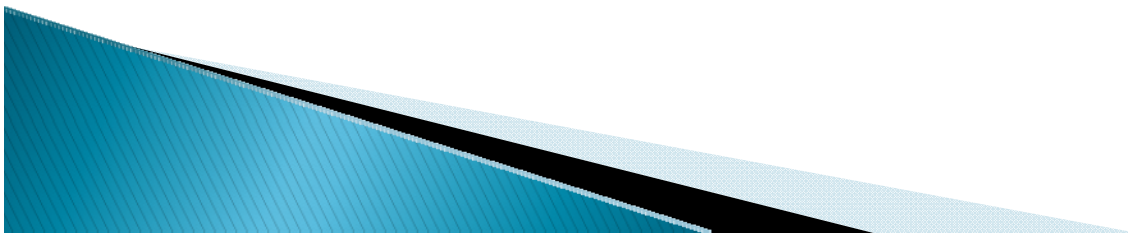
Motivations for Childhood Suicides

- an attempt to regain control of their lives
- retaliation or revenge against real or perceived wrongs
- reunion fantasies
- relief or escape from unbearable pain
- see themselves as the family scapegoat
- to distract the family from other issues e.g. divorce
- acting out a covert or overt desire of the parent to be rid of the child

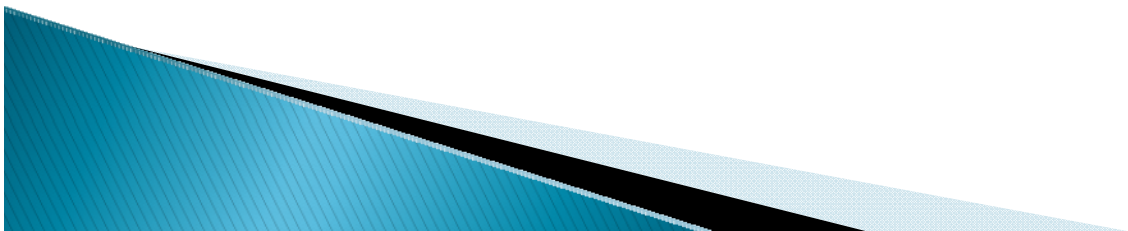


Symptoms of Depressed Adolescents

- agitation, restlessness, irritability
- appetite changes
- trouble concentrating
- difficulty making decisions
- episodes of memory loss
- fatigue
- feelings of worthlessness, hopelessness, sadness or self-hatred
- lost of interest in fun activities
- thinking or talking about suicide or death
- insomnia or excess sleep



- acting out behaviors
 - criminal behavior
 - grades dropping
 - highly irresponsible behavior patients
 - alcohol or illegal drugs use
 - isolation from family and friends
 - pre-occupation with self
 - suicidal thought

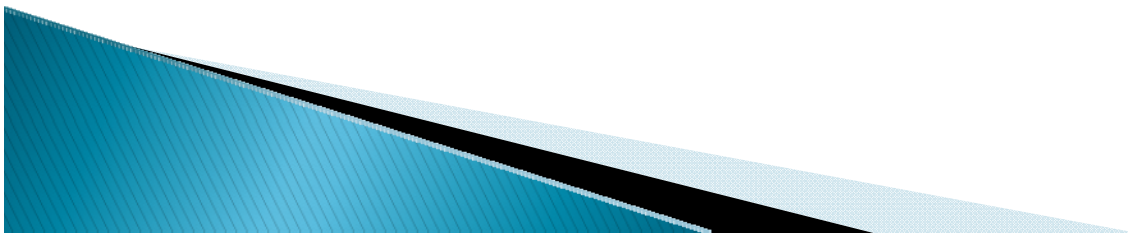


Bipolar Disorder

Bipolar Disorder, also known as manic-depressive illness, is a serious medical illness that causes shifts in a person's mood, energy, and ability to function. Different from the normal ups and downs that everyone goes through, the symptoms of bipolar disorder are severe. More about Bipolar Disorder.

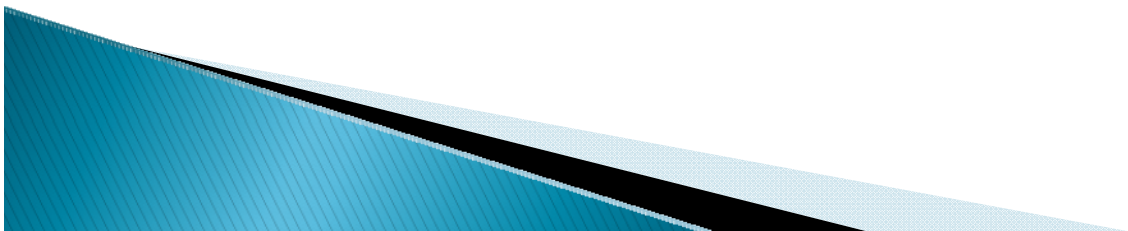
Signs & Symptoms

Bipolar disorder causes dramatic mood swings from overly "high" and/or irritable to sad and hopeless, and then back again, often with periods of normal mood in between. Severe changes in energy and behavior go along with these changes in mood. The periods of highs and lows are called episodes or mania and depression,



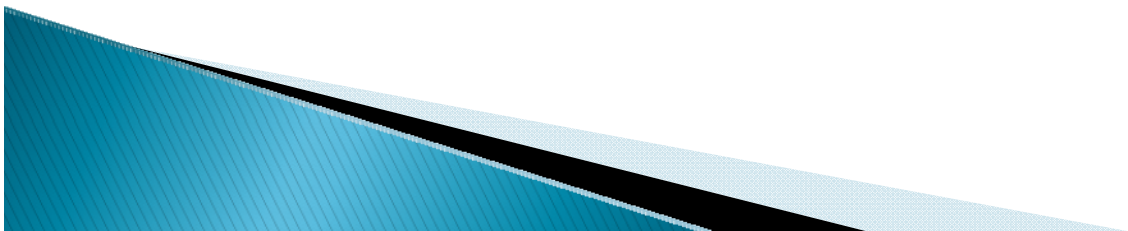
Suggestions of Bipolar Illness

- rages beyond what a normal adult can control
- dreams in color
- dreams that go to completion
- driven, irritable, Grandiose
- thrill seeking, expansive mood
- little to no regret or remorse
- unable to satisfy
- overt aggression and assaultive behavior
- many fears and phobias
- very somatic and irritable
- testing: strong color scores
evidence of mania



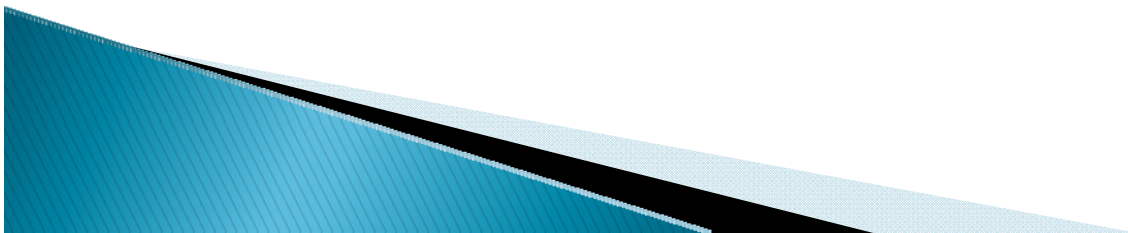
Facts: All Adolescents

1. Are Psychotic until proven otherwise
2. Have periods of depressed moods
3. Know more about computers than their parents
4. Know more about drugs and ETOH than their parents



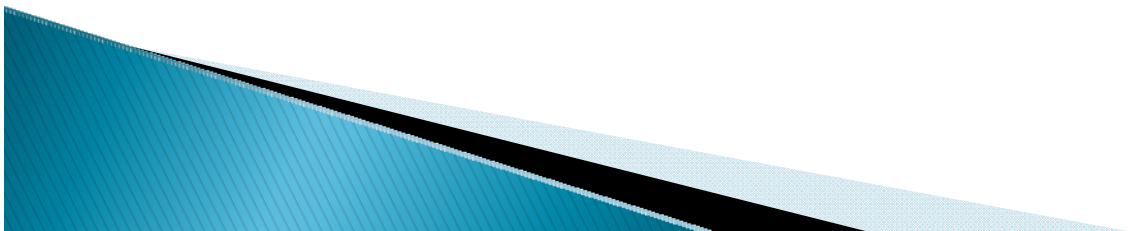
Self-Mutilations

- All mammals
- Throughout History
- Theory



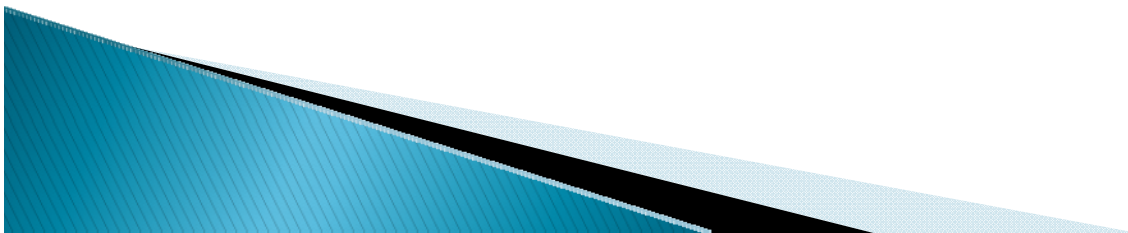
Self-Mutilation

- The direct injury of body tissue without suicidal intents
- Burning, cutting, or scratching, or hitting
- Self-mutilation is found in 40% of adolescent suicides
- 60% of all adults suicides
- Associated with personality disorders, depression, anxiety, substance abuse, PTSD, sexual abuse, schizophrenia
- Often misperceived as attention seeking
- Females 4X over male teens



Suicide Warning Signs – Adolescent

- Giving away cherished possessions
- Personality change
- Risk taking behavior
- Threat or plan to harm self
- Isolation
- No thoughts of the future
- Suicide of family member or peer
- Self-mutilation



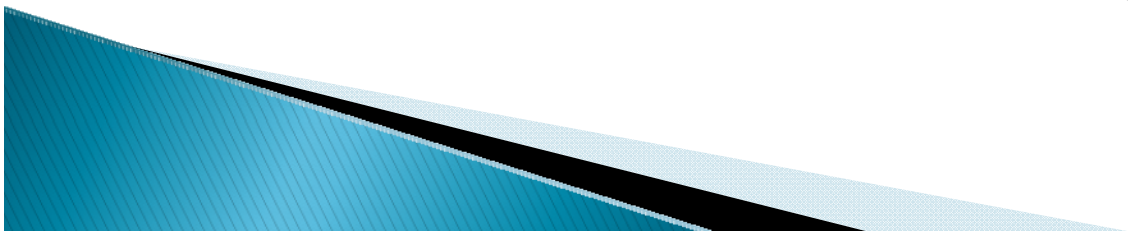
Suicide Trends

- Ages 10–24 suicide in Oklahoma is a leading cause of death
- In girls hanging is most likely then firearm, then poisoning – all ages
- In males ages 10–24 hanging is #1, then firearms, then poisoning
- In males 15–19 years – firearms, then hanging, then poison
- In males 20–24 – firearms, strongly then hanging, then poisoning.



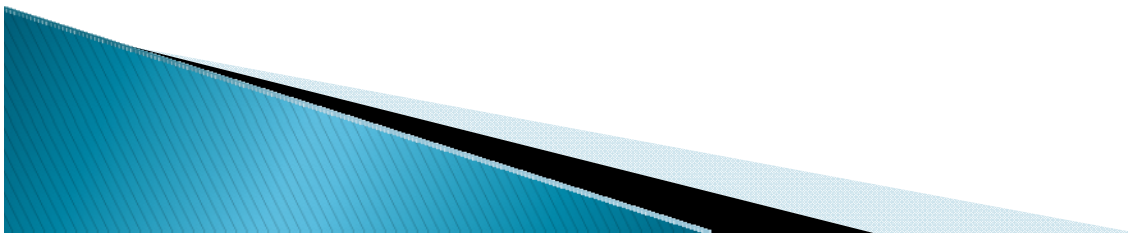
Suicide Facts

- March, April and May - highest rates
- Christmas season is actually below average
- 5-10% of suicides take place in mental hospitals
- Caucasians have higher rates than African Americans
- Hanging is the leading method worldwide and in ages 10-14 in girls.
- Odds double that a depressed adolescent will kill themselves if there is a gun in the home.



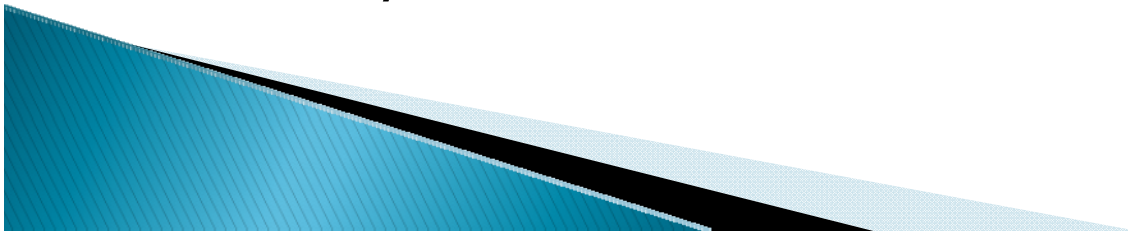
Suicide Rates

- In 10–24 year olds
- Dropped 28% from 1990–2003
- They jumped 8% in 2004
- 2003 the antidepressant suicide warnings were issued
- SSRI use dropped sharply in 2004



Autoerotic Asphyxiation Syndrome

- Adolescent and males usually
- Cutting of oxygen or blood brain while masturbating
- Most communally ages 12–25 years
- Involved in 31% of male hanging deaths
- Neck constriction is most common
- Is habit forming
- First described in 1600 as a treatment for impotency
- Also involves choking of women during intercourse
- Seen in all cultures
- Is predominately related to heterosexual males.
- Relates also to bondage and pain
- Least understood paraphilia
- Usually done solo



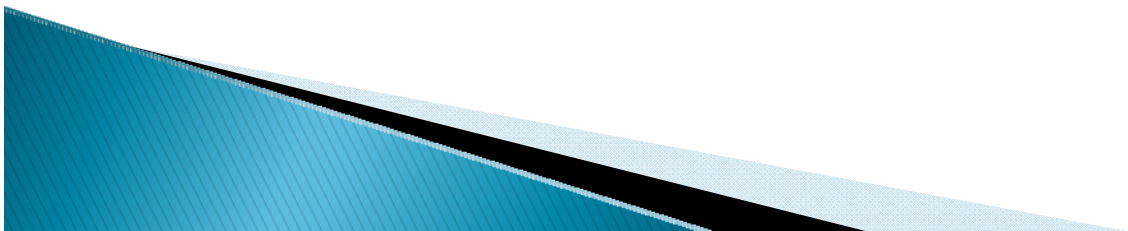
Antidepressants

SSRI's:

- Zoloft
- Prozac
- Celexa
- Lexapro
- Desyrel
- Luvox

Dual up take antidepressants:

- Effexor
- Cymbalta
- Pristiq
- Remeron

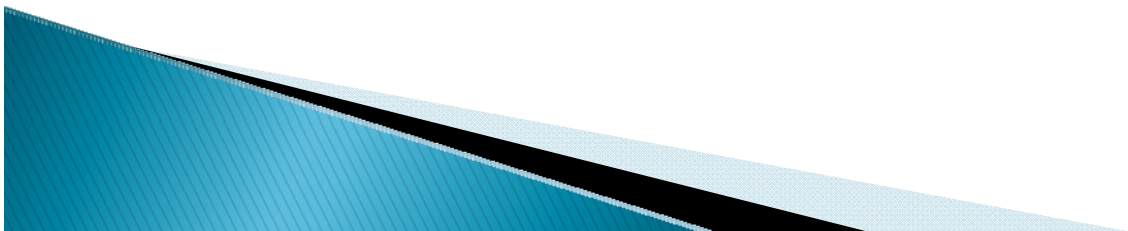


Antipsychotics – Atypicals

1. Risperdal/Risperdal Consta
2. Zyprexa
3. Invega
4. Seroquel
5. Clozaril
6. Agilify
7. Saphris
8. Fanapt
9. Geodon

Older Antipsychotic

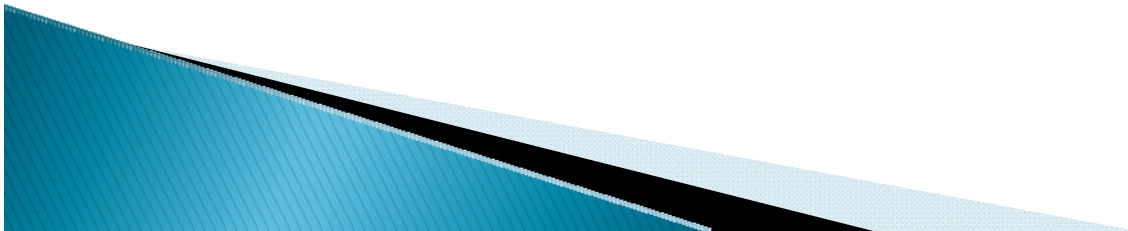
1. Haldol
2. Navane
3. Thorazine
4. Prolixin



Antidepressants (cont.)

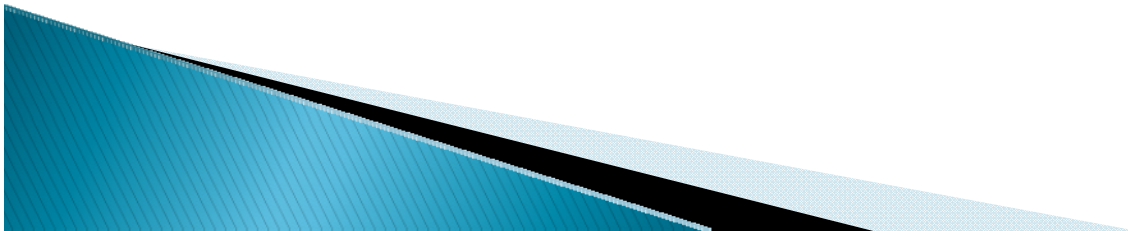
Tricyclic Antidepressants:

1. Elavil
2. Anafranil
3. Doxepin



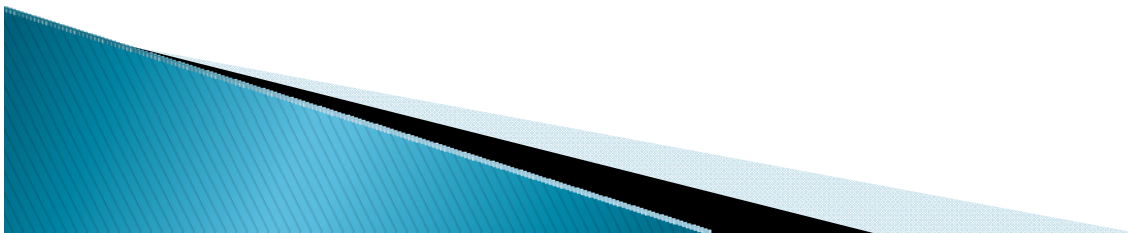
Mood Stabilizers

1. Depakote
2. Tegretol
3. Trileptal
4. Lithium
5. Keppra
6. Topamax



2010 Bells Concerns

1. Internet, Internet, Internet
2. Obesity in youth
3. Pills to fix everything
4. Party Mix
5. Lack of grandparents
6. Lack of fathers
7. Recession
8. Sexual Abuse
9. Everybody is a victim



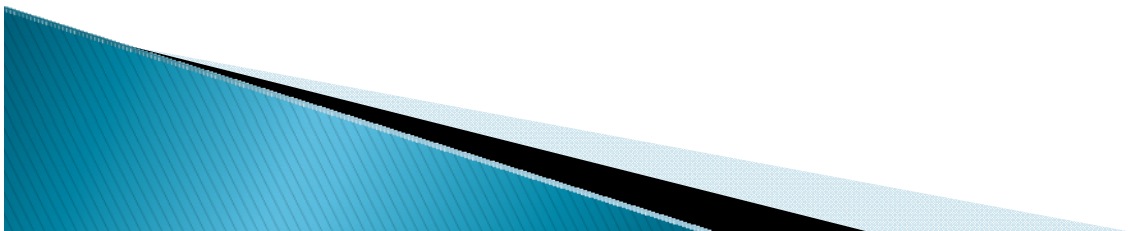
Applaud loudly now!

What we do saves lives

–No exceptions, No apologies!

Art versus science

Outcomes based care



It is not attention
that the child
is seeking
but love

-Sigmund Freud

