When a mother’s depression remits, her child’s clinical state also improves, and children of mothers who remained depressed are likely to deteriorate, reported Myrna M. Weissman, Ph.D., and her associates in the pediatric portion of the Sequenced Treatment Alternative to Relieve Depression study.

Maternal depression is one of the most consistent risk factors for childhood anxiety, depression, and disruptive behavior disorders. However, the researchers, said to their knowledge, this is the first published study documenting prospectively the relationship between the remission of a mother’s depression and a child’s clinical state.

“There are some intriguing because they suggest that an environmental influence... had a measurable impact on the child’s psychopathology,” the investigators noted.

The Sequenced Treatment Alternative to Relieve Depression (STAR*D) study is an ongoing multicenter clinical trial comparing the effectiveness and acceptability of different treatments for a broadly representative group of outpatients with nonpsychotic major depressive disorder.

In the ancillary pediatric study, Dr. Weissman and her associates assessed 114 mother-child pairs. This report details their findings at baseline and at the first of several planned follow-up evaluations (JAMA 2006;295:1389-98).

All the mothers were initially treated with citalopram (Celexa). Those who did not respond or did not tolerate the antidepressant went on to be randomly assigned to subsequent steps in treatment, said Dr. Weissman, of Columbia University and the New York State Psychiatric Institute, New York, and her associates.

Many of the children, aged 7-17 years, were acutely symptomatic at baseline. "Over a third had a current psychiatric disorder including anxiety (16%), depressive disorders (10%), or disruptive behavior disorders (22%); almost half had a past psychiatric disorder. These rates are consistent with findings from numerous studies of children with depression," the investigators said.

The maternal remission rate at 3 months was 33%. At that time, children of the 34 mothers who remitted showed an 11% decline in rates of those diagnoses, from 33% (2 of 34 children) at baseline to 24% (8 of 34). In contrast, there was an 8% increase in diagnoses among children of mothers with continuing depression, from 35% (25 of 71) to 43% (30 of 71 children) during that short time (3 months)—even though most of them were not receiving direct treatment—simply because their mothers improved.

“Even more interesting” was the finding of a possible preventive effect of maternal remission: None of the children of remitting mothers had any onset or recurrence of psychiatric symptoms, the researchers noted.

All these results suggest that “a reduction in stress associated with maternal remission may reverse the long-standing symptoms in children who are likely to be genetically vulnerable,” they added.

### Capsules

**Paroxetine Fails to Improve Children’s MDD**

Paroxetine was no more effective than a placebo in reducing the symptoms of major depressive disorder in a population that, for the first time, included patients younger than 12 years, reported Dr. Graham J. Emslie of the University of Texas, Austin, and his colleagues.

Overall, the average change from baseline on the Children’s Depression Rating Scale–Revised (CDRS-R) was –22.59 points in patients who took paroxetine (Paxil) and –23.38 in a placebo group. The randomized, double-blind, multicenter study of the effectiveness of paroxetine in childhood or adolescence was sponsored by GlaxoSmithKline, manufacturer of Paxil; Dr. Emslie has served as a paid consultant for the company.

**Predicting Recurrent Abdominal Pain**

When a child presents with recurrent abdominal pain, parents’ anxiety may be a factor, reported Dr. Paul G. Ramchandani of the University of Oxford (U.K.) and his associates.

Recurrent abdominal pain (RAP) was defined as pain five or more times in the same week for 2 or more weeks in the last year, or pain five or more times in the last year in a group with significantly higher among children aged 7-11 years, compared with the placebo group (39% vs. 13%), which suggest a lower tolerance for the drug among younger children compared with older children.

The dropout rate in the paroxetine group was significantly higher among children aged 7-11 years, compared with the placebo group (10% vs. 4%) and almost half of the patients in each group had experienced at least one prior major depressive disorder episode.

**Family Stress High in ADHD**

The results of a large national survey indicate that families of children with attention-deficit hyperactivity disorder show very high levels of stress, compared with families of children with other special health care needs, according to a presenter identified by Dr. Ruth E. Stein at the annual meeting of the Pediatric Academic Societies.

By using data from the National Study of Children’s Health, Dr. Stein and Ellen J. Silver, Ph.D., of the Albert Einstein College of Medicine, Bronx, N.Y., extracted responses from the parents of 65,613 children between the ages of 6 and 17. Of that group, 7,106 reported a diagnosis of ADHD, 10,248 children were classified as having special care needs other than ADHD, and the rest were healthy.

After adjusting for poverty, gender, family structure, age, and gender of the child, families of children with ADHD had significantly worse results on all 12 of the variables examined, compared with healthy children and compared with other children with special health care needs (CSHCN).

For example, 41% of the families with an ADHD child said they were coping very well with the day-to-day demands of parenthood, compared with 50% of the CSHCN families and 57% of the families with healthy children that comes to an adjusted odds ratio of 0.69 for ADHD, compared with CSHCN and 0.53, compared with families with healthy children.

Families with an ADHD child are more than three times as likely as CSHCN families and almost six times as likely as families with healthy children to say that in the past month they sometimes, or always felt that the child does things that really bother them.

And families with an ADHD child were 1.8 times as likely as CSHCN families and 3.2 times as likely as families with healthy children to say that in the past month they sometimes, or always felt that the child was hard to care for the most children of his or her age.

Families with an ADHD child were 2.3 times as likely as CSHCN families and 3.3 times as likely as families with healthy children to say that in the past month they sometimes, or always felt that the child was harder to care for the most children of his or her age.

Families with an ADHD child were 2.3 times as likely as CSHCN families and 3.3 times as likely as families with healthy children to say that in the past month they sometimes, or always felt that the child was harder to care for the most children of his or her age.