Prescribing Antidepressants for Kids Can Be Tricky

BY JOYCE FRIEDEN
Associate Editor, Practice Trends

MONTREAL — Prescribing antidepressants to children comes with its own set of challenges. Dr. Neil S. Kaye said at the annual meeting of the American Academy of Psychiatry and the Law that for one thing, it’s difficult to comply with the visit schedule suggested by the Food and Drug Administration, said Dr. Kaye, a psychiatrist in private practice in Wilmington, Del.

The agency’s “Medication Guide: About Using Antidepressants in Children and Teenagers” recommends: “After starting using antidepressants to children comes with its own set of challenges, Dr. Neil S. Kaye said at the annual meeting of the North American Primary Care Research Group. She presented a cross-sectional study in which questionnaires were sent to 2,352 bi- ological fathers with children aged 4-6 years from 13 general practices in greater London and Hertfordshire, England.

Questionnaires included a diagnostic depression measure and standardized inventories on child behavior, parenting, couple relationship, alcohol use, and demographics.

Mothers were sent a similar but smaller packet. Their responses were used to assess child behavior and were thought to be a more objective way to assess the relationship of paternal depression and child behavior, said Ms. Dave, a research fellow in the department of primary care and population sciences at University College London.

The prevalence of paternal depression was 8% in the study, with 29 of the 365 fathers who responded scoring positively for depressive symptoms. Of the 365 respondents, 12 (3%) fathers had major depressive symptoms and 17 (5%) had mild or moderate depressive symptoms.

Fathers with major depression were almost 20 times more likely to have a child with peer problems and 13 times more likely to have a child with a low prosocial behavior assessment score, after controlling for maternal depression, couple relationship quality, paternal age, and number of children.

Study limitations were its cross-sectional design, low response rate, and wide confidence intervals resulting from the small number of participants, she said. But findings clearly point to the need for further studies.

“Family practice is an ideal location for assessment and prevention,” she said.

Data Watch

Most Common Ways Children Say They Cope With Stress

<table>
<thead>
<tr>
<th>Way of Coping</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Play/do something active</td>
<td>52%</td>
</tr>
<tr>
<td>Listen to music</td>
<td>44%</td>
</tr>
<tr>
<td>Watch TV/play video games</td>
<td>42%</td>
</tr>
<tr>
<td>Talk to a friend</td>
<td>30%</td>
</tr>
<tr>
<td>Try not to think about it</td>
<td>29%</td>
</tr>
<tr>
<td>Try to work things out</td>
<td>28%</td>
</tr>
<tr>
<td>Eat something</td>
<td>26%</td>
</tr>
<tr>
<td>Lose temper</td>
<td>23%</td>
</tr>
<tr>
<td>Talk to parent</td>
<td>22%</td>
</tr>
<tr>
<td>Keep it inside</td>
<td>21%</td>
</tr>
</tbody>
</table>

Note: Based on a survey of 875 children aged 9-13 years conducted May 10 to June 7, 2005.

Source: KidsHealth KidsPoll

Screening at Well-Child Visits Helps Spot Parents at Risk for Depression

BY PATRICIE WENDLING
Chicago Bureau

QUEBEC CITY — Brief depression screening during well-child visits can detect parents at risk and may save that child’s life, Dr. Neil S. Kaye said at the annual meeting of the North American Primary Care Research Group.

The U.S. Preventive Services Task Force recommends that all adults have brief depression screening, and pediatrics and family physicians may be the health professionals seen most by parents. Detecting parental mental health issues is an important way to lessen the impact of such issues on children.

In these cases, the role of the child’s physician is not to diagnose depression, but to identify parents at risk for depression, encourage them to seek help, and refer them to available resources, said Dr. Olson of the department of pediatrics and community and family medicine at Dartmouth Medical School, Lebanon, N.H.

As part of Dartmouth’s parental well-being project, Dr. Olson and colleagues prepared practitioners to screen parents for depression with a two-question screener given during well-child visits over 6 months in six community pediatric practices in New Hampshire and Vermont.

Screening results were discussed with the parents, and a centralized telephone referral service was provided for those who screened positive.

The two questions were, “Over the past 2 weeks, have you felt down, depressed, or hopeless?” and “Over the past 2 weeks, have you felt little interest or pleasure in doing things?”

If they answered yes to either question, they were then asked to identify if it had been for several days, more than half the days, or nearly every day.

Providers and staff also completed follow-up surveys during three 1-week periods.

The two-question screeners were collected during 7,790 of 16,716 well-child visits (48%). After removing screeners with incomplete data, a total of 6,446 were analyzed.

One in seven parents revealed mood or anhedonia symptoms (881 of 5,772 mothers and 88 of 674 fathers).

One in five of these mothers (31 of 152) admitted possible depression and were willing to take action to treat it.

The discussion with parents about their screening results took less than 3 minutes in 90% of cases and more than 10 minutes in 1.4%.

Nurse practitioners were more likely than were physicians (46% vs. 37%, respectively) to refer screen-positive parents to their primary care or mental health providers.

Although physicians and nurse practitioners referred 21% of screen-positive parents to the support line, only 20 parents called the 800 number in the first 12 weeks of the study. Of all, 5% of referred parents received some telephone counselor assistance.

The findings demonstrate that community practices can implement routine, brief depression screening when administrative and leadership support is in place. Dr. Olson said that the staff of the six practices that participated in the study stressed that reduced staffing affected their ability to routinely screen.