

Oral presentation

## Depression in children and adolescents

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Depression in childhood has been recognized as a separate clinic entity since 1970's. Recent studies have shown that it is a very serious disorder, which involves the risk of perpetuation or relapse and it has a great impact on child's functioning, as well as on the whole family's life. Clinical features vary according to child's developmental phase. Depressive symptomatology is expressed more by somatic symptoms and conduct problems than verbal formulation concerning the depressive feelings. The usual comorbid conditions of child depression are anxiety disorders, learning disorders and conduct disorders. The aetiology of child depression is multi-factorial. The genetic factor implicates the children of depressed parents. These children are in a higher risk status for the development of the disorder. Negative life events often signify the onset of a depressed episode. Cognitive approaches have studied the important cognitive distortions, which are implicated in low self-esteem, as well as, in self-criticism concerning the depressed children. Psychodynamic approach has been based on the study of those psychic mechanisms, which are involved in confronting of a loss.

Therapeutic procedure involves child's psychotherapy as well as parental consulting. Drug therapy is administered in serious cases. While tricycles antidepressants proved not to be more effective than placebo, the new generation anti-depressants (SSRI) are more promising.

There is a need for the development of more appropriate early intervention strategies targeting at primary detection and treatment.

Depression in adolescence is manifested with increasing frequency, with detrimental effects in the personal and social life of the adolescent and is directly related to the danger of attempting suicide.

Before the 80's, depression in adolescents was not commonly referred to, due to its atypical clinical picture which was perceived as being correlated to the crisis of adolescence. The outcome was expected to be propitious and its treatment was related to the end of the adolescence period.

The spectacular increase of suicidal attempts and the actual rate of suicides committed during adolescence, led to numerous studies concerning the epidemiology, the clinical picture, the aetiopathogenesis and the treatment of depression in adolescence.

In accordance to the current evidences, it is demonstrated that the manifestation of depression in adolescence is common, its clinical picture resembles some peculiarities than differentiate it from adult depression, while there is an increasing danger of the continuation of the pathology to adult life.

Various genetic, familial, demographic, psychosocial cognitive and biological factors have been identified as being correlated to the onset and the development of the disorder.

Identifying depression in adolescence is difficult due to the attitude kept by the adolescent, who does not himself seek help for this problem and due to the attitude kept by the adults, parents, teachers, doctors who observe mostly the external behavioral disturbances and not the adolescents' anxious or depressive emotions.

In attempting to treat depression a number of cognitive, behavioral, psychoanalytic and systemic approaches have been proposed whether in conjunction to pharmacotherapy or not and have given contradictory results.

The importance of depression in adolescence demands for greater concentration to its diagnostic estimations and therapeutic interventions.

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