

I Am A Pediatric Dentist: Why is Major Depression Among Adolescents my Concern?

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The question, “why a pediatric dentist should be concerned about major depression among teenagers” is considered in light of reports from the National Institute of Mental Health. The results of these studies indicate that there is a progressive increase in the proportion of adolescents with a history of major depressive episodes; ranging from 6.4% among 12 year olds to 15% and 16% for 15-17 year olds. There are great variations by gender, race and ethnicity in the proportion of teenagers experiencing major depressive episodes and receiving needed care. In addition, there is an increased proportion of teenagers with disabilities who experience major depressive episodes. This combined impact is a reality for youngsters with disabilities as they pass through the teenage years into adulthood. Listing of symptoms of depression are provided to facilitate dental treatment planning, as well as assisting parents/guardians in seeking the overall needed care for their youngsters.

Key words. Depression, teenage, dentists

INTRODUCTION

A previous review in the JCPD considered the question “I’m a pediatric dentist: “Why is substance abuse among my patients my concern?”¹ The response detailed the evolving demographics of the country, the proportion of teenagers involved with substance abuse, the rationale for the use of varying illicit substances and the associated symptoms. The reality is that in 2013, 10.4% adolescents had treatment for illicit drug use. There was a progressive increase in the proportion of teenagers (as they advance between twelve and seventeen years of age) who reported using any illicit drugs. “Some teenage patients may be experimenting with illicit substances, are under stress, have low self-esteem, have misinformation and easy access to drugs. And you (i.e. pediatric dentists) may be able to help (sic).”¹

A similar question, “why a pediatric dentist should be concerned about major depression among teenagers,” is answered with the results of the National Institute of Mental Health report which highlights the finding that, “In 2015, an estimated 3 million adolescents age 12 to 17 in the United States had at least one major depressive episode in the past year. This number represented 12.5% of the U.S. population aged 12-17 years;”² and “...approximately 1 percent to 2 percent of children...”³

About depression

Depression is more than just feeling a little sad or having a rough day. For someone with depression, the feelings of sadness can last a long time. Depression can affect children and adolescents of all ages. “Young people with depression may show symptoms that seem different from adult symptoms. Children and adolescents who have depression may complain that they don’t feel well, may refuse to go to school, or may worry that a loved one may leave or die. Sudden changes in weight or in sleep patterns may also be symptoms of depression. Older teenagers may get into trouble at school or show reduced interest in activities they used to enjoy, such as playing sports or spending time with friends.”³ A major depressive episode among adolescents is defined as “a period of two weeks or longer during which there is either depressed mood or loss of interest or pleasure, and at least four other symptoms that reflect a change in functioning, such as problems with sleep, eating, energy, concentration, and self-image”³

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Demographics, numbers and proportions

In 2013, among U.S. adolescents who had a least one major depressive episode within the prior year, there was a progressive increase in the proportion of adolescents with a history of episodes, ranging from 6.4% among 12 year olds to 15% and 16% for 15-17 year olds.

- By gender—The proportion of female adolescents with major depressive episodes was more than three times greater than the proportion of male adolescents with comparable episodes. In the period between 2009 and 2013, the proportion of adolescent females with episodes increased from 11.7% to 16.2%. Comparable increases for adolescent males were from 4.7% to 5.3%.
- By race – The proportion of black and Asian adolescents with major depressive episodes was less than the rates for three categories of adolescents (Hispanic, white and teenagers of 2 or more races. (See chart ⁵)
- 70% of 657,000 adolescent males and 59% of 1.9 million adolescent females with major depressive episodes did not receive needed treatment.
- 58% of 1.4 million white adolescents, 71% of 289,000 black adolescents and 63% of 617,000 Hispanic adolescents with major depressive episodes did not receive needed treatment. ⁶

Depression and disability go together

Depression and disability may go hand in hand, depending upon the support system that an individual may have. Friends, family members and support groups are all part of a good support system that an individual with disabilities needs.

Disabled at birth: Youngsters may have a disability as a result of prenatal, genetic or delivery issues. “While some may argue that being disabled from birth somehow makes things easier, such as developing coping mechanisms from an early age, others do not share the same view. Those who are disabled at an early age may spend years struggling to find acceptance with their peers and teachers, have difficulty forming new relationships, have trouble transitioning to adulthood and finally landing a job.” ⁷

Acquired disability: Depression is very common for both youngsters and adults who acquire a disability as a result of an accident or develop progressive conditions. “They have gone from being able-bodied to perhaps being someone that has to depend on assistance from others. They may be struggling with their memories of being able bodied, and trying to accept their current physical or mental limitations. Acknowledging a new disability isn’t always easy; for many, it can take years to fully accept that they are disabled and can no longer do some, or many, of the things they once enjoyed doing. It is normal for them to feel sad or angry as they are grieving the loss of their former life... It is not unusual to occasionally have a “why me?” moment when facing difficulties in life, especially when a disability seems to be causing the difficulty. However, when an individual is feeling like the world is against them all of the time, they may be experiencing clinical depression, not merely ‘the blues.’” ⁷

Teenagers may exhibit the signs of clinical depression of young adults, including:

1. “Difficulty remembering things, concentrating or making simple decisions
2. Feeling tired all of the time despite getting enough sleep
3. Feeling helpless or worthless
4. Feeling pessimistic
5. Having insomnia frequently or sleeping more than necessary
6. Frequent irritability and having trouble calming down
7. Loss of interest in things that you previously enjoyed doing
8. Increased appetite or loss of appetite
9. Frequently feeling ill, such as having headaches, digestive problems or other unexplained aches and pains
10. Constant feelings of sadness or anxiousness
11. Suicidal thoughts or attempts at suicide.” ⁷

Is depression a disability?

“Depression is a primary characteristic of several mental illnesses, which could be considered disabilities, according to the National Institute of Mental Health. Disabling mental illnesses related to depression include major depressive disorder, bipolar disorder, psychotic depression, seasonal affective disorder, postpartum depression and persistent depressive disorder.” ⁸

Parental awareness of their child’s depression

“Depression in children is not the same as in adults and most times it is unnoticed by the parents and untreated by health-care professionals...Depression can arise from a combination of genetic vulnerability, suboptimal early developmental experiences, and exposure to stresses. How children respond to different stressors is different depending on the child’s personality and situation. Most children become silent and do not open up to the parents about what is wrong and what is bothering them. Symptoms go unnoticed because of a tendency of depression to have an insidious onset in children, and because symptoms may fluctuate in intensity.” ⁹

- Depressed children do not look like depressed adults: they are often irritable, rather than sad and withdrawn.
- Depressed kids show less pleasure in play and some explore themes of death. ¹⁰
- Bipolar disorder, an ongoing cycle of depression and mania, can easily be confused with attention deficit hyperactivity disorder.
- Bipolar kids are more prone to elated moods, grandiose thoughts and daredevil acts. They also have more rapid periods of depression and mania. ⁹

“Depression is being diagnosed more often these days, and adolescents are taking more medication than ever before...it is not clear whether that is because more people are actually depressed, or because it is simply being identified more than before.” ⁴

The parents, themselves (particularly those who have children with disabilities) may be experiencing their own periods of depression and may not be aware of their children’s state of depression. ¹¹

Why is major depression among your patients your concern?

Yes, you are a pediatric dentist. However, the fact is that some of your teenage patients may be experiencing periods of depression and their parents may not be aware of the significance of the child's difficulties. Patients who are depressed may present with less than optimal hygiene practices and poor oral hygiene. The lack of good oral care may contribute to a higher caries and periodontal risk. Should the patient start or take medications that treat depression, it is important to address the side effects of medication (e.g. xerostomia). The practitioner would need to provide an aggressive preventive dental education program for these patients, including the use of artificial salivary products, mouthwashes and topical fluoride applications in addition to treatment of candidiasis when present.¹²

You may recognize the symptoms of depression and use this awareness in your treatment planning, as well as assisting parents/guardians in seeking the overall needed care for their youngster. Such an effort would be in line with the new definition of oral health approved in 2016 by the FDI World Dental Federation General Assembly:

“Oral health is multifaceted and includes the ability to speak, smile, smell, taste, touch, chew, swallow, and convey a range of emotions through facial expressions with confidence and without pain, discomfort and disease of the craniofacial complex ... It is a fundamental component of health and physical and **mental well-being** (emphasis added)...”¹³

Indeed, you may be able to help!

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