IS IT DEPRESSION TOO?
SPECIFIC FORMS OF ADOLESCENCE DEPRESSION

Dr. Ilona Rigler

E vorba tot de depresie? Forme specific de depresie a adolescentului

Rezumat: Specialiştii se întrebau dacă există o depresie a copilăriei asemănătoarea cu cea a adultului, încă de la începutul anilor 1970. În mod unanim cercetările au conchis că simptomele şi formele de depresie există în toate fazele de dezvoltare ale copilului. Cu cât mai (mic) tânăr e copilul la începutul depresiei, cu atât mai mare sunt diferenţele faţă de simptomatologia adultului. Simptomatologia adolescentului cu depresie e foarte asemănătoare cu acea a adultului, până la identitate. Fenomenele recente prezente în adolescenţă, precum folosirea de droguri, alcool, desenarea de graffitti şi fuga de la lucru sau de la şcoală, influenţează de asemenea apariţia depresiei.
Cuvinte cheie: depresia în copilărie, simptomele depresiei adolescentului, comportament auto-mutilant.

Abstract: Specialists tried to find out whether a depression analog with the adulthood illnessexists in the childhood. The first follow-up examinations started at the end of the 1970s. Unanimously, it turned out from these examinations that the symptoms and the form of depression match the child's proper age and phase of development status. The younger the child is when the depression starts, the greater the difference will be between his symptoms and the ones of an adult. The symptoms of teenage-depression are in a great deal like the one of adult's, and they can be as wellidentical. The latest occurrences among adolescents such as drugs, alcohol, graffiti and skiving (avoiding work or school by staying away or by leaving without permission) also influence the occurrence of depression.
Keywords: childhood depression, symptoms of adolescence depression, self-injurious behavior

It was for a long time a vexed question, whether exists already in the childhood a depression analog with the adulthood illness. The existence of childhood depressive illness, which is analogous to the one of adults, has been debated for a long time. However, several authors from the 1850s on – like Griesinger in 1845 or Schülle in 1878 – have tried to draw a comparison between the different forms of childhood melancholy and adulthood depression, still hardly any researches were done in this field until 1978. The reason for this was, on one hand, that between 1930 and 1960 psychoanalysis was the dominant school. According to this theory depression can occur only when the superego has already developed. As a conclusion its appearance during the childhood is out of the question.

On the other hand, before 1970 it was of no importance to diagnose depression among children, as giving medicine to them because of psychiatric indication was not accepted at that time. Also, the therapy-methods applicable for children were restricted.

The first follow-up examinations started at the end of the 1970s. The knowledge and experience gained from them made it possible to give a more precise diagnosis and enlarge the opportunities of different therapy-methods.

It turned out unanimously from these examinations that the symptoms and the form of depression more or less match the child's proper age and phase of development status. The younger the child is when the depression starts, the greater the difference will be between his symptoms and the ones of an adult [1.)].

Several authors managed to find close connections, continuity between some kinds of childhood depressions and the adult one [2.)]. Also, from the prophylaxis point of view of the adult depression it is important to realize and treat in time the occurring depressions at different phases of the childhood.

Tab. I-II: The age-specific symptoms of childhood depression [3)]

According to prior statements the symptoms of teenage-depression are in great deal similar to the one of adult's, they can be identical as well. The latest occurrences among adolescents such as drugs, alcohol, graffiti and skiving also influence the occurrence of depression [4.].

The fact that alcohol releases depression is known for a long time however mainly adults took this occasion. As the trial of alcohol is put at an even younger age, and also the habit of adolescents' drinking alcohol is more frequent, it is no wonder that alcohol occurs as a solution to bring the symptoms of depression to an end.

Case: A seventeen-year-old young man was sent to our consultation for heavily drinking. Lately he has become sullen and silent. He shuts himself in his room, does nothing sensible. He was unable to fit himself to his new class and he does not learn. He was expelled from school because of repeated alcohol consumption and damaging.

According to the Beck-scale the undoubtedly depressed young man under the influence of drink did not feel his loneliness, depression and inhibition so oppressive and hopeless. Although he was able to contact his contemporaries only in this state, he felt guilty because of drinking. The regular taking of antidepressants and with the help of psychotherapy his need for alcohol ceased to exist.

Many young people who suffer from the symptoms of depression can obtain drugs from his friends and contemporaries sooner than find a psychiatrist who could help him overcome his depression. Because of the temporary and occasional effects of the drug and, as they see their friends' intervening as a kind of help, moreover drugconsumption is a team activity, these young people very rarely or never meet an expert.

Case: 16-year-old girl patient – among her relatives there occurred depressive illness – told that at the time of her parents' divorce for about nine months she had been moody, depressed and continually tired. Her performance at school grew worse from excellent to satisfactory. Her relationship with her friends at first became troublesome as it they could hardly tolerate her being unsociable and introversive. Later, when an experienced one of them realized that she might be depressed, they persuaded her to try a joint and later another drug. The parents who were mainly dealing with themselves noticed only then that their daughter's mood is occasionally better. (The negative change formulated only later in them.) But this time they could find the connection between the sudden change of mood, and the disappearance of money, and so it turned out that their daughter uses drugs. After that she managed to get to a psychiatrist.

The feeling of inability and helplessness causes strain which leads to the self-injurious behavior of people suffering from depressive illnesses. This skiving can also be a possible way of problem-solving specific of adolescents.

Case: 15-year-old girl got to the psychiatrist because of „misbehaving". The parent's complaint: the child became more and more secretive (she does not discuss matters with them as she used to), her performance at school grew worse and recently she has cut her forearm. The result of the examination is that it was a depressive episode. By taking antidepressants and with the help of psychotherapy her condition became settled.

The change of the adolescents' life generates not only the occurrence of new symptoms, but also queries the evaluation of certain prior criteria as unanimous symptoms. If an adult or a child did solely solitary activity or drew back from his family and contemporaries we rendered depression probable. Today with the development of technology the occurrence of „being lonely" is more common: pc-gamers or coach potatoes. Their privacy, loneliness can be a symptom but not without doubt. We take it a symptom only when their habit of using the computer or watching the video changes suddenly and the person became lonely

According to the above-mentioned facts, it seems obvious that the relatively strict diagnostic arrangement are not static, either. They can also dynamically change with the circumstances and the way of life. As a result, we should change our completion and our point of view system based on the analysis of these symptoms.

The age-specific of childhood depression:

Tab. I

Age	Way of expressing depression	Other symptoms of depressive syndrome	Other psychic disorders
Baby	Crying, non-verbal symptoms	Drawing back, apathy, insufficient weightgain,developing lag, impairment of sleep long-lasting irritability, loss of courage, increased affection	Intercurrent disorders
Toddler	Crying, non-verbal symptoms		Disorder in making social contacts, aggressivity
Nursery-school child	non-verbal symptoms	Change in the sleeping, appetite,sense of shame, psychomotor	Lack of privileged attachment person
Pupil	Verbalization	Behavioral disorders:irritability, restlessness, burst of fury, or becoming bully and peevish Shutting oneself up: over-compensation Disorder in self-evaluation, self-accusation Disorder in mood: depression, apathy Bod: stomach-ache, headache, fatigability Worsening performance at school, Disorder of attention Social adapting worsens	Oppression, Regressive symptoms, aggressivity, Psychotic symptoms

Tab. II

Adolescent	Verbalization	Emotional symptoms: depression,dreariness, narrowing of interest Cognitive symptoms: difficulty in concentration,memory disorder Distortion in mentality: Negative self-evaluation, Negative appraisement of the environment Negative future Motivational symptoms: Weariness, anergy Death-wish Somatic symptoms: Disorder in appetite and weight	Oppression, regressive symptoms, aggressivity, psychotic symptoms

References:

1. Kovacs M. Gender and the course of major depressive disorder through adolescence in clinically referred youngsters. J Am Acad Child Adolesc Psychiatry 2001;40(9:1079-85)

2. Kovacs M. Presentation and course of major depressive disorder during childhood and later years of the life span. J Am Acad Child Adolesc Psychiatry1996;35(6):705-15
3. Vetró Á., Parry-Jones, W.: Gyermekpszichiátria – Tankönyv, Szeged, 1996.
4. Csorba J.- SzélesnéF.E., Steiner P.-Farkas L.-Németh Á.: Önsértőmagatartásúserdülőktünetijellegzetességei. PsychiatriaHungarica 2005/6:456-62