

# CenterLines

FRONT AND CENTER WITH USEFUL NEWS FOR FAMILIES!

## DEPRESSION in children & adolescents

by Mary Nixon, MS, ARNP  
Child Psychiatry Nurse Practitioner

Children can get depressed, just like adults. Everyone, including most children, feel down at times. This is a normal part of life and it tends to get better on its own. Clinical depression is more serious and the child can't just "snap out of it." Clinical depression can make it really hard to do normal day to day things. It can even be life threatening. Depression is a common illness. At any given time about 5 % of children and teenagers suffer from depression. It is thought that up to 25 % of Americans have serious depression sometime in their life. Kids with depression have many of the same symptoms that adults have. In general, depression affects a person's mood and thinking; in children, all aspects of life are affected. It may be very hard to pay attention in school or get school work done. It makes it harder to get things done at home, too. Children often look sad and have bad feelings about themselves. They may also be more worried and anxious than usual. Increased irritability and frustration can also be a sign of depression.

Kids may cry more often than before and feel hopeless about the future. They often lose interest in things that they used to enjoy. They may complain about problems like headaches or stomach aches. You may also see a



decrease in the child's level of energy. The world that we live in has become increasingly complex and many young people are not ready to deal with it. Stress definitely increases a child's chances of developing depression.

As depression gets worse, the child might start feeling worthless or hopeless. Depressed children and adolescents may start to think about suicide or hurting themselves. This should be taken very seriously. The parent should make sure that the child is watched closely and seen by a competent mental health professional or child psychiatrist as soon as possible.

Depression is usually treated with a combination of medicine and therapy. Many of the medicines used to treat depression take about a month to start

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University of Iowa Health Care

working. Children being treated for depression also need to be watched carefully especially if they have said anything about suicide. The child may need to be admitted to the hospital to provide a safe place until they are feeling better.

Sadly, some children really do commit suicide. According to the American Academy of Child and Adolescent Psychiatry, suicide is the third leading cause of death in 15-24 year olds and the sixth leading cause of death in 5-14 year olds. Depressed teens who are thinking about suicide may have some of the following signs or symptoms. They may have a change in their eating or sleeping habits and or withdraw from their family and friends or regular activities. The child might just not feel very good. They may stop taking care of themselves and not care about their personal appearance. They may start to have difficulty with concentration and schoolwork.

If you think that your child or someone you are close to is depressed, it is best to have it checked out. The first step is to talk with the child about what is bothering them.

If you are still concerned, seek help from a qualified mental health professional or child psychiatrist or psychologist. Remember, depression in children and adolescents is a very treatable illness.

# BIPOLAR DISORDER in young children

by Mary Nixon, MS, ARNP  
Child Psychiatry Nurse Practitioner

There has been a lot of talk lately on the news and in magazines about bipolar disorder in children. Specialists argue a lot about the diagnosis. The diagnosis can have an effect on the child through their whole life. Many parents we see have concerns that their child may have bipolar disorder. They report that their child is OK one moment and out of control the next, or that their child is out of control at home, but behaves OK in school. These children are unlikely to have bipolar disorder. Children with bipolar disorder have ongoing, chronic and complex symptoms which make any kind of normal life difficult. They suffer from both depression and periods of manic behavior. By manic we do not just mean that they have periods of irritability, anger and bad tantrums. During a manic phase, bipolar children sleep noticeably less, and they are unusually *happy*. They have "flight of ideas," which means they start thinking about something else before they even finish a sentence. They also have other problems, including "grandiosity," unrealistic highs in self esteem. For example, they may think that they are the smartest or strongest person in the world, or that they can do things like be a concert pianist when they really can not even play the piano. They usually have a great increase in energy and can go for days without sleep and not be tired. They might also do things that are very

dangerous without an awareness of danger. Children who have tantrums when told no or when they are unhappy do not meet all the criteria for this disorder, even if the tantrums are really bad.

When in the depressed phase of the illness, children will look sad and are often tearful. They may have thoughts of hurting themselves, or think that they will never feel OK again. Many depressed children complain a lot about problems such as headaches or stomach aches. They can be extremely tired and low in energy, and sleep a lot. You also usually see a very big change in appetite: they may overeat or not want to eat at all.

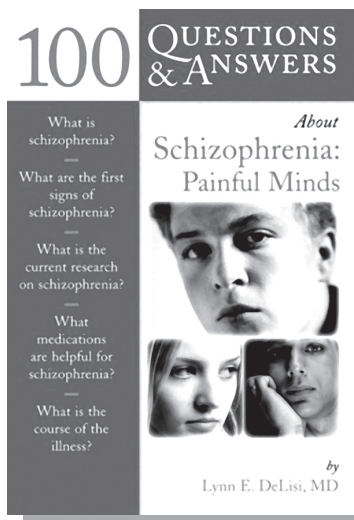
Bipolar disorder is still a relatively rare disorder with a known genetic predisposition. It does not occur very often in children before puberty. Most people are diagnosed in young adulthood. Bipolar disorder is treatable. Parents first need to be educated about the disorder. Children may be treated with a combination of medication and therapy. They may be given mood stabilizing medications such as Valproic acid or Lithium. These medications reduce the number and severity of the manic and depressive episodes. If you suspect that your child has this disorder it is important to have them evaluated by a competent mental health professional or a child psychiatrist.

# STEPPING INTO MENTAL HEALTH RESEARCH: You are not alone

by Mary Hubbard

Center for Disabilities and Development Disability Resource Library

I am the director of the Disabilities Resource Library (DRL) which is a special needs lending library here at CDD. My goal is to help people understand mental health issues. To do this, as a librarian, I must raise the understanding of mental health issues through information. I research good material and decide how the information will help. I then offer those resources on mental illness through the DRL. One book I really like is by Dr. Lynn E. DeLisi, it is called *100 Questions & Answers about Schizophrenia*. The book struck me as fitting for our patrons because it addresses this illness in ways that are helpful for patients and families. For instance, the book talks about the stigma that comes with mental illness. The book *100 Questions & Answers about Schizophrenia* serves as the cornerstone of the DRL's effort to provide the latest information about mental health and wellness.



Other books that will help consumers and families with this issue include:

*Mental Wellness in Adults with Down Syndrome: A Guide to Emotional and Behavioral Strengths and Challenges*, by Dennis McGuire and Brian Chicoine.

*Trastorno Afectivo Bipolar: La Enfermedad de las Emociones*, by Ángeles López.

*Clinical Depression and Bipolar Illness: Frequently Asked Questions, A Handbook for Teens*, by Sallie P. Mink.

*Helping Your Troubled Teen*, by Cynthia Kaplan, Blaise Aguirre, and Michael Rater.

We also have information about mental health issues for younger children. Our resources cover current disorders such as:

- Attention Deficit Hyperactivity Disorder
- Autism Spectrum Disorder
- Bipolar Disorder
- Borderline Personality Disorder
- Depression
- Eating Disorders
- Schizophrenia

We offer more than books. We recently bought a DVD set from a series called Keeping Kids Healthy. Some of the topics are:

- *Recognizing Borderline Personality Disorder in Children*. 27 min., ©2006.
- *Clinical Depression in Children*. 19 min., closed captioned, ©2004.
- *Eating Disorders: How to Recognize Them, What to do about Them*. 13 min., ©2002.
- *Childhood Onset Schizophrenia: A Life Interrupted*. 26 min., ©2008.
- *Adolescent Onset Schizophrenia: 1 in 100 Young people*. 26 min., ©2008.

Some parents might start out with a general book on mental health. One such book is Dr. Stephen V. Faraone's, *Straight Talk about Your Child's Mental Health: What to do When Something Seems Wrong*. Other parents may want to learn more about their child's diagnosis. We have over 200 items that deal with children's mental health in our library. You can find what we have by going to [www.uihealthcare.com/cdd](http://www.uihealthcare.com/cdd). Click on the link to the DRL and then go to our search page.

The DRL is here to help you with a problem and to look for an answer. We can lend you our materials, connect you to a support group, or offer a free information search.

Visit us weekdays 9 a.m. to 5 p.m., or call us toll-free at 1-800-272-7713.

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*The role of the information in this newsletter is not to provide diagnosis or treatment of any illness or condition. We strongly encourage you to discuss the information you find here with your health care and other service providers.*

*CenterLines for Families*, the newsletter of the Center for Disabilities and Development at the University of Iowa Children's Hospital, is published four times a year. It provides families with current information on child and adult development, issues affecting people with disabilities, and CDD resources available to them and their families. The newsletter is available in print, in Spanish, and also online at [www.uihealthcare.com/cdd](http://www.uihealthcare.com/cdd). Click on Centerlines for Families.

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