

# Is It on the Rise or Are More Medications Prescribed?

There are many reasons why a child or an adult may get depressed; for example, situational circumstances such as trouble at home, divorce, financial difficulties or the loss of a loved one may cause depression. However, for some people, depression is not just a temporary feeling but rather is a constant and everyday emotion.

Millions of children and adults are diagnosed with depression disorders every year, and today, there are more people diagnosed than ever before. Some doctors say there is more awareness on the subject while others argue the cause is in the remedy.

Child psychiatrist Harry Wang was a pediatrician for almost five years prior to going into psychiatry, and he says when he first started practicing 20 years ago, people were questioning the validity of a child depression disorder. However, he believes today there is better understanding of childhood depression.

Wang says the signs of depression depend on the age of the child. School-age children generally get sad, irritable and easily upset and receive lower grades in school, and also have changes in moods, difficulty enjoying activities, loss of appetite and suicidal thoughts. Although teenagers are more emotional; they have those feelings for sustained periods of depressed moods along with trouble concentrating and a feeling of helplessness.

"I worry more about teenagers because they have more access to acting on those suicidal thoughts," Wang says. "Teenagers are under more stress at home and at school."

Wang conducts a comprehensive evaluation with his patients. He meets the patient and his or her family and makes sure there is no medical condition and that they have seen a physician first. He then looks at the family history followed

by  
Kimberly Horg

by a standard interview to rate the scale of severity.

"I like to look at three parts.

First, I explore the biological part:

There is the tendency for depression to be inherited, so if there is no family history, I don't usually prescribe medication," Wang says. "The second factor I look at is how many stresses they have and if the stress was removed, then they might not need medication. And the third is a chronic illness that is hard to eliminate."

In milder cases of depression, he does not prescribe medication. Wang points out that he never recommends medication without therapy, and at least 60 to 70 percent of his patients who started treatment showed improvement.

Holistic Doctor at Complementary Medicine Physicians in Sacramento, Susan Garcia-Swain, has been in practice 28 years. In her early years she worked in emergency rooms and specialized in addiction but started practicing homeopathy and acupuncture as a different way to approach medicine.

"I think psychiatrists are encouraged to give prescription to patients," she says. "All medications have their place, but they all have side effects and we are much too quick to give a prescription without seeing what the problem is."

She says she has seen an increase in prescribed medication for manic depression and hyperactivity in the last decade and thinks there are a combination of reasons why.

"It is more crowded and we are less tolerant," Garcia-Swain says. "Our culture doesn't adapt well to people who are different. People need to be more sensitive to each others' differences and not expect everyone to be the same."

She says she gives similar evaluations as other doctors but recommends different treatments

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# Depression

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including diet and exercise.

Natural holistic health practitioner and chiropractor, James Keppler from Keppler Chiropractic in Sacramento, has been in the business of treating people for 38 years in Sacramento.

Keppler believes diet and exercise affect moods. He also thinks people have the right to feel depressed at different times in their life.

"Most of the time, drugs are given with no justification; kids need to be asked what the problem is," Keppler says. "There is no test or examination to prove depression, it is a mental disorder and it is a professional opinion taken by observation. Depression is caused by deficiencies in the body; it is not a disease, diseases are something you can find."

Board Certified in Psychiatry and Child and Adolescent Psychiatry, Keather Kehoe, says, "There is no 'test' for depression. The diagnosis is a clinical one, based on history and mental status examination, after interviewing the child and the caretakers/parents."

Kehoe says part of the initial treatment planning after a thorough psychiatric assessment includes a discussion of alternatives to medications. Most children she treats benefit from therapeutic interventions, which are individualized to the situation and family.

"My treatment depends on the child and the family. Some children will not require medication if their

## SYMPTOMS

### Common signs in children with depression

- Depressed or irritable mood
- Poor sleep
- Low energy level
- Poor concentration
- Learning disabilities
- Decreased or increased appetite
- Poor self-esteem
- Poor social skills
- Decreased interest in prior enjoyable activities
- Hopelessness
- Acting out
- Suicidal thoughts

depression is less severe and will do best with other interventions alone. For most, the approach is using all available resources and treatment that will aid the child with their depression," Kehoe says.

Kehoe thinks some children may have a genetic vulnerability, which when coupled with environmental stressors, can lead to depression. In older children or teenagers, peer relationships and family dynamics may play a role and medical illnesses may also contribute to or mimic depression (if a child is taking certain medications or if they have thyroid problems).

Diane Wolfe, child, adolescent and adult psychiatrist in Sacramento, believes several illnesses may present itself as depression such as thyroid disease, hepatitis, strep throat and diabetes. And a child who has been sexually abused can also appear depressed.

"I don't think medication should ever be the only treatment, family

therapy is very important. With both children and adolescents, physical illness should always be ruled out," she says.

Children with depression can be emotionally distant from their parents or can be abused, neglected or can be surrounded by a negative peer group.

"Treatment can make a huge difference for a child," Wolfe says. "Children and adolescents who are 'falling off' healthy developmental pathways in any area should be evaluated, preferably by a child psychiatrist with competence in evaluating family issues, individual issues and medications indications."

Wolfe says she tries to get optimal benefits with minimal side effects, adding that people differ in their sensitivity to drugs so its trial and error. In adolescents, only the SSRI (Selective Serotonin Reuptake Inhibitors) such as Prozac have been shown in research studies to work. Most clinicians start with the SSRIs because their side effects are less dangerous.

"Kids and adolescents complain less of side effects, but if the dose gets too high, the drugs mess up the heart's electrical conduction, a potentially dangerous thing. There have been cases of 'sudden death'



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where kids drop dead for no reason on these drugs. It is not known for sure if the drugs increase the risk or it is random, but most doctors prefer to use the other meds on adolescents," Wolfe says.

Kehoe agrees that many medications are FDA-approved for the treatment of depression in adults, but only Prozac is FDA-approved for the treatment of Major Depressive Disorder in those under 18 years of age.

"There needs to be more research on other antidepressants for children, especially given recent concerns and FDA warnings regarding potential suicide in children treated with antidepressants. So although Prozac may not be 'better' than others, it has more empirical research to support its use and therefore I will often use it first in children. The choice of medication has to be individualized based on the child and the family, considering all the potential risks and benefits involved," Kehoe says.

According to Kehoe a child should never suddenly stop taking any med-

ications, without prior discussion with their physician. Many of the antidepressants, if stopped suddenly can cause withdrawal side effects (similar to flu symptoms), which can be quite uncomfortable for the child and the risk of their depression returning is very high. How long a child takes medication depends on the type of depression they have. Staying on medication may also depend on if the child has other psychiatric conditions; for example, a child with severe anxiety (such as Obsessive Compulsive Disorder) and depression, may no longer need the medication for their depression, but may still require medication to aid with their anxiety level.

Kehoe says the most concerning side effect she monitors for in children and adolescents on any antidepressant is suicidality. Symptoms to monitor for include suicidal thinking, worsening of symptoms, agitation, negative changes in behaviors, increased irritability. These symptoms are more likely when a child starts the medication or after a change in the dose of the medica-

tion. These are the potential risks of the medication that Kehoe advises should be balanced with the potential benefits of the medication and the risks of not treating a depressed child.

Whether the statistical increase in depression can be attributed to better awareness or due to our rapidly changing world is still up for debate.

"It's hard to say if there is an increase in depression or an increase in the awareness of this and treatment of it," Kehoe says. "There is still a huge social stigma attached to mental illnesses and obtaining mental health care, but there has been progress in recognizing depression and in making more treatment options available. This may be allowing more people to get the appropriate treatment they need. There may be societal factors that play a role as well, the pressures of balancing school/home/social responsibilities and expectations. It is becoming more socially acceptable to express ourselves on an emotional level and this language may allow depression to be better recognized."



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