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## DEPRESSED MOOD

### **What is depression?**

Depression is feelings of sadness and hopelessness that are present much of the time and interfere with daily activities. Everyone feels sad now and then and can have negative self talk or low self esteem, including children. However, if your child is sad most of the time, is not engaging in usual play or other activities, and is having other problems listed below, he or she may have some form of depression.

Depression is common, occurring in up to 2.5% of children and 8% of teens. There is no single cause of depression. Genetic factors, social factors, and life experiences probably all play a role. Depression often occurs with other mental health disorders, including anxiety, behavior disorders, learning disorders, or substance abuse.

### **Symptoms of Depressed Mood**

- Feelings of sadness, hopelessness or irritability
- Sleeping too little or too much
- Loss of interest in activities your child used to enjoy
- Feeling worthless and/or feeling guilty for no or little reason
- Feeling tired all the time and suddenly needing naps
- Inability to concentrate, even on easy tasks
- Eating too little or too much; losing or gaining weight
- Moving more slowly or more restless and fidgety
- Thinking or talking about death or suicide

### **Types of Depressed Mood**

Depression may be classified in different ways:

- Depressed mood or dysthymia
- Major depressive episode
- Bipolar disorder: depression alternating with episodes of overexcitedness and overactivity. This is very rare in children.

### **Treatment**

1. Therapy – Working with a psychologist or counselor can help retrain the brain from negative thoughts to a more positive thought process (ie. cognitive behavioural therapy). Young children can benefit from talk therapy. Therapists can also help give tips to manage difficult situations, such as bullying.
  - Family therapy may also be helpful, especially if there is a complex social situation or if the family has difficulty understanding what depression is

2. Medication – It may be suggestive if the depression is severe, has been going on for a long period of time, or there are prominent thoughts about suicide.
  - SSRI – selective serotonin reuptake inhibitors (ex. fluoxetine/Prozac, sertraline/Zoloft) are the main medications used to treat depression in children
  - Common side effects include: nausea, abdominal pain, headaches, dizziness, jitters, and insomnia
  - In children and teens, there is a slightly increased risk of suicidal thoughts during the first couple of weeks a SSRI is started
3. Hospitalization is sometimes needed for children or adolescents who are very depressed, especially if they have attempted suicide, have serious thoughts about committing suicide, or have other severe symptoms.

Depression can be a chronic or recurrent problem, especially without proper treatment and follow-up.

Please also see our handout called “My Mental Health Plan” for more information on local resources.

### **Cutting**

Injuring on purpose by scratching or making cuts on the skin enough to break the skin is called cutting. Another common type of self injury include is burning. Cutting is a very worrisome symptom and not seen in children and teens unless they have mental health issues.

There are many reasons for cutting, most of which are unhealthy coping methods, including:

- Feeling of relief – If there is a lot of pent-up sorrow, rejection, emptiness or anger, a person may cut to feel a sense of release or feel in control
- Feeling pain – In some situations a person who feel numb or emotionless, may cut to feel pain or to feel alive
- Suicide attempt – Although this is the most worrisome reason, it is not the most common reason for cutting
- Peer pressure – It is becoming more common for pre-teens and teens to experiment with cutting