

## Patient information from the BMJ Group

# Depression in children

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## Depression in children

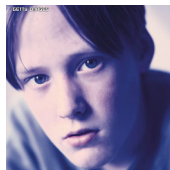
Depression is an illness that affects people of all ages, including children and teenagers. It can stop a child or teenager getting the most out of life. Fortunately, there are some good treatments that can help young people get better faster and stop their depression getting worse.

We've brought together the best research about depression in children and teenagers, and weighed up the evidence about how to treat it. You can use our information to talk to your doctor and decide which treatments are best for you or your child.

## What is depression?

Adults aren't the only ones who get depressed. Children and teenagers can get depression too. But depressed young people often hide their feelings, and the symptoms aren't always clear. As a parent, you may find it hard to know if your child is depressed or just going through a phase.

It can be hard to convince young people that they might be ill and need help. If you're a teenager reading this and you think you or a friend might be depressed, see [Teenagers and depression](#) . It's important to get help.



Depression is an illness that can happen to both adults and children.

Children who are depressed may lose interest in doing things they used to enjoy. For example, your child may not want to play with friends or play sport any more. And your child may seem moody.

Older children may start getting into trouble at school. It's normal for teenagers to have low moods, but depression is more than just being moody.

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Depression is an illness. It can get worse if it isn't treated. Depressed children may be at risk of suicide if they don't get the help they need. Depression can also stop your child getting the most out of this important time in life.

Depressed children can be helped with the right treatment. As a parent, carer or teacher, don't wait more than a few weeks to see if a child's low mood goes away.

This information is about depression in children and teenagers aged 6 to 18.

### Key points for children with depression

- Depression is common among children and teenagers. At any time, 8 in every 100 teenagers may be depressed. <sup>[1]</sup>
- You may not realise your child is depressed because the symptoms aren't always clear.
- Depression can be treated. If you think your child might be depressed, talk to your doctor.
- Talking treatments ( psychotherapy ) can help symptoms of depression in children, especially if the depression is mild.
- Treatment with drugs called antidepressants may help some young people whose depression is severe. But there are possible side effects, some of which are serious.
- The antidepressant doctors usually use for older children is fluoxetine (brand name Prozac). Your doctor should prescribe this drug only along with a talking treatment (psychotherapy). Having both treatments is safer and more likely to work.
- Half of depressed children get better within a year. But many get depressed again. They're also likely to have depression as adults.
- Depression is a serious condition. A third of depressed children and teenagers attempt suicide although, fortunately, few succeed.

### How a child feels

We all feel down sometimes, but depression is more than feeling unhappy. It's a low mood that doesn't go away. It can affect how a child feels, thinks and behaves. <sup>[2]</sup> Depression can make it hard for a child to get along with life and with others.

Even though a child may be feeling low, this isn't always obvious. Many children and teenagers find it hard to talk about their low mood. They may be grumpy or they might stop doing things they once enjoyed, such as sports and playing with friends. <sup>[2]</sup> <sup>[4]</sup>

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The depression can slow down children's thinking too. They may start to blame themselves if even a small thing goes wrong. And a child may seem to have less energy. But they can be restless and anxious at the same time.

Depression in children is similar to depression in adults, but there are differences. <sup>[2]</sup> <sup>[4]</sup> Children may deny feeling sad. They are more likely to say they feel down or grumpy. Teenagers may feel hopeless but won't be able to talk about it. Children and teenagers may seem irritable rather than sad. <sup>[5]</sup>

Besides being in a low mood, you might notice that your child: <sup>[2]</sup> <sup>[4]</sup> <sup>[6]</sup>

- Doesn't feel like eating or is eating more than usual
- Is gaining or losing weight. Younger children may not be putting on the weight they should
- Is sleeping too much or too little. Your child might start sleeping a lot or have trouble sleeping at night
- Is behaving differently. Some children withdraw from family or friends, stop caring about how they look or lose interest in things they used to enjoy. Some become aggressive, and they may have problems with school
- Doesn't have any energy. Some children with depression often say they feel tired
- Gets headaches, stomach-aches, or pains in the arms or legs
- Blames himself or herself for things that go wrong. Children may say that they're no good. Feeling guilty is common
- Has a hard time concentrating, making decisions or thinking clearly. Your child's grades at school may suddenly drop
- Is irritable
- Harms himself or herself. For example, some children try to cut themselves. And some think about suicide if they're very depressed
- Drinks alcohol or uses drugs. Some depressed teenagers use alcohol and drugs to numb their feelings. But it may be that drugs and alcohol are making them depressed.

Some of these feelings happen in all children and teenagers from time to time. But with depression, these feelings build up and don't go away.

It's easy to miss the signs that a child or teenager is depressed. Young people often find it hard to talk about their feelings. Only a third of teenagers who need help for depression

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will ask for it.<sup>[2]</sup> And younger children can't always explain the way they feel. That's why depression comes out in other ways, such as in having temper tantrums or headaches.

Other signs of depression, particularly in children, can include fear of school or fear of being away from parents.<sup>[6]</sup> Some teenagers who are depressed also can't stop thinking about small things and are anxious.

Watching out for the early warning signs that a child might be depressed is important. Children and teenagers who have a low mood, but perhaps not enough for a diagnosis of depression, are at a high risk of getting worse.<sup>[2]</sup> <sup>[7]</sup> Take note if your child loses interest in friends and usual activities and stops talking to other family members. To read more, see [Depression: the warning signs](#) .

### What goes wrong

No one knows for sure what causes depression. We know that certain things that happen in life can make children more likely to get this illness. For example, they might have lost a parent, or could be being bullied at school. But depression is also linked to changes in how the brain works. This makes sense, because how you think, feel, sleep and behave, and how hungry you feel, are all controlled by your brain.

Your brain sends signals from cell to cell using chemicals called **neurotransmitters** . In adults who are depressed, the neurotransmitters called **noradrenaline** and **serotonin** don't work properly.<sup>[8]</sup> But there's not enough research to know for sure if this is what happens to depressed children.<sup>[9]</sup>

The **hormones** that control many things in your child's body might cause depression if they're out of balance. Having too much of a hormone linked to stress, called **cortisol**, in the brain has been linked to depression.<sup>[10]</sup> The change in hormone levels that happens at **puberty** may also trigger depression, especially in girls.

### Different names for depression

The word depression describes a range of emotions. We often say we're depressed when we're down in the dumps or feel a bit off-colour. Depression is also used to describe having no hope at all and avoiding others. These things stop you doing what you used to enjoy or getting on with life.

Doctors sometimes use other words to describe different types of depression. In these pages, we are looking at how major depression can affect your child and be treated. But you may also find our information useful if your child has **dysthymia**. That's a milder but longer-lasting type of depression.

For more, see [Types of depression](#) .

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### Depression: why my child?

We don't really know what causes some children and teenagers to get depression.

Depression is probably caused by a combination of many things and not just one thing.

<sup>[2]</sup> But there are things that increase a young person's chance of getting depressed.

Doctors call these risk factors. Having these risk factors doesn't mean your child will definitely get depression. It just means that they're more likely to get it.

- Family problems. Children can get emotional problems if they have lots of fights with their parents or if their parents don't get along. <sup>[2]</sup>
- Social problems. Children who are in care or are homeless have a high risk of getting depressed. <sup>[2]</sup> So do children who are refugees or who are seeking asylum.
- Depression in your family. Depression runs in families. The **genes** children get from their parents may have something to do with it. A child or teenager is at least twice as likely to get depressed if a close relative has depression. <sup>[12]</sup> In other families, though, depression strikes out of the blue.
- Bad experiences. Children who have been neglected or abused or who have had some other kind of bad event in their lives can become depressed. <sup>[13]</sup>
- Friendship problems. If your child doesn't have many friends and doesn't have any close ones, they are more likely to get depressed. <sup>[2]</sup>
- Being very emotional. Children who are very emotional are more likely to get depressed. Your child might burst into tears easily or react quickly to things that happen. More girls than boys have this personality. <sup>[2]</sup>
- Negative thinking. The way your child thinks can also make them more prone to depression. Some children have negative thoughts and blame themselves for bad things that happen. <sup>[14]</sup>
- Brain chemicals or hormones out of balance. Children with depression may have too much or too little of some chemicals that make their brain work. These are called **neurotransmitters**. Some **hormones** may also be out of balance. <sup>[2]</sup>
- Physical illness. Children who have a long illness are more likely to be depressed. Depression can also happen after an **infection**. And it can be linked to a condition called **chronic fatigue syndrome**. <sup>[15]</sup> <sup>[16]</sup> (One of the main symptoms of chronic fatigue syndrome is feeling exhausted for no known reason for more than six months.)
- Being a teenage girl. Among young children, just as many boys get depressed as girls. But by **puberty**, depression affects twice as many teenage girls as boys.

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Different pressures on girls may make them more prone to depression if something bad happens.<sup>[17]</sup> Or changes in hormones at puberty could increase the risk of girls getting depressed.<sup>[18]</sup>

- Drug abuse. Using cannabis at a young age may affect mental health and is linked to depression.<sup>[19]</sup>
- Having another disorder. Your child is more likely to get depressed if they are disabled or have a behaviour or learning problem.<sup>[2] [13]</sup> This includes conditions such as anxiety, eating disorders ( anorexia and bulimia ), [attention deficit hyperactivity disorder](#) (ADHD for short), autism, Asperger's syndrome and other learning problems. Between 50 percent and 80 percent of depressed children and teenagers have another disorder.

Many bouts of depression in children and teenagers happen when there are family or relationship problems in the young person's life.<sup>[2]</sup> This can be family fighting, divorce, violence at home, physical or sexual abuse, bullying, failing exams or not having any friends.

A stressful event, such as losing a parent or having parents who divorce, may trigger depression in your child.<sup>[13]</sup> Between one-half and two-thirds of children at risk for depression get it after something bad happens to them.<sup>[2]</sup>

### What are the symptoms of depression?

If you're a parent or carer, it's easy to miss the symptoms of depression in children and teenagers.

The illness can start in a way you don't even notice at first, and it can come on slowly. Also, symptoms may get better and then worse over time. And depressed children of any age often have a hard time telling others how they're feeling.

If you're a teenager and you think you or a friend might be depressed, see [Teenagers and depression](#) .

The symptoms of depression in children are often different from those in adults.<sup>[15]</sup> Children often don't say they feel sad. Instead they may be grumpy and stop enjoying activities they used to like. Teenagers can be moody and young children might often cry, but it doesn't always mean they're depressed.

These are the symptoms you might notice if your child is depressed.<sup>[4] [20]</sup>

- Being sad or irritable most of the day, nearly every day. Your child might get angry at the smallest thing.

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- Losing interest in all or most activities they used to find fun. Your child may not want to play with friends or join in games any more.
- Eating too little or too much. Your child might gain weight, lose weight or not put on weight as children should.
- Sleeping too little or too much. Your child might have problems getting to sleep, wake in the night or need more sleep than usual.
- Feeling restless or sluggish. Your child might not be able to sit still. Or your child might think, speak or move more slowly.
- Being tired and having no energy. Your child may find even the smallest task takes a lot of effort.
- Blaming themselves for things that go wrong. Feeling worthless or guilty for no reason is common.
- Not being able to concentrate or make decisions. Your child's grades at school may suddenly drop.
- Trying to harm or even kill themselves. Your child may have gloomy thoughts that can even lead to trying suicide.

Children don't need to have all of these symptoms to be depressed. But if your child has the first two symptoms and at least two others for at least two weeks, they could have major depression. Talk to your doctor. There are treatments that can help.

Symptoms of depression can differ between children (aged 5 to 11 years) and teenagers (aged 12 to 18 years).

- Children can have more physical symptoms than teenagers. They may say they have headaches and stomach pains.
- Teenagers are more likely than children to say they have a low mood.
- And teenagers are more likely to think about suicide and to blame themselves.

### How do doctors diagnose depression in children?

It can be hard for a doctor to know if your child or teenager is depressed or just having normal mood swings.

Your doctor will want to know more about their feelings and how they are getting on in life. And your doctor will try to find out if the low mood isn't going away and if they have lost interest in life.

### Questions your doctor may ask

If you're a parent or other carer, your doctor may ask about the symptoms your child has been having and how long they've lasted.

Your doctor may want to see you and your child together. But a child should also have a chance to talk about things in private. Your doctor may also ask for more information from a teacher or someone else who knows your child well.

Your doctor may ask: <sup>[2]</sup>

- How your child feels
- If your child has other illnesses
- How life is at home and at school
- How your child gets along with other family members, friends and people at school
- If your child has problems with drugs or alcohol
- If your child is being bullied
- If your child has tried to harm themselves or thinks about suicide.

If you're a teenager, your doctor may ask you: <sup>[34]</sup>

- Is anything worrying or upsetting you?
- What helps you cope?
- Who do you turn to if you have problems?
- How is your health?
- How are things going at school?
- What do you do in your free time?
- How are you getting along with friends?
- How are you getting along with your family?
- Have you been depressed in the past?
- Do you use drugs or drink alcohol?



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- Are you having sex with anyone?
- Do you think about hurting yourself or other people?

Some doctors use a printed list of questions to find out if a child or teenager has depression and how bad it is. There are many different lists. They're usually used by child psychiatrists. Those are doctors who specialise in children's mental health. <sup>[35]</sup>

### Physical examination

Your doctor should also physically examine your child. A physical illness, such as a problem with the thyroid gland, can sometimes make people depressed. A blood test can check for this.

Your doctor may also look for other medical conditions that can give your child symptoms similar to depression. These include glandular fever, anaemia, breathing problems (sleep apnoea), and side effects of certain medicines, such as the contraceptive pill.

### Diagnosing depression

Your doctor will say your child has depression only if your child's symptoms cause a lot of upset and pain. <sup>[2]</sup> The diagnosis needs to be made by an experienced doctor, and it takes time.

Your doctor may diagnose depression if your child has a combination of these symptoms for at least two weeks: <sup>[2] [4] [36]</sup>

- Having a depressed mood most of the day, nearly every day (children and teenagers are often irritable rather than sad)
- Having no interest in all or most activities that used to be fun
- Losing weight, gaining weight, or having a change in appetite (children might not be putting on weight as they should)
- Having problems sleeping or needing too much sleep
- Feeling restless or sluggish
- Being tired and having no energy
- Feeling worthless or guilty for no reason
- Having trouble concentrating or making decisions
- Thinking about death or suicide.

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Doctors use the number of symptoms to tell how bad the depression is. <sup>[37]</sup> <sup>[38]</sup>

- Doctors usually say that someone with the first two symptoms and two more from the list has **mild depression**.
- A score of five or six symptoms in total is **moderate depression**.
- A score of seven or more is **severe depression**.

If your child's depression lasts for two years or more, your doctor might diagnose **dysthymia**. <sup>[2]</sup> Children or teenagers who are gloomy for a long time and brood about feeling unloved may have this type of depression. But dysthymia isn't usually as bad as major depression. If your child has dysthymia, they probably won't feel guilty and suicidal.

Once a child is diagnosed with depression, doctors may also want to know if the parents are depressed or abusing alcohol or drugs. This is because parents' problems can affect how well treatment works for the child.

Most people with depression are treated by their GP. But if your child's depression is severe and the usual treatments don't work, your doctor may suggest seeing a psychiatrist. Psychiatrists are doctors who specialise in mental health problems. Your child may be able to see one at a surgery, or you may have to go to hospital to see one.

As part of treatment, your doctor may also tell you about things you or your child can do that might help. Doctors call these things self-help. This might mean calling a help line, reading a short book, looking on the Internet for helpful information or going to a support group. These things can't replace treatment, but your doctor may suggest doing them along with treatment.

If your child's symptoms go away, your doctor might say your child is in remission. This means your child has fewer than two symptoms of depression and has carried out usual activities for at least eight weeks.

### How common is depression in children?

Depression is common among children of all ages and especially among teenagers.

We're not sure how many children and teenagers have depression. It could be anywhere between 2 in 100 and 8 in 100. <sup>[21]</sup> <sup>[22]</sup>

Depression is more common in older children, and the risk of getting depression rises sharply at **puberty**. Some studies have found as many as 8 in 100 teenagers are depressed. <sup>[13]</sup>

Among children (up to the age of 12), as many boys as girls get depression. But by the time they are teenagers, nearly twice as many girls as boys have depression. We're not sure why this is, but different pressures on girls might make them more likely to get

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depression if something bad happens.<sup>[23]</sup> Or it may be that the changes in girls' hormones at puberty increase their risk of getting depressed.<sup>[24]</sup>

Depression in children is more common in some family situations. Compared with children who don't have depression, children who do are:<sup>[2]</sup>

- Nearly twice as likely to be living with only one parent
- More than twice as likely to have both parents out of work
- More likely to have parents who have low incomes and less education.

We didn't find much good information about childhood depression in different ethnic groups. But here's what we do know.<sup>[2]</sup>

- Among children younger than age 10 in the UK, depression is similarly common for different ethnic minority groups.
- But among teenagers, those of Pakistani and Bangladeshi origin are more than twice as likely to be depressed as those who are white, black, or of Indian origin.

Some researchers think that depression in children and teenagers is getting more common, but it's hard to know for sure.<sup>[15]</sup> Children are also showing signs of depression at a younger age.<sup>[15]</sup> Most people who have depression at some point in their lives are probably first depressed before the age of 20.<sup>[15]</sup>

### What treatments work for depression in children?

Depression is an illness. It can stop children and teenagers getting the most out of this important time in life. And it can get worse if it isn't treated. As a parent or carer, don't wait too long to see if a child's low mood goes away.

For young people with depression, doctors may suggest a talking treatment first. However, talking treatments may not always be easy to get on the NHS. In some areas, there aren't enough trained therapists. There may be long waiting lists for treatment.

If someone has severe depression and talking treatments don't help, doctors sometimes prescribe the antidepressant drug fluoxetine (brand name Prozac). Guidelines for doctors say it should only be given together with a talking treatment. Doctors are more likely to give drug treatments to older children and teenagers (people between the ages of 12 and 18). Doctors are less likely to recommend drugs for younger children.

Most depressed young people can be helped with treatment. Without the right help, a young person's depression can get worse, last longer and affect their time with family and friends, and at school.

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### Key points about treating depression in children

- Doctors are advised to try talking treatments first. These include interpersonal therapy, cognitive behaviour therapy and guided self-help. There's research to show that some talking treatments can be helpful.
- The antidepressant drug fluoxetine (brand name Prozac) helps some young people with depression, but it can have side effects.
- For teenagers with moderate or severe depression, research shows that combining a talking treatment with fluoxetine may work best. About 7 in 10 teenagers feel better with this combination of treatments.
- Other antidepressants are rarely given to children or teenagers because the risk of side effects may outweigh the benefits.
- A herbal medicine called St. John's wort is sometimes used to treat mild depression in adults. But there's no evidence to say whether it works or is safe for children.

In the UK, the National Institute for Health and Care Excellence (NICE for short) is the government body that decides which treatments should be available on the NHS. NICE has published guidelines on how depression should be treated in children and teenagers.

To read more, see [NICE guidelines on depression in children and teenagers](#) .

### NICE guidelines on depression in children and teenagers

The National Institute for Health and Care Excellence (called NICE for short) is the independent body that advises the government about which treatments should be available on the NHS.

NICE has published guidelines on treating depression in children and teenagers aged 5 to 18 years. <sup>[38]</sup>

The guidelines are based in part on how bad a young person's depression is. Doctors usually describe a person's depression as being mild, moderate or severe. To learn more, see [How do doctors diagnose depression in children?](#)

Here's a summary of what NICE recommends in these guidelines.

#### Talking treatments

Doctors often call talking treatments **psychotherapy** or counselling. Children and teenagers can have these treatments on their own, with their family, or with a group of people of the same age.

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## Mild depression

If your child's depression is mild (they have only a few symptoms), they may get better without treatment, probably within two weeks. But if they are still depressed up to a month later, they should be offered one of these treatments.

- Supportive therapy: This involves seeing a doctor or therapist who will give your child support and help them think about how they can work through their problems.
- [Group therapy](#) (cognitive behaviour therapy in a group): This involves your child being in a group with other young people and looking at how their problems, feelings, thoughts and behaviour all fit together. They'll be asked to write down their thoughts and they'll be helped to start doing things they enjoy again.
- [Guided self-help](#) : This involves working through exercises and activities that can help your child with their feelings and problems. They'll do these exercises and activities on their own, but they'll get some guidance from their therapist.

If one of these treatments helps, your child should keep having it for two to three months. But if it hasn't helped enough, your child's doctor or therapist should suggest they see someone else or try a different treatment.

## Moderate or severe depression

If your child's depression is moderate or severe (they have many or very many symptoms) they should first be offered one of these treatments.

- [Cognitive behaviour therapy](#) : This involves your child and their doctor or therapist looking at how their problems, feelings, thoughts, and behaviour all fit together. They'll be asked to write down their thoughts and they'll be helped to start doing things they enjoy again.
- [Interpersonal therapy](#) : This involves your child talking to their doctor or therapist about any problems they may have with the way they get on with other people.
- [Systemic behaviour family therapy](#) : This involves your child seeing a doctor or therapist with your family and talking about their feelings and the problems they may be having.

Your child will probably have one of these therapies once a week for about 15 weeks. Your child's doctor or therapist should check to see if it's helping them after about one month. If it hasn't helped, your child should be offered an extra or different treatment.

## Drug treatment

The medicines used for treating depression are called antidepressants. They should only rarely be offered to children and teenagers and usually only along with a talking treatment.

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## Mild depression

If your child's depression is mild, they shouldn't be offered antidepressants. Their depression should get better by itself or with the help of a talking treatment.

## Moderate or severe depression

If your child's depression is moderate or severe, their age will help determine whether they are offered an antidepressant.

- Children aged 5 to 11 years should be offered antidepressants only with great care because we don't know if these drugs help people in this age group.
- Young people aged 12 to 18 years might be offered [fluoxetine](#) (brand name Prozac). This drug belongs to a group called selective serotonin reuptake inhibitors, or SSRIs for short. But doctors should give young people this drug only on top of a talking treatment. If your child is going to start taking an antidepressant, your doctor will arrange for them to see a psychiatrist (a doctor who specialises in mental health problems).

## If your child starts taking an antidepressant

Here are some things NICE advises.

- Your doctor should give you and your child (or your parents) some written information about the drug.
- Your child's doctor should check regularly to see if they have side effects, such as thoughts about hurting or killing themselves. Your child should be told to call the doctor if they start to feel this way.
- Your child may be asked to answer a list of questions about their feelings before they start taking the drug.
- Most likely the antidepressant your child will be given is fluoxetine (brand name Prozac). Your child should keep taking it for at least six months after it has helped them to feel better.
- Your doctor might offer your child a different antidepressant if fluoxetine doesn't work. But this doesn't happen often. You or your child will need to sign a form to say you agree to this treatment. Your child might be offered a different SSRI, such as [sertraline](#) (brand name Lustral) or [citalopram](#) (brand name Cipramil).
- Rarely, young people are offered a medicine to treat psychotic depression. With this kind of depression, people see and hear things that are not there (**hallucinations**) or believe in things that aren't real (**delusions**).

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NICE also says that your doctor should never offer your child:

- The antidepressants [paroxetine](#) and [venlafaxine](#)
- Drugs called [tricyclic antidepressants](#)
- [St. John's wort](#) (a herbal medicine).

### If talking treatments and antidepressants don't work

If, after six weeks, treatment hasn't helped, your child's doctor should look at their treatment again. Your child may be offered a therapy that lasts longer or involves your family.

- [Individual psychotherapy](#) : This involves your child working with their doctor or therapist to look at things such as how their past affects their thoughts and the way they behave now. Younger children may be helped to express themselves through playing or drawing. Treatment may last for about 30 weeks.
- [Family therapy](#) : This involves your child and the family. You'll all work together to get along better. You should all have this therapy every two weeks for about eight months.

### Hospital treatment

If your child needs special care or their doctor worries that they might harm themselves, they may be offered treatment in hospital.

- This happens only if their doctor thinks that it will help them more than staying at home.
- Their doctor should talk it through with you first.
- The hospital should be close to home so you can visit easily.

### Check-ups

After your child has finished treatment and has got better, they should have check-ups for a year.

- Your child may be offered more talking treatment if their doctor thinks their depression may come back.
- If their depression comes back, they should see their doctor straight away.

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## Treatments for depression in children

Young people with depression can be treated with talking therapy, drugs, or a combination of the two. There are also some treatments that aren't used often, but are sometimes suggested by doctors for young people with very severe depression.

- [Talking treatments](#) : Talking to a trained therapist can be helpful for children or teenagers with depression. There are several types of talking therapy. You can have treatment on your own, in a group, or with your family. [More...](#)
- [Drug treatments](#) : Lots of drugs aim to help with depression. But doctors are careful about giving these treatments to children and teenagers. That's because drugs can have serious side effects. [More...](#)
- [Combination treatments](#) : Drug treatments can be used together with talking treatments. In the UK, guidelines say that drugs should only be given to children and teenagers with depression if they also have a talking treatment. [More...](#)
- [Treatments for very severe depression](#) : Treatment with electric shocks is sometimes used for people with very severe depression. And doctors sometimes suggest a drug called lithium. But these treatments are rarely used. Doctors only suggest them if other treatments haven't worked. [More...](#)

## Treatment Group 1

### Talking treatments for depression in children

For children and teenagers with depression, a talking treatment is usually the first thing doctors recommend. Guidelines for doctors say that it's best to try a talking treatment before thinking about [drug treatments](#) for depression.

There are several kinds of talking treatment. Young people can see a therapist on their own, or have treatment in a group or with their family.

Talking therapies can be used together with drug treatments for depression. The idea is that it will combine the benefits of both treatments. To read more, see [Combination treatments](#) .

Talking treatments may not always be easy to get on the NHS. In some areas, there aren't enough trained therapists. There may be long waiting lists for treatment. Talk to your doctor about what's available.

### Key points about talking treatments

- A talking treatment called interpersonal therapy works, especially for teenagers with mild or moderate depression.
- Cognitive behaviour therapy is a talking treatment that also works.



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- Other talking treatments, such as guided self-help, might work but researchers aren't sure.
- For teenagers with moderate or severe depression, research shows that combining a talking treatment with a drug called fluoxetine may work best. About 7 in 10 teenagers feel better after this combination of treatments. To read more about having drug and talking treatments together, see [Combination treatments](#) .

In the UK, the National Institute for Health and Care Excellence (NICE for short) is the government body that decides which treatments should be available on the NHS. NICE has published guidelines on how depression should be treated in children and teenagers aged 5 to 18.

To read more, see [NICE guidelines on depression in children and teenagers](#) .

There are several talking treatments for depression in children and teenagers. But which ones work best? We've looked at the best research and given a rating for each treatment according to how well it works.

For help in deciding on a treatment, see [How to use research to support your treatment decisions](#).

### Talking treatments for depression in children

#### Treatments that are likely to work

- [Cognitive behaviour therapy](#) : This talking treatment helps you think more positively. It's used for mild and moderate depression. [More...](#)
- [Interpersonal therapy](#) : This talking treatment helps you get along better with others. It may make your social life better. [More...](#)

#### Treatments that need further study

- [Family therapy](#) : This involves a child, their parents or carers, and sometimes other family members. It helps the child's family get along better. [More...](#)
- [Group therapy](#) : In this type of therapy, you meet a therapist in a group with other young people. Sharing experiences with people of the same age may help with depression. [More...](#)
- [Guided self-help](#) : In this treatment, you work through exercises and activities on your own, with some guidance from your therapist. It aims to help you with your feelings and problems. [More...](#)

## Depression in children

- [Individual psychotherapy](#) : This is an intensive talking treatment in which you meet one-on-one with a therapist. You talk about your feelings, worries and behaviour. [More...](#)

### Treatment Group 2

#### Drug treatments for depression in children

There are lots of drugs that aim to treat depression. They're called antidepressants. But most of them aren't recommended for children and teenagers. They can have serious side effects.

Guidelines in the UK recommend that young people with depression start off by having a [talking treatment](#) . If that doesn't help, doctors sometimes suggest an antidepressant called fluoxetine (brand name Prozac). Fluoxetine and a talking treatment may work best if you have them together. The guidelines say that drugs should only be given to young people who are also having a talking treatment. To read more, see [Combination treatments](#) .

Doctors are more likely to give drug treatments to older children and teenagers (young people aged between 12 and 18). Doctors are careful about giving antidepressants to children younger than 12.

If a young person is taking antidepressants, their doctor is likely to check regularly to make sure their depression isn't getting worse. That's because children and teenagers may be more likely to try to hurt themselves or think about suicide when taking some antidepressants. The risk is especially big when they start taking their treatment.

#### Key points about drug treatments

- Drugs aren't usually the first treatment that doctors suggest for children or teenagers with depression.
- The antidepressant drug fluoxetine (brand name Prozac) helps some young people with depression, but it can have side effects.
- For teenagers with moderate or severe depression, research shows that combining a talking treatment with a drug called fluoxetine may work best. About 7 in 10 teenagers feel better after this combination of treatments. To read more about having drug and talking treatments together, see [Combination treatments](#) .
- Other antidepressants are rarely given to children. The risk of side effects may outweigh the benefits. Children who take them may be more likely to think about suicide.
- A herbal medicine called St. John's wort is sometimes used to treat mild depression in adults. But there's no evidence that it works or is safe for children.

## Depression in children

In the UK, the National Institute for Health and Care Excellence (NICE for short) is the government body that decides which treatments should be available on the NHS. NICE has published guidelines on how depression should be treated in children and teenagers aged 5 to 18.

To read more, see [NICE guidelines on depression in children and teenagers](#) .

There are several drug treatments for depression in children and teenagers. But which ones work best? We've looked at the best research and given a rating for each treatment according to how well it works.

For help in deciding on a treatment, see [How to use research to support your treatment decisions](#).

### Drug treatments for depression in children

#### Treatments that work

- [Fluoxetine \(Prozac\)](#) : Doctors are advised that this antidepressant is most suitable for people younger than 18. It's a type of antidepressant called a selective serotonin reuptake inhibitor. [More...](#)

#### Treatments that are unlikely to work

- [Paroxetine \(Seroxat\)](#) : This belongs to the group of antidepressants called selective serotonin reuptake inhibitors. In the UK, doctors are advised not to give paroxetine to anyone younger than 18. [More...](#)
- [Sertraline \(Lustral\)](#) : This belongs to the group of antidepressants called selective serotonin reuptake inhibitors. In the UK, doctors don't generally use sertraline for children and teenagers. But occasionally, a specialist will prescribe it. [More...](#)

#### Treatments that are likely to be ineffective or harmful

- [Tricyclic antidepressants](#) : Examples of these drugs include: amitriptyline, clomipramine (brand name, Anafranil), doxepin (Sinequan), imipramine, nortriptyline (Allegron), and trimipramine (Surmontil). In the UK, they're not usually used for depression in children. [More...](#)
- [Venlafaxine \(Efexor\)](#) : This is a newer type of antidepressant. In the UK, doctors are advised not to give venlafaxine to anyone younger than 18. [More...](#)

#### Treatments that need further study

- [Citalopram \(Cipramil\) and escitalopram \(Ciprolex\)](#) : These drugs belong to the group of antidepressants called selective serotonin reuptake inhibitors. In the UK, doctors don't generally use citalopram or escitalopram for children and teenagers. But occasionally, a specialist will prescribe it. [More...](#)

## Depression in children

- [Monoamine oxidase inhibitors](#) : These antidepressant drugs aren't usually given to children in the UK. [More...](#)
- [St. John's wort](#) : This is a herbal remedy that's often taken by adults with mild or moderate depression. In the UK, it isn't recommended for children and teenagers. [More...](#)
- [Omega-3 fatty acids](#) : These food supplements are made from fish oils. [More...](#)

### Treatment Group 3

#### Combination treatments for depression in children

Guidelines for doctors say that the first treatment young people should be offered for depression is a [talking treatment](#) . If a child or teenager has severe depression, or if talking treatments don't help, their doctor may suggest adding an [antidepressant drug](#) . Doctors are more likely to prescribe drugs to children and teenagers over the age of 12. The antidepressant drug that's normally used for young people in the UK is called fluoxetine (brand name Prozac).

The idea is that taking an antidepressant as well as having talking therapy will combine the benefits of both treatments.

If a young person is taking antidepressants, their doctor is likely to check regularly to make sure their depression isn't getting worse. That's because children and teenagers may be more likely to try to hurt themselves or think about suicide when taking some antidepressants. The risk is especially big when they start taking their treatment.

#### Key points about combination treatments

- There's research to show that some talking treatments can help children and teenagers with depression.
- The antidepressant drug fluoxetine (brand name Prozac) helps some young people with severe depression, but it can have side effects.
- For teenagers with moderate or severe depression, research shows that combining a talking treatment with fluoxetine may work best. About 7 in 10 teenagers feel better after this combination of treatments.

In the UK, the National Institute for Health and Care Excellence (NICE for short) is the government body that decides which treatments should be available on the NHS. NICE has published guidelines on how depression should be treated in children and teenagers aged 5 to 18.

To read more, see [NICE guidelines on depression in children and teenagers](#) .

## Depression in children

Researchers have looked at whether talking treatments and drug treatments for depression work better if they're used together.

For help in deciding on a treatment, see [How to use research to support your treatment decisions](#).

### Combination treatments for depression in children

#### Treatments that work

- [Fluoxetine plus cognitive behaviour therapy](#) : Fluoxetine (brand name Prozac) is the antidepressant that doctors usually suggest for people under the age of 18. Cognitive behaviour therapy is a talking treatment that helps people think more positively. [More...](#)

### Treatment Group 4

#### Treatments for very severe depression in children

The treatments we talk about on this page are rarely used for young people. They're only used for very severe depression, and if other treatments haven't worked.

#### Key points about treating very severe depression

- Electroconvulsive therapy uses electric shocks to treat depression. There's some research to show it may help adults with depression. But it's not usually used for children and teenagers.
- In some kinds of depression, people swing between very low and high moods. Lithium is a drug that's sometimes used to treat unusually high and excited moods (mania). But it's not often used to treat children and teenagers with depression.

In the UK, the National Institute for Health and Care Excellence (NICE for short) is the government body that decides which treatments should be available on the NHS. NICE has published guidelines on how depression should be treated in children and teenagers aged 5 to 18.

To read more, see [NICE guidelines on depression in children and teenagers](#) .

Which treatments work best for very severe depression in children? We've looked at the best research and given a rating for each treatment according to how well it works.

For help in deciding on a treatment, see [How to use research to support your treatment decisions](#).

### Treatments for very severe depression in children

#### Treatments that need further study

- [Lithium](#) : The drug lithium isn't given to children or teenagers often. It's occasionally used if a specialist recommends it. [More...](#)
- [Electroconvulsive therapy](#) : This is a series of electric shocks given to the brain. In the UK, it isn't recommended for anyone under 11. It's only used for depression that's so severe that someone is in danger of committing suicide. And doctors will only suggest it if other treatments haven't worked. [More...](#)

### What will happen to my child?

Lots of children and teenagers recover from a bout of depression on their own, without treatment. But sometimes this can take several months.

Depression can badly affect your child's development, both in their social life and in their school life. <sup>[15]</sup> The depression can also damage your family relationships, especially if your family doesn't understand your child's problems.

That's why it's important not to wait for a child or teenager to just grow out of it. <sup>[25]</sup> Getting the right treatment can help your child cope with this illness and get better faster. Treatment may also stop the depression getting worse.

In rare cases, children may need to stay in hospital if they are at risk of hurting themselves or if they need a special treatment.

Most children who have had depression are at risk for more bouts, either a few years later or many years later as adults. Doctors call this a relapse. Unfortunately, even though we know that treatment can help with one bout of depression, we don't know much about whether it can stop depression coming back again later. There hasn't been much research on this.

#### Some numbers

What will happen to your child depends partly on how bad the depression is. But here's what the research shows. <sup>[2]</sup>

- A bout of depression in children or teenagers lasts on average about seven months to nine months. <sup>[15]</sup> <sup>[26]</sup>
- Roughly 1 in 10 children get better without treatment within three months.
- A further 4 in 10 children get better within a year.
- But that means half of all depressed children still have the illness after a year.

## Depression in children

- And up to 3 in 10 children are still depressed two years later.
- Treatment lowers the chance of depression lasting more than a year.

### The future

Here's what we know about what might happen in the future. Bear in mind that your child is not a statistic. No one can say how he or she will cope in the future.

- Among children who have had one bout of depression, about 4 in 10 get it again (have a relapse) within two years. <sup>[27]</sup>
- About two-thirds of depressed children will also get depressed as adults. <sup>[27]</sup>
- A third of depressed children and teenagers attempt suicide at some point. <sup>[28]</sup> Fortunately, few succeed.
- Girls stay depressed for longer than boys and have more relapses (they are more likely to get depressed again). <sup>[27]</sup>
- And a few children go on to get another type of mood disorder, called **bipolar disorder**, as they get older. (People also sometimes call this manic depression.) These are often children who have this condition in their family. <sup>[29]</sup>
- Relapses in depression and bipolar disorder can be treated.
- Treatment with antidepressant drugs is more effective at preventing relapses than treatment with a dummy pill (placebo). <sup>[30]</sup> Combination treatments (antidepressant drugs and talking treatment) appear to be more effective at preventing relapses than antidepressant drugs alone, but we need more evidence to be certain. <sup>[30]</sup>

### Might my child attempt suicide?

It's almost unbearable for parents to think that their child might feel so bad that they try to harm or kill themselves.

But thinking about suicide and trying it are common for children and teenagers who are depressed. A third of depressed children and teenagers try to kill themselves at some point. <sup>[13]</sup>

Depressed teenagers are at special risk. Younger children think about death, but they rarely act on it. Suicide in general is six times more common for young people aged 15 to 19 than for those aged 10 to 14. <sup>[9]</sup>

## Depression in children

Girls are more likely than boys to attempt suicide. In fact, they try it twice as often as boys. But among children who try it, boys are four times more likely than girls to actually die.<sup>[9]</sup>

If children say they are thinking about suicide, it's a clear sign that they need help. Their parents or other carers need to take this very seriously.

For more, see [Would my child attempt suicide?](#)

### Questions to ask your doctor

If you've been told that your child has depression, you may want to talk to your doctor to find out more.

If you're a parent, here are some questions you might want to ask.

- How can I tell if my child is depressed?
- How can I get them to visit the doctor?
- Does my child need treatment?
- What treatment does my child need?
- What kinds of talking treatments ( psychotherapy ) are there?
- When will my child start to feel better?
- If a talking treatment doesn't help, could an antidepressant drug work?
- How long will my child need to have this treatment?
- What will happen if my child doesn't have it?
- Does the treatment have any side effects?
- Are there any signs of side effects I should watch out for?
- How can my child stop getting depressed again?
- What should I do if I think my child's getting depressed again?
- How can I tell if my child's suicidal? Are there any warning signs?

If you're a teenager, here are some questions you might want to ask.

- How can I tell if I'm depressed?



## Depression in children

- Do I need treatment?
- What treatment do I need?
- What kinds of talking treatments ( [psychotherapy](#) ) are there?
- When will I start to feel better?
- If a talking treatment doesn't help, can I take an antidepressant?
- How long will I need treatment?
- Does the treatment have any side effects?
- What should I do if I think I'm getting side effects?
- How can I stop getting depressed again?
- What should I do if I think I'm getting depressed again?

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### Treatments:

#### Cognitive behaviour therapy

In this section

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[What is it?](#)

[How can it help?](#)

[How does it work?](#)

[Can it be harmful?](#)

[How good is the research on cognitive behaviour therapy?](#)

This information is for children and young people with depression. It tells you about cognitive behaviour therapy, a treatment used for children with depression. It is based on the best and most up-to-date research.

#### Does it work?

Yes. Cognitive behaviour therapy can help children and teenagers with mild or moderate depression. But we don't know how long the benefits of this treatment last.

For teenagers with moderate or severe depression, combining this treatment with the antidepressant drug called fluoxetine (brand name Prozac) may work best. To learn more, see [Fluoxetine plus cognitive behaviour therapy](#) .

# Depression in children

## What is it?

Cognitive behaviour therapy (CBT for short) is a kind of talking treatment ( psychotherapy ). During CBT, you talk to a therapist about your feelings and problems. You can have this kind of therapy on your own or in a group with other young people.

Therapy for young people will vary depending on the age of the child or teenager, and what the therapist thinks will help. For adults, CBT is based on trying to recognise harmful or unhelpful thoughts. For example, you may think the worst about yourself without realising it. Your therapist tries to help you get rid of negative thoughts and ways of acting.

For children, therapy may also involve trying to find reasons why they are unhappy. This could be something like bullying, problems within the family or the death of a relative or friend. The therapist may also want to look at how the child acts around their family.

The therapist will try to help with behaviour that could make depression worse, such as staying in bed all day or not going to school. They may also try to help the child or young person find ways to express themselves.

In the UK, the National Institute for Health and Care Excellence (NICE for short) is the government body that decides which treatments should be available on the NHS. It has published guidelines about treating depression in children and teenagers aged 5 to 18.

<sup>[2]</sup> These guidelines recommend CBT as a treatment for depression. They recommend that, for moderate or severe depression, therapy should last at least three months.

To read more, see [NICE guidelines on depression in children and teenagers](#) .

## How can it help?

Having CBT can help improve symptoms of depression. <sup>[2]</sup> Both individual therapy and group therapy seem to help in this way.

In a study looking at children who'd been helped by drug treatment, having CBT helped stop depression coming back. <sup>[39]</sup>

There's more research on CBT, especially when it's done in a group, than some other talking therapies. So, we can be more confident about saying that group cognitive behaviour therapy works. However, in practice, other talking therapies, such as [family therapy](#) or [psychodynamic therapy](#) , may be used.

One study found CBT worked about the same as family therapy or psychodynamic therapy. But CBT worked faster, and children having CBT were less likely to need other types of treatment such as medicine. <sup>[40]</sup>

One study suggests that CBT may not work as well as treatment with the antidepressant drug fluoxetine in the short term. <sup>[2]</sup> But longer-term figures showed that after 24 weeks of treatment, young people who'd had CBT were doing as well as the young people who'd had fluoxetine. <sup>[41]</sup>

## Depression in children

CBT may work better when combined with a medicine like fluoxetine.<sup>[42]</sup> See [Combination treatments](#) to find out more.

### How does it work?

CBT aims to change the way you think and behave. So, if the way you think is making you depressed, CBT should help. For example, if you believe that you're no good at anything or your family doesn't want you, CBT can help you stop thinking that way. You learn to look more positively at yourself and your life, so your mood gets better and you can change the way you behave.

### Can it be harmful?

The big summary of the research we found didn't say there were any harmful effects from CBT.<sup>[2]</sup>

One small study found that some young people started to think about suicide during therapy, even if they'd not thought about suicide before.<sup>[43]</sup>

### How good is the research on cognitive behaviour therapy?

The research is quite good on using cognitive behaviour therapy (CBT) for children and teenagers with mild or moderate depression. Researchers have looked both at having one-on-one CBT with a therapist (called individual CBT) and having it with other people (called group CBT).

We found one summary of the research that looked at lots of studies.<sup>[2]</sup> Some studies compared children who had CBT with those who didn't have any treatment. Others compared CBT with another type of talking treatment or a drug treatment.

Many of these studies were small and didn't last very long, so it's hard to know how reliable their findings are. But, in general, this is what the summary found.<sup>[2]</sup>

- Having CBT in a group can improve symptoms of depression. Both children with depression and their doctors said that they thought symptoms got better after CBT.
- One study found that having individual CBT improved symptoms of depression. But this study was small and not very reliable.
- Individual CBT may be better than [family therapy](#) and supportive therapy at reducing the chances that a child will get depression again. But the evidence for this is weak. (In supportive therapy, a doctor or therapist gives you support and helps you think about how you can work through your problems.)
- Booster sessions (when you have more CBT after a break) don't seem to help reduce the chances of depression coming back.

## Depression in children

- One study involving 220 children with depression found that the antidepressant [fluoxetine](#) helped to improve symptoms more than CBT after 12 weeks. But a follow-up study showed that after 36 weeks of treatment, CBT worked as well as fluoxetine. <sup>[41]</sup>

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## Interpersonal therapy

In this section

[Does it work?](#)

[What is it?](#)

[How can it help?](#)

[How does it work?](#)

[Can it be harmful?](#)

[How good is the research on interpersonal therapy?](#)

This information is for children and young people with depression. It tells you about interpersonal therapy, a treatment used for children with depression. It is based on the best and most up-to-date research.

### Does it work?

Probably. A teenager who's depressed is likely to feel better after interpersonal therapy. Teenagers may also be more likely to recover from depression if they have this talking treatment.

We don't know how this treatment compares with [cognitive behaviour therapy](#) because not enough research has been done. There also isn't good research about using interpersonal therapy to treat children under 12 years of age.

### What is it?

Interpersonal therapy is a kind of talking treatment ( [psychotherapy](#) ) for people with depression. It aims to make your relationships with other people better and help with your social life.

Depression is often linked to things such as fights with your parents or problems with your friends. Sometimes such things can trigger depression. But sometimes the depression comes first, and your mood makes fights or school problems more likely. Either way, during interpersonal therapy, your therapist helps you learn new and better ways of getting along with others.

Young people are sometimes offered interpersonal therapy if they don't have severe depression and if they don't have any other mental health problems. Most people meet their therapist once a week for three or four months. <sup>[44]</sup>

This talking treatment was first used for depressed adults. It has been adapted for depressed teenagers to include issues such as: <sup>[44]</sup>

- Relationships with their parents

## Depression in children

- Sexual relationships
- Their first experience with the death of a relative or friend
- Pressure from their friends and other young people.

The National Institute for Health and Care Excellence (NICE for short) advises doctors about treatments in the NHS. It has published guidelines about treating depression in children and teenagers aged 5 to 18. These guidelines recommend interpersonal therapy as a treatment for depression. For more, see [NICE guidelines on depression in children and teenagers](#) .

### How can it help?

Young people will probably be less depressed after interpersonal therapy.<sup>[2]</sup> In one study, three-quarters of teenagers recovered from depression after this therapy.<sup>[45]</sup> The teenagers were:

- Less depressed
- More social
- Better at getting along with friends and at dating
- Better at solving problems.

We don't know if this talking treatment can help stop depression coming back later. And there isn't good research about using interpersonal therapy to treat children under 12 years of age.

We also don't know whether or not interpersonal therapy is better for children and adolescents than another talking treatment called cognitive behaviour therapy. There hasn't been much research comparing these two treatments.

### How does it work?

Interpersonal therapy is based on the idea that depression can come from problems you have relating to other people.<sup>[44]</sup> Doctors call your relationships with others interpersonal relationships. So treatment focuses on these relationships. As your relationships improve, your symptoms of depression should also get better.

Interpersonal therapy teaches you how to get along better with your family, friends and other people in your life. So if your depression was triggered by problems with other people, this therapy should help. You might learn how to make up after fights and build stronger friendships or bonds with your family, so you have better support. This should help you get over depression and be less likely to get depressed again.

### Can it be harmful?

None of the research we found said that there were any harmful effects from interpersonal therapy.

### How good is the research on interpersonal therapy?

There isn't much research about using interpersonal therapy to treat children and teenagers with depression. We found one summary of the research (a [systematic review](#)) which included about 100 teenagers (aged 12 to 18).<sup>[2]</sup>

The review compared having 12 weekly sessions of interpersonal therapy with just being checked by a doctor or just waiting to start treatment. Young people who had interpersonal therapy were more likely to get rid of their symptoms of depression than those who stayed on a waiting list.

One small study in the review found that interpersonal therapy worked about the same as [cognitive behaviour therapy](#) for helping depression in teenagers.<sup>[2]</sup> But we need more research to say this for certain.

There isn't good research about interpersonal therapy for children under the age of 12.

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## Family therapy

In this section

[Does it work?](#)

[What is it?](#)

[How can it help?](#)

[How does it work?](#)

[Can it be harmful?](#)

[How good is the research on family therapy?](#)

This information is for children and young people with depression. It tells you about family therapy, a treatment used for children with depression. It is based on the best and most up-to-date research.

### Does it work?

We're not sure. There hasn't been enough research on this treatment. Some young people with depression may recover after family therapy that includes their parents.

Another talking treatment called [cognitive behaviour therapy](#) seems to work better than family therapy.

### What is it?

Family therapy is a talking treatment ( [psychotherapy](#) ) involving both the child or teenager and their parents or carers. They usually all meet with a therapist for 12 to 16 weekly sessions.

There are two general types of family therapy.

# Depression in children

## Attachment-based family therapy

Attachment-based family therapy aims to fix the bond (the attachment) between parents and children. But it also helps young people to be more independent. This therapy:

- Helps the whole family get along better rather than focusing on helping just the child
- Helps parents and children become partners
- Helps parents understand their child's problems better by looking at their own problems when they were young
- Helps children to let out bottled-up anger
- Helps children to get along better outside their home.

## Systemic behaviour family therapy

Systemic behaviour family therapy has two parts.

In the first part, the systemic part, the therapist helps a family look at why a child needs therapy, helps all the family members join in the therapy and helps them look at behaviour that needs to change.

In the second part, the behaviour part, the family members work together to get along better and communicate better.

In the UK, the National Institute for Health and Care Excellence (NICE for short) is the government body that decides which treatments should be available on the NHS. It has published guidelines about treating depression in children and teenagers aged 5 to 18.

<sup>[2]</sup> These guidelines recommend systemic family therapy as a treatment.

For more, see [NICE guidelines on depression in children and teenagers](#) .

## How can it help?

We're not sure it can help. We need more research to say one way or another.

In one study, 8 out of 10 young people weren't depressed any more after having attachment-based family therapy. <sup>[46]</sup> But others got better even though they didn't have this therapy.

In another study, one-third of young people who had systemic behaviour family therapy got over their depression. <sup>[47]</sup> But two-thirds who had cognitive behaviour therapy got better too. So cognitive behaviour therapy may work better.

Other studies have found that having family therapy works no better than having some other kinds of therapy, including supportive therapy and [individual psychodynamic](#)

## Depression in children

[therapy](#) .<sup>[2]</sup> (In supportive therapy, a doctor or therapist gives you support and helps you think about how you can work through your problems.)

### How does it work?

Depression in children and teenagers can sometimes be linked to family problems.<sup>[46]</sup>

<sup>[48]</sup> If your family has problems, your doctor might describe it as being dysfunctional.

The problems in a family that can cause depression in children include:

- Not feeling close as a family
- Having parents who are critical or hostile
- Having parents who are depressed
- Having parents who don't know how to be good parents.

Family therapy looks at these problems. It helps children learn to trust their parents and learn to talk with them. This could help your child's depression get better and help stop it coming back.

### Can it be harmful?

There isn't any evidence that family therapy can cause harm.

### How good is the research on family therapy?

There isn't much research to tell us if family therapy works for children and teenagers with depression.

We found one summary of the research (called a [systematic review](#) ).<sup>[2]</sup>

One study in the review included 32 teenagers aged 13 to 17 who had depression.<sup>[46]</sup> It compared 12 weeks of attachment-based family therapy with six weeks of just waiting to start treatment. It found that teenagers were just as likely to get over their depression (have a remission) whether they got the therapy or just waited. But after six weeks of therapy, the teenagers having therapy were more likely to get over their depression. So it may just mean you need at least six weeks of therapy for it to work.

A study of systemic behaviour family therapy included 72 teenagers with depression.<sup>[47]</sup> It compared 12 to 16 weekly sessions of family therapy, supportive therapy and [cognitive behaviour therapy](#) . (In supportive therapy, a doctor or therapist gives you support and helps you think about how you can work through your problems.) Here's what the study found.

- About one-third of the teenagers who got family therapy or supportive therapy didn't have depression any more.



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- But about two-thirds of the teenagers who got cognitive behaviour therapy didn't have depression any more.

The other studies in the review found that family therapy was no better at helping young people feel less depressed than supportive therapy or [individual psychodynamic therapy](#) .<sup>[2]</sup>

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## Group therapy

In this section

[Does it work?](#)

[What is it?](#)

[How can it help?](#)

[How does it work?](#)

[Can it be harmful?](#)

[How good is the research on group therapy?](#)

This information is for children and young people with depression. It tells you about group therapy, a treatment used for children with depression. It is based on the best and most up-to-date research.

### Does it work?

We're not sure. You can have many kinds of talking treatments ( psychotherapy ) in a group. We know that having [cognitive behaviour therapy](#) in a group works well. But we don't know much about how well other types of group therapy work. We need more research.

### What is it?

Meeting in a group with a therapist differs from meeting on your own with a therapist. A group of young people of a similar age can share their experiences and problems.

There are three general types of group therapy.

- Group social skills training. With this type, you play-act roles with others in your group. The acting is videotaped. This helps you learn how to deal with problems and conflict. You learn skills such as saying what you need and talking with others.<sup>[49]</sup>
- Group therapeutic support. This type involves sharing your feelings and worries with the other young people in your group and giving each other support.<sup>[49]</sup>
- Cognitive behaviour therapy in a group. In this therapy, you work with a group to change the negative thoughts causing your depression. It's the same as having cognitive behaviour therapy on your own, but you talk about your problems in a group. To learn more, see [Cognitive behaviour therapy](#) .

### How can it help?

We're not sure how much group therapy can help. But sharing problems with other people your age may help you understand your own problems better. You might also not feel so alone. Group therapy can give you support.

In one study of teenagers with severe depression, about half no longer had symptoms after having either group therapeutic support or group social skills training.<sup>[49]</sup> But the study was small. We need more research to know for certain how these therapies can help.

### How does it work?

Talking through your problems with other people in the same situation may make you feel less depressed. You may learn how to cope better with your feelings.

### Can it be harmful?

There hasn't been any research that shows group therapy is harmful.

### How good is the research on group therapy?

There isn't much research on group therapy for children and teenagers with depression. We didn't find any studies to show whether having therapy in a group works as well as having therapy on your own.

But we found one study (a **randomised controlled trial**) comparing two types of group therapy.<sup>[49]</sup> The study included 26 teenagers aged 13 to 17. Most of them had depression, but some had dysthymia, which is a less serious but longer-lasting type of depression. The teenagers got either group therapeutic support or group social skills training.

The study found the two types of group therapy worked almost the same. About half of the depressed teenagers got better.

But we need larger studies on group therapy to know for certain how useful it can be for young people with depression.

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## Guided self-help

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[Does it work?](#)

[What is it?](#)

[How can it help?](#)

[How does it work?](#)

[Can it be harmful?](#)

[How good is the research on guided self-help?](#)

This information is for children and young people with depression. It tells you about guided self-help, a treatment used for children with depression. It is based on the best and most up-to-date research.

# Depression in children

## Does it work?

We don't know. There's no good research on using guided self-help as a treatment for children and teenagers with depression, so we don't know whether it helps them.

## What is it?

Guided self-help involves working through exercises and activities on your own, with some guidance from your therapist. The aim is to help you sort out your feelings and any problems you may have.

Guided self-help was first used as a treatment for adults. But it has been adapted to treat young people with mild or moderate depression.

With guided self-help, your therapist will probably give you some written information or recommend an Internet programme about depression and what you can do to feel better. Things that might make you feel better include:

- Getting more exercise
- Eating better
- Taking steps so that you sleep better
- Being sure you make time for activities you enjoy.

You may also get regular phone calls from your therapist.

The National Institute for Health and Care Excellence (NICE for short) is the government body that decides which treatments should be available on the NHS. It has published guidelines about treating depression in children and teenagers aged 5 to 18. These guidelines recommend guided self-help for young people with mild depression.<sup>[2]</sup> For more, see [NICE guidelines on depression in children and teenagers](#) .

## How can it help?

We're not sure. There's no good research on guided self-help in children and young people with depression, so we can't say how it might help.

## How does it work?

Learning about why you feel and behave the way you do might help you understand your illness and beat it. Also, getting encouragement to do things that you enjoy should help you overcome some of the symptoms of depression.

## Can it be harmful?

There's no evidence that guided self-help can be harmful. But there's little research on using it to treat children and young people.

### How good is the research on guided self-help?

We didn't find any studies on using guided self-help as a treatment for children or teenagers with depression. More research is needed to show if this treatment works for young people.

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## Individual psychotherapy

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[How good is the research on individual psychotherapy?](#)

This information is for children and young people with depression. It tells you about individual psychotherapy, a treatment used for children with depression. It is based on the best and most up-to-date research.

### Does it work?

We're not sure. There's not enough research on using individual psychotherapy as a treatment for children and young people, so we don't know if it can help them with depression.

### What is it?

Individual psychotherapy is a type of talking treatment ( [psychotherapy](#) ). The individual part means you have the therapy on your own. You don't have it in a group or with members of your family.

In this type of therapy, you and your therapist work together to look at your emotions and worries. You look at things such as what happened to you when you were younger and how this affects your thoughts and the way you behave now. Younger children may be helped to work through their feelings with play or drawing.

This is an intensive therapy. You'll probably see your therapist once a week for 30 weeks.

There are different types of psychotherapy. One type is called **psychodynamic psychotherapy**. In this type of therapy, you talk with a therapist about your feelings, relationships and experiences to help you understand yourself better. You might discuss things that are troubling you. Your therapist might also raise some conflicts that you didn't know you had. You try to work out these conflicts with your therapist. You might also talk about how you relate to your therapist to help you understand how other people see you.

The National Institute for Health and Care Excellence (NICE for short) is the government body that decides which treatments should be available on the NHS. It has published guidelines about treating depression in children and teenagers aged 5 to 18. The

## Depression in children

guidelines recommend individual psychotherapy for young people with mild depression.

<sup>[2]</sup> For more, see [NICE guidelines on depression in children and teenagers](#) .

### How can it help?

We're not sure. There's not enough research on this therapy in young people to say whether it is helpful.

One study looked at 20 young people aged between 5 and 17 years. <sup>[50]</sup> Half had 25 sessions of individual psychodynamic psychotherapy. The others were on a waiting list. The young people who had therapy got better scores in a questionnaire about their feelings and moods. But it's hard to say from this study how much the treatment helped with depression.

### How does it work?

By focusing on your feelings, relationships and experiences, psychotherapy tries to help you understand yourself better. This might help you feel better about yourself and reduce your depression.

### Can it be harmful?

There's no evidence that individual psychotherapy can be harmful. But there's little research on using it as a treatment for children and teenagers.

### How good is the research on individual psychotherapy?

There's little evidence that having individual psychotherapy helps children and teenagers who are depressed. One small study suggests that having individual psychotherapy may help a little. <sup>[50]</sup> But we need more research on this treatment to say for certain whether it can help.

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## Fluoxetine (Prozac)

In this section

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[What is it?](#)

[How can it help?](#)

[How does it work?](#)

[Can it be harmful?](#)

[How good is the research on fluoxetine \(Prozac\)?](#)

This information is for children and young people with depression. It tells you about fluoxetine (Prozac), a treatment used for children with depression. It is based on the best and most up-to-date research.

### Does it work?

Yes. Fluoxetine can help some children and teenagers with severe depression feel better. But there's a serious risk of side effects.

## Depression in children

Fluoxetine belongs to a group of antidepressants called **selective serotonin reuptake inhibitors** (SSRIs). These are a newer type of antidepressant drug. Fluoxetine is the SSRI that research shows works well and is safest for young people.

Doctors don't usually give antidepressants to people under the age of 18, and especially not to children under the age of 12. But they might recommend fluoxetine if your child's depression is severe or if talking treatments ( [psychotherapy](#) ) haven't worked.

Your doctor should only prescribe fluoxetine combined with a talking treatment. For teenagers with lots of symptoms (moderate or severe depression), combining [fluoxetine with a talking treatment called cognitive behaviour therapy](#) may be best.

### What is it?

Fluoxetine is a type of antidepressant drug called a selective serotonin reuptake inhibitor (SSRI). SSRIs are a newer type of drug used to treat depression. The brand name for fluoxetine is Prozac. Most people take it as tablets or capsules once a day, but it is also available as a liquid.

Doctors in the UK are advised that fluoxetine is the only antidepressant that has been approved for use in children with depression, and usually the only antidepressant suitable for people younger than 18. Often fluoxetine is used alongside cognitive behaviour therapy. To learn more, see [Fluoxetine plus cognitive behaviour therapy](#) .

The National Institute for Health and Care Excellence (NICE) has published guidelines on treating depression in young people. (NICE is the government body that decides which treatments should be available on the NHS.) Here's what NICE says about giving antidepressants to young people. <sup>[2]</sup>

- Children aged 5 years to 11 years should be given antidepressants only rarely.
- Teenagers aged 12 to 18 years should be given antidepressants only if a talking treatment doesn't work on its own or if they have severe depression.

NICE says that doctors should only give fluoxetine along with a talking treatment (such as cognitive behaviour therapy) because combined treatment is safer. <sup>[2]</sup>

NICE also says doctors can sometimes prescribe a different SSRI (such as [sertraline](#) or [citalopram](#) ) if fluoxetine doesn't work. But these other drugs aren't used often. <sup>[2]</sup>

Children and teenagers should never be given [paroxetine](#) (an SSRI) or [venlafaxine](#) (a drug that is similar to SSRIs). <sup>[2]</sup>

To read more, see [NICE guidelines on depression in children and teenagers](#) .

# Depression in children

## How can it help?

If children or teenagers are moderately or severely depressed, taking fluoxetine for eight weeks may help their symptoms. <sup>[2]</sup> <sup>[51]</sup> But their depression probably won't go away completely. We don't know how long they would need to take this drug for. <sup>[2]</sup>

- In one study, more than half the children taking fluoxetine felt a lot better. <sup>[52]</sup> The children felt less down and less anxious, were able to sleep better, got on better at school and felt more like doing their usual activities.
- Another study found that 2 out of 5 children taking fluoxetine weren't depressed any more (they had a remission). <sup>[53]</sup>
- Fluoxetine can also stop depression coming back if children carry on taking it once they feel better. <sup>[51]</sup> <sup>[30]</sup>
- A third study of 439 teenagers showed that teenagers with depression who were treated with fluoxetine for either 12 or 18 weeks were more likely to have a remission than those who had a type of treatment called cognitive behavioural therapy. <sup>[54]</sup> To learn more about cognitive behavioural therapy see [Fluoxetine plus cognitive behavioural therapy](#) .

Fluoxetine may work better than cognitive behaviour therapy at improving symptoms of depression. <sup>[2]</sup>

One study showed fluoxetine may work better than another antidepressant called nortriptyline. <sup>[55]</sup>

## How does it work?

Antidepressants affect chemicals called **neurotransmitters** that carry messages between your brain cells. SSRIs boost levels of a chemical called **serotonin** . This slowly changes how your brain cells behave. It can take several weeks before you can tell if the drugs are working.

Changing the balance of chemicals in your brain can have lots of effects on your body. That's why antidepressants cause side effects.

## Can it be harmful?

Yes. Antidepressants can have side effects when used to treat depression in children. Talk to your doctor about the risks and benefits. Doctors in the UK are advised that fluoxetine is the safest antidepressant for children. <sup>[2]</sup>

# Depression in children

## Thoughts of suicide and self-harm

Some studies have found that children and teenagers taking selective serotonin reuptake inhibitors (SSRIs) or a similar drug called [venlafaxine](#) are more likely to think about suicide or try to kill themselves. <sup>[2]</sup> <sup>[56]</sup>

Because of this risk, doctors have been given special advice about giving SSRIs to children, teenagers and young people. It's confusing because the advice varies from country to country. But here's a brief summary.

In the UK, doctors have been advised that the benefits of using fluoxetine seem to outweigh the risks. <sup>[57]</sup> So, when doctors recommend an antidepressant for young people, they usually choose fluoxetine. But the advice says that fluoxetine, like other SSRIs, may be linked to a small risk that young people might hurt themselves or think about suicide.

Fluoxetine should be used only on the advice of a doctor who specialises in children's mental health. If your child is given fluoxetine, your doctor should check regularly to make sure your child's depression isn't getting worse instead of better.

In Europe, doctors have been advised that SSRIs, including fluoxetine, shouldn't usually be used to treat depression in people younger than 18. <sup>[58]</sup> If these drugs are used, doctors should keep a careful check on the young person taking them.

In the US, the Food and Drug Administration (FDA for short) checks the safety of drugs. It warns that all antidepressants may increase the risk that a young person will think about or try suicide. <sup>[59]</sup>

Researchers looked at studies of lots of different antidepressants being used to treat several different conditions. Overall, for every 1,000 people under the age of 18 taking any antidepressant, an extra 14 thought about suicide. But none of the young people in the studies actually committed suicide.

There was also a risk for young adults up to the age of 24. But the risk wasn't as big. An extra 5 in 1,000 people between the ages of 18 and 24 thought about suicide.

For anyone aged 24 and under, doctors in the US are advised to weigh the benefits of antidepressants against the risks. Doctors should keep a close check on young people who are taking an antidepressant, especially during the first months of treatment or when the dose is changed.

Four studies have looked at the risk of suicide just from taking fluoxetine. <sup>[42]</sup> <sup>[60]</sup> <sup>[61]</sup> <sup>[62]</sup> None of the studies showed an increased risk of suicide for teenagers taking this drug.

## Withdrawal symptoms

You can get withdrawal symptoms if you suddenly stop taking certain drugs. The ones you can get from fluoxetine include: <sup>[63]</sup>

- Feeling dizzy or light-headed, drowsy, sick or tired



## Depression in children

- Having a hard time focusing
- Getting headaches.

Children or teenagers who are taking fluoxetine shouldn't stop or reduce their dose suddenly because of the risk of these withdrawal symptoms.<sup>[2]</sup> These symptoms are less likely to happen if your doctor lowers the dose gradually.

### Serotonin syndrome

If your child takes too much fluoxetine, they could get a condition called serotonin syndrome. This happens when too much serotonin gets in the body.<sup>[64]</sup> Serotonin syndrome is rare but very serious, and can be fatal.

The symptoms of serotonin syndrome are:

- Feeling restless
- Having rapid changes in blood pressure (this may not be noticeable)
- Having a rise in body temperature
- Feeling jittery
- Feeling sick
- Vomiting
- Having diarrhoea.

The chance of getting serotonin syndrome may be higher if the dose your child is taking is increased or if they switch from one medicine to another. Taking this type of antidepressant with certain medicines (for example, some other antidepressants and triptans for migraine) may also increase the chance of getting serotonin syndrome, particularly when your child starts taking the other medicine or if the dose of one of the medicines is increased.

### Other side effects

Young people may not feel like eating and may lose weight when they take fluoxetine. One study of teenagers showed that those who took this drug lost some weight.<sup>[65]</sup>

Some of the teenagers also got:<sup>[65]</sup>

- Headaches
- Vomiting

## Depression in children

- Sleep problems
- Muscle twitches (also called tremors).

In most cases, these side effects were mild and went away after a while. And none of the young people had to stop taking the medicine because of these effects.

But in another study, 4 out of 48 children and teenagers stopped taking fluoxetine because they got mania (a very high mood) or a rash. <sup>[52]</sup>

### How good is the research on fluoxetine (Prozac)?

There hasn't been much research on using fluoxetine to treat depression in children.

We found three big summaries of the research (called [systematic reviews](#)). All the summaries looked at the same four good-quality studies (called [randomised controlled trials](#)). <sup>[42]</sup> <sup>[60]</sup> <sup>[66]</sup>

The summaries all agreed that the studies showed children and teenagers who took fluoxetine were slightly more likely to feel less depressed than children who took a dummy treatment (a [placebo](#)). Children who took fluoxetine were also more likely to have a remission (this means their depression went away).

An extra study found that children who felt better after taking fluoxetine for nine weeks were less likely to get depressed again (have a relapse) if they carried on taking the treatment. <sup>[67]</sup> This study followed 40 children for 32 weeks.

The review also looked at one study that compared fluoxetine with a talking treatment called [cognitive behaviour therapy](#) in 220 children. <sup>[2]</sup> It found that fluoxetine improved symptoms more than cognitive behaviour therapy after 12 weeks of treatment.

We also found a review of four good-quality studies of 560 children aged 7 to 18 who took either antidepressants or a dummy pill for an average of eight and a half weeks. It found fluoxetine improved symptoms more than a dummy treatment. <sup>[68]</sup>

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## Paroxetine (Seroxat)

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[How does it work?](#)

[Can it be harmful?](#)

[How good is the research on paroxetine \(Seroxat\)?](#)

This information is for children and young people with depression. It tells you about paroxetine (Seroxat). It is based on the best and most up-to-date research.

# Depression in children

## Does it work?

Probably not. There's little evidence that paroxetine can help young people with depression. Also, paroxetine can increase the risk of children and teenagers thinking about harming themselves or trying to kill themselves. Doctors in the UK are advised not to prescribe paroxetine to anyone under the age of 18.

## What is it?

Paroxetine belongs to a group of antidepressants called **selective serotonin reuptake inhibitors** (SSRIs). Its brand name is Seroxat.

In the UK, doctors are advised not to prescribe paroxetine for anyone under the age of 18 who has depression. <sup>[69]</sup>

The National Institute for Health and Care Excellence (NICE), the government body that decides which treatments should be available on the NHS, says that [fluoxetine](#) (brand name Prozac) is usually the only antidepressant that should be given to young people. And doctors should prescribe fluoxetine only along with a talking treatment (such as cognitive behaviour therapy) because this [combined treatment](#) is safer. <sup>[2]</sup>

To learn more, see [NICE guidelines on depression in children and teenagers](#) .

## How can it help?

Taking paroxetine is unlikely to help the symptoms of depression in children and teenagers. <sup>[2]</sup> This treatment is not considered safe for young people. Doctors in the UK are advised not to prescribe paroxetine for anyone under 18 years of age. <sup>[69]</sup> <sup>[2]</sup>

## How does it work?

Antidepressants affect chemicals called **neurotransmitters** . These chemicals help carry messages between brain cells. Paroxetine boosts levels of the chemical **serotonin** . This slowly changes how brain cells behave. It can take several weeks before you can tell if the drugs are working.

Changing the balance of chemicals in your brain can have lots of effects on your body. That's why antidepressants cause side effects.

## Can it be harmful?

Paroxetine has side effects. Doctors think that it can do more harm than good if given to children or teenagers. In the UK, doctors are advised not to give paroxetine to people younger than 18 to treat depression. <sup>[69]</sup> <sup>[2]</sup>

## Thoughts of suicide and self-harm

Some studies have found that children and teenagers taking antidepressants are more likely to think about suicide or try to kill themselves. <sup>[2]</sup> <sup>[59]</sup> <sup>[61]</sup> <sup>[56]</sup>

## Depression in children

Because of this risk, doctors have been given special advice about giving antidepressants to children, teenagers and young people. It's confusing, because the advice varies from country to country. But here's a brief summary.

In the UK, doctors are generally advised not to give paroxetine to children or teenagers to treat depression. <sup>[2]</sup>

Doctors have been advised that fluoxetine can be given to children because its benefits seem to outweigh its risks. <sup>[2]</sup> To read more, see [Fluoxetine \(Prozac\)](#) .

In Europe, doctors have been advised that SSRIs, including paroxetine, shouldn't usually be used to treat depression in people younger than 18. <sup>[58]</sup> If these drugs are used, doctors should keep a careful check on the young person taking them.

In the US, the Food and Drug Administration (FDA for short) checks the safety of drugs. It warns that all antidepressants may increase the risk that a young person will think about or try suicide. <sup>[59]</sup>

Researchers looked at studies of lots of different antidepressants being used to treat several different conditions. Overall, for every 1,000 people under 18 taking an antidepressant, an extra 14 thought about suicide. But none of the young people in the studies actually committed suicide.

There was also a risk for young adults up to the age of 24. But the risk wasn't as big. An extra 5 in 1,000 people aged between 18 and 24 thought about suicide.

For anyone aged 24 and under, doctors in the US are advised to weigh the benefits of antidepressants against the risks. Doctors should keep a close check on young people who are taking an antidepressant, especially during the first months of treatment or when the dose is changed.

### Withdrawal symptoms

You can get withdrawal symptoms when you suddenly stop taking certain drugs.

Withdrawal symptoms from SSRIs can include: <sup>[70]</sup>

- Feeling dizzy or light-headed, drowsy, sick, or tired
- Having a hard time focusing
- Getting headaches.

Because of the risk of these withdrawal symptoms, children or teenagers who are taking an SSRI shouldn't stop or reduce their dose suddenly. <sup>[69]</sup> <sup>[58]</sup> These symptoms are less likely to happen if your doctor lowers the dose gradually.

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## Serotonin syndrome

If your child takes too much paroxetine, they could get a condition called serotonin syndrome. This happens when too much serotonin gets in the body.<sup>[64]</sup> Serotonin syndrome is rare but very serious, and can be fatal.

The symptoms of serotonin syndrome are:

- Feeling restless
- Having rapid changes in blood pressure (this may not be noticeable)
- Having a rise in body temperature
- Feeling jittery
- Feeling sick
- Vomiting
- Having diarrhoea.

The chance of getting serotonin syndrome may be higher if the dose your child is taking is increased or if they switch from one medicine to another. Taking this type of antidepressant with certain medicines (for example, some other antidepressants and triptans for migraine) may also increase the chance of getting serotonin syndrome, particularly when your child starts taking the other medicine or if the dose of one of the medicines is increased.

## Other side effects

In studies, teenagers taking paroxetine had these side effects:<sup>[71]</sup> <sup>[72]</sup>

- Headaches (almost 1 in 5 teenagers got these)
- Feeling sick (1 in 10 got this)
- Feeling dizzy (6 in 100 got this)
- Feeling drowsy (17 out of 100 got this)
- Muscle twitches, also called tremors (11 out of 100 got these).

Nearly a third of the teenagers stopped taking paroxetine because of serious side effects. These included trying suicide, thinking about suicide, having mania (a very high mood),

## Depression in children

having symptoms of more a serious mental illness (called psychosis) and having extreme anxiety. But researchers don't know if these problems were caused by the medicine. <sup>[72]</sup>

### How good is the research on paroxetine (Seroxat)?

There isn't much research about paroxetine. We found two summaries of the research (called [systematic reviews](#) ) which looked at three good quality studies (called [randomised controlled trials](#) ). <sup>[60]</sup> <sup>[66]</sup>

These summaries looked at the same information, but had slightly different conclusions. The first summary said paroxetine might work slightly better than a dummy ( [placebo](#) ) drug on one measure. But the second said it worked no better than placebo on a number of measures.

We found two other studies that looked at the risks of self-harm and suicide in children and teenagers who took paroxetine, and again different studies had different conclusions. One review of two studies of children and teenagers aged 6 to 19 found that those who took paroxetine were nearly twice as likely to try to attempt or complete suicide than those who didn't take this drug. <sup>[61]</sup> But a second study found the risk was not greater than the risk of self-harm and suicide in children and adolescents who took a different antidepressant, fluoxetine. <sup>[62]</sup>

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## Sertraline (Lustral)

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[How does it work?](#)

[Can it be harmful?](#)

[How good is the research on sertraline \(Lustral\)?](#)

This information is for children and young people with depression. It tells you about sertraline (Lustral). It is based on the best and most up-to-date research.

### Does it work?

Probably not. Taking sertraline is unlikely to help children and teenagers with depression.

Doctors in the UK are advised that fluoxetine (brand name Prozac) is usually the only antidepressant that should be given to people under the age of 18. Children and teenagers who take fluoxetine should also have a type of talking therapy called cognitive behaviour therapy. To learn more, see [Fluoxetine plus cognitive behaviour therapy](#) .

### What is it?

Sertraline belongs to a group of antidepressants called **selective serotonin reuptake inhibitors** (SSRIs). Its brand name is Lustral.

## Depression in children

In the UK doctors are advised that the risks of using sertraline outweigh the benefits for most children and young people under the age of 18 with depression.<sup>[69]</sup>

The National Institute for Health and Care Excellence (NICE) is the government body that decides which treatments should be available on the NHS. It says that fluoxetine is usually the only antidepressant that should be given to young people. And doctors should prescribe fluoxetine only along with a talking treatment (such as cognitive behaviour therapy) because this [combined treatment](#) is safer.<sup>[2]</sup>

If a teenager is depressed and fluoxetine and a talking treatment haven't helped, doctors might try treatment with sertraline. But this is rare. Sertraline should only be prescribed by a doctor who specialises in children's mental health. For more, see [NICE guidelines on depression in children and teenagers](#) .

### How can it help?

There's no evidence that children and young people with depression feel any better when taking sertraline.<sup>[2]</sup>

### How does it work?

Antidepressants affect chemicals called [neurotransmitters](#) that help carry messages between brain cells. Sertraline boosts levels of a neurotransmitter called [serotonin](#) . This slowly changes how brain cells behave. It can take several weeks before you can tell if the drugs are working.

Changing the balance of chemicals in your brain can have lots of effects on your body. That's why antidepressants cause side effects.

### Can it be harmful?

Yes. Antidepressants can cause side effects when used to treat depression in children. Talk to your doctor about the risks and benefits.

In the UK, doctors are advised that the SSRI fluoxetine is usually the only antidepressant that should be given to children with depression.<sup>[2]</sup>

### Thoughts of suicide and self-harm

Some studies have found that young people taking antidepressants are more likely to think about suicide or try to kill themselves.<sup>[2] [59] [61] [56]</sup>

Because of this risk, doctors have been given special advice about giving antidepressants to children, teenagers and young people. It's confusing, because the advice varies from country to country. But here's a brief summary.

In the UK, doctors are generally advised not to give sertraline to children or teenagers to treat depression.<sup>[2]</sup> If doctors recommend an antidepressant drug, they usually choose

## Depression in children

fluoxetine. To read more, see [Fluoxetine \(Prozac\)](#) . Sertraline is sometimes used if fluoxetine doesn't work.

In Europe, doctors have been advised that SSRIs, including paroxetine, shouldn't usually be used to treat depression in people younger than 18. <sup>[58]</sup> If these drugs are used, doctors should keep a careful check on the young person taking them.

In the US, the Food and Drug Administration (FDA for short) checks the safety of drugs. It warns that all antidepressants may increase the risk that a young person will think about or try suicide. <sup>[59]</sup>

Researchers looked at studies of lots of different antidepressants being used to treat several different conditions. Overall, for every 1,000 people under the age of 18 taking an antidepressant, an extra 14 thought about suicide. But none of the young people in the studies actually committed suicide.

There was also a risk for young adults up to the age of 24. But the risk wasn't as big. An extra 5 in 1,000 people between the ages of 18 and 24 thought about suicide.

For anyone aged 24 and under, doctors in the US are advised to weigh the benefits of antidepressants against the risks. Doctors should keep a close check on young people who are taking an antidepressant, especially during the first months of treatment or when the dose is changed.

### Withdrawal symptoms

You can get withdrawal symptoms if you suddenly stop taking certain drugs. Withdrawal symptoms from SSRIs can include: <sup>[70]</sup>

- Feeling dizzy or light-headed, drowsy, sick or tired
- Having a hard time focusing
- Getting headaches.

Because of the risk of these withdrawal symptoms, children and teenagers who are taking an SSRI shouldn't stop or reduce their dose suddenly. <sup>[69]</sup> <sup>[58]</sup> These symptoms are less likely to happen if your doctor lowers the dose gradually.

### Serotonin syndrome

If your child takes too much sertraline, they could get a condition called serotonin syndrome. This happens when too much serotonin gets in the body. <sup>[64]</sup> Serotonin syndrome is rare but very serious, and can be fatal.

The symptoms of serotonin syndrome are:

- Feeling restless



## Depression in children

- Having rapid changes in blood pressure (this may not be noticeable)
- Having a rise in body temperature
- Feeling jittery
- Feeling sick
- Vomiting
- Having diarrhoea.

The chance of getting serotonin syndrome may be higher if the dose your child is taking is increased or if they switch from one medicine to another. Taking this type of antidepressant with certain medicines (for example, some other antidepressants and triptans for migraine) may also increase the chance of getting serotonin syndrome, particularly when your child starts taking the other medicine or if the dose of one of the medicines is increased.

### Other side effects

At least 1 in 20 children and teenagers get side effects if they take sertraline.<sup>[73]</sup> The side effects happen at least twice as often with sertraline as with a dummy treatment (a placebo). About 1 in 10 young people taking sertraline:

- Have sleep problems
- Get diarrhoea
- Don't feel like eating
- Vomit
- Get restless.

They also have a risk of:

- Leaking urine (incontinence)
- Getting bruises.

### How good is the research on sertraline (Lustral)?

There isn't any good evidence that sertraline can help children and teenagers who are depressed.

## Depression in children

We found three summaries of the research (called [systematic reviews](#)) which all included the same two studies of sertraline in children and teenagers aged between 6 and 17. <sup>[2]</sup> <sup>[60]</sup> <sup>[66]</sup> The studies found that sertraline did not improve children's symptoms, help them get over their depression, or help them do more.

There have been studies looking at whether taking sertraline makes young people more likely to attempt suicide. One review of two studies of children and teenagers who were taking sertraline found there was no increased risk of attempted or completed suicide compared with children who weren't taking sertraline. <sup>[61]</sup> Another study of young children taking different antidepressants found the risks were broadly the same for all types of antidepressant. <sup>[62]</sup>

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## Tricyclic antidepressants

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[Can they be harmful?](#)

[How good is the research on tricyclic antidepressants?](#)

This information is for children and young people with depression. It tells you about tricyclic antidepressants. It is based on the best and most up-to-date research.

### Do they work?

No. Tricyclic antidepressants don't seem to help with depression in children or teenagers. There's a risk of serious side effects if a child or teenager takes these drugs.

### What are they?

Tricyclic antidepressants are a group of drugs that have been used to treat depression in adults for a long time. You might hear them called TCAs for short.

Most of them are not recommended for treating depression in young people. <sup>[74]</sup> But sometimes doctors might give them to a child or teenager who has both depression and another condition, such as [attention deficit hyperactivity disorder](#) (ADHD for short).

The National Institute for Health and Care Excellence (NICE for short) is the government body that decides which treatments should be available on the NHS. It has published guidelines that say that people younger than age 18 should never be given tricyclic antidepressants for depression. <sup>[2]</sup>

For more, see [NICE guidelines on depression in children and teenagers](#) .

Examples of tricyclic antidepressants (and their brand names) are:

- amitriptyline

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- clomipramine (Anafranil)
- dosulepin, which is also called dothiepin (Prothiaden)
- doxepin (Sinequan)
- imipramine
- nortriptyline (Allegron)
- trimipramine (Surmontil).

### How can they help?

These drugs aren't likely to help. The research shows this type of antidepressant doesn't help children who are depressed. <sup>[2]</sup>

### How do they work?

In adults, tricyclic antidepressants affect chemicals in the brain called neurotransmitters. These chemicals carry messages between brain cells. Tricyclic antidepressants make some neurotransmitters last longer, so they keep on carrying messages. These drugs affect several neurotransmitters, including serotonin, noradrenaline, and dopamine.

But in children, tricyclic antidepressants may not work the same way. This is because the neurotransmitter systems in children's brains aren't fully developed. <sup>[75]</sup> Also, the causes of depression in children may not be the same as in adults. <sup>[75]</sup>

### Can they be harmful?

Yes. Studies show that tricyclic antidepressants can cause side effects. <sup>[75]</sup> Some common ones are:

- Feeling dizzy
- Feeling light-headed or fainting when you stand up
- Shaking
- Getting a dry mouth.

Tricyclic antidepressants can be dangerous if you take too much. Some people have died after an overdose. <sup>[76]</sup> There have even been cases of young people dying suddenly while taking normal doses. <sup>[76]</sup> The risk of dying for children taking a tricyclic drug is less

## Depression in children

than 1 in 200,000. <sup>[77]</sup> But this risk isn't worth taking, because newer types of antidepressants don't cause this problem.

There's also a danger that children taking tricyclic antidepressants could swing from being depressed to having a very high mood. This is called mania. <sup>[78]</sup> Children could also go on to get several bouts of mania or depression in later life.

Tricyclic antidepressants have more side effects than newer antidepressants, known as selective serotonin reuptake inhibitors (SSRIs). <sup>[79]</sup> <sup>[80]</sup> This is what one study showed: <sup>[79]</sup>

- About 3 in 10 teenagers taking a tricyclic antidepressant (imipramine) pulled out of the study because of side effects. Nearly a third of these left because of problems affecting their heart.
- But only 1 in 10 people taking an SSRI pulled out.

In the US, the Food and Drug Administration (FDA for short) checks the safety of drugs. It warns that all antidepressants, including tricyclic ones, can increase the risk of young people thinking about or trying suicide. <sup>[59]</sup> Feeling more depressed and thinking about suicide are most likely to happen during the first months of treatment or when the dose is changed.

### How good is the research on tricyclic antidepressants?

There's some good research on these drugs that shows they don't work for treating depression in children. We found one summary of the research (a [systematic review](#)). <sup>[2]</sup> It included five good studies involving 331 young people between aged between 5 and 18.

The studies compared several tricyclic antidepressants with a dummy treatment (a placebo). The antidepressants studied were amitriptyline, imipramine, nortriptyline, clomipramine, and desipramine. You can't get desipramine in the UK.

After six weeks to 10 weeks of treatment, the young people taking tricyclic antidepressants in the studies didn't seem to be doing any better than those taking a dummy treatment. Overall, there was no difference in:

- How much their symptoms had improved
- How many young people no longer had depression
- What they were doing from day to day.

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## Venlafaxine (Efexor)

# Depression in children

In this section

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[What is it?](#)

[How can it help?](#)

[How does it work?](#)

[Can it be harmful?](#)

[How good is the research on venlafaxine \(Efexor\)?](#)

This information is for children and young people with depression. It tells you about venlafaxine (Efexor). It is based on the best and most up-to-date research.

## Does it work?

Venlafaxine might help a little bit with depression in children and young people. But venlafaxine can increase the risk of young people harming themselves or trying to kill themselves. Doctors in the UK are advised not to prescribe it to anyone under the age of 18.

## What is it?

Venlafaxine is a newer type of antidepressant called a **serotonin and noradrenaline reuptake inhibitor** (SNRI). This means it works by increasing the amounts of the chemicals serotonin and noradrenaline in the brain. Other types of antidepressants called **selective serotonin reuptake inhibitors** (SSRIs) affect only the amount of serotonin in the brain.

The brand name for venlafaxine is Efexor.

In the UK doctors are advised not to prescribe venlafaxine for children and young people under the age of 18. <sup>[69]</sup>

The National Institute for Health and Care Excellence (NICE), the government body that decides which treatments should be available on the NHS, says that fluoxetine (brand name Prozac) is usually the only antidepressant that should be given to young people. And doctors should give fluoxetine only along with a talking treatment (such as cognitive behaviour therapy) because this [combined treatment](#) is safer. <sup>[2]</sup>

To learn more, see [NICE guidelines on depression in children and teenagers](#) .

## How can it help?

Taking venlafaxine might help to improve symptoms of depression in children and young people. <sup>[2]</sup> But it is not considered safe for this age group. Doctors in the UK are advised not to prescribe it for anyone under the age of 18. <sup>[69]</sup> <sup>[2]</sup>

## How does it work?

Antidepressants affect chemicals called neurotransmitters that help carry messages between brain cells. Venlafaxine boosts levels of neurotransmitters called serotonin and noradrenaline. This slowly changes how brain cells behave. It can take several weeks before you can tell if the drug is working.

## Depression in children

Changing the balance of chemicals in your brain can have lots of effects on your body. That's why antidepressants cause side effects.

### Can it be harmful?

Yes. Antidepressants can have side effects when used to treat depression in young people. Talk to your doctor about the risks and benefits.

### Thoughts of suicide and self-harm

Some studies have found that young people taking antidepressants are more likely to think about suicide or try to kill themselves. <sup>[2]</sup> <sup>[59]</sup> <sup>[61]</sup> <sup>[56]</sup>

Doctors think that venlafaxine can do more harm than good if given to children or teenagers. In the UK, doctors are advised not to use venlafaxine to treat depression in people younger than 18. <sup>[69]</sup> <sup>[2]</sup>

Because of the risks, doctors have been given special advice about giving antidepressants to children, teenagers and young people. It's confusing, because the advice varies from country to country. But here's a brief summary.

In the UK, doctors are advised not to give venlafaxine to children or teenagers to treat depression. <sup>[2]</sup> If doctors recommend an antidepressant drug, they usually choose fluoxetine. To read more, see [Fluoxetine \(Prozac\)](#) .

In Europe, doctors have been advised that venlafaxine shouldn't usually be used to treat depression in people younger than 18. <sup>[58]</sup> If it is used, doctors should keep a careful check on the young person taking it.

In the US, the Food and Drug Administration (FDA for short) checks the safety of drugs. It warns that all antidepressants may increase the risk that a young person will think about or try suicide. <sup>[59]</sup>

Researchers looked at studies of lots of different antidepressants being used to treat several different conditions. Overall, for every 1,000 people under 18 taking an antidepressant, an extra 14 thought about suicide. But none of the young people in the studies actually committed suicide.

There was also a risk for young adults up to the age of 24. But the risk wasn't as big. An extra 5 in 1,000 people between the ages of 18 and 24 thought about suicide.

For anyone aged 24 and under, doctors in the US are advised to weigh the benefits of antidepressants against the risks. Doctors should keep a close check on young people who are taking an antidepressant, especially during the first months of treatment or when the dose is changed.

# Depression in children

## Serotonin syndrome

If your child takes too much venlafaxine, they could get a condition called serotonin syndrome. This happens when too much serotonin gets in the body.<sup>[64]</sup> Serotonin syndrome is rare but very serious, and can be fatal.

The symptoms of serotonin syndrome are:

- Feeling restless
- Having rapid changes in blood pressure (this may not be noticeable)
- Having a rise in body temperature
- Feeling jittery
- Feeling sick
- Vomiting
- Having diarrhoea.

The chance of getting serotonin syndrome may be higher if the dose your child is taking is increased or if they switch from one medicine to another. Taking this type of antidepressant with certain medicines (for example, some other antidepressants and triptans for migraine) may also increase the chance of getting serotonin syndrome, particularly when your child starts taking the other medicine or if the dose of one of the medicines is increased.

## Other side effects

The research also shows almost half of children and adolescents taking venlafaxine feel sick.<sup>[81]</sup> And half eat more than usual.

## How good is the research on venlafaxine (Efexor)?

There isn't a lot of research on how venlafaxine can help children and teenagers with depression. We found a review of the research that looked at young people between the ages of 6 and 17.<sup>[2]</sup> Young people who had been taking venlafaxine for six to eight weeks had slightly improved symptoms compared with those who had been taking a dummy treatment (a placebo).

But there is also evidence that venlafaxine can be harmful for young people. A good-quality review of studies of young people and adolescents aged 6 to 18 who took antidepressants found that those on venlafaxine were more than twice as likely to attempt suicide than those on a dummy pill.<sup>[61]</sup> And two studies have found that children and teenagers who take venlafaxine are much more likely than those who take a dummy treatment to try to

## Depression in children

harm themselves or think about harming themselves. <sup>[2]</sup> Because of this increased risk, doctors in the UK are advised not prescribe venlafaxine to anyone under the age of 18.

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### Citalopram (Cipramil) and escitalopram (Cipralext)

In this section

[Does it work?](#)

[What is it?](#)

[How can it help?](#)

[How does it work?](#)

[Can it be harmful?](#)

[How good is the research on citalopram \(Cipramil\) and escitalopram \(Cipralext\)?](#)

This information is for children and young people with depression. It tells you about the drugs citalopram (Cipramil) and escitalopram (Cipralext). It is based on the best and most up-to-date research.

#### Does it work?

We're not sure. There's not enough research to know whether citalopram or escitalopram can help with depression in children and teenagers.

Doctors in the UK are advised that fluoxetine (brand name Prozac) is usually the only antidepressant that should be given to people under 18. Children and teenagers who take fluoxetine should also have talking therapy at the same time. To learn more, see [Fluoxetine plus cognitive behaviour therapy](#) .

#### What is it?

Citalopram and escitalopram belong to a group of antidepressants called selective serotonin reuptake inhibitors (SSRIs for short). The brand names are Cipramil and Cipralext. The two drugs are almost identical.

In the UK, doctors are advised that the risks of using citalopram or escitalopram outweigh the benefits for most people under the age of 18 with depression. <sup>[69]</sup>

The National Institute for Health and Care Excellence (NICE), the government body that decides which treatments should be available on the NHS, says that fluoxetine is usually the only antidepressant that should be given to young people. And doctors should prescribe fluoxetine only along with a talking treatment (such as cognitive behaviour therapy) because this [combination treatment](#) is safer. <sup>[2]</sup>

If a teenager is depressed and fluoxetine and a talking treatment haven't helped, doctors might try treatment with citalopram or escitalopram. But this is rare. Citalopram and escitalopram should only be prescribed by a doctor who specialises in children's mental health. To read more, see [NICE guidelines on depression in children and teenagers](#) .



# Depression in children

## How can it help?

We're not sure. Taking citalopram or escitalopram may improve some symptoms of depression in children and teenagers.<sup>[2]</sup> <sup>[82]</sup> But the evidence for this is weak. Plus, these drugs might increase the risk that children and teenagers will think about harming themselves.<sup>[2]</sup>

In one study, children aged 12 to 17 had a bigger improvement in their depression symptom scores if they took escitalopram, compared to a dummy ( placebo ) drug.<sup>[82]</sup>

## How does it work?

Antidepressants affect chemicals called neurotransmitters that help carry messages between brain cells. Citalopram and escitalopram boost levels of the chemical serotonin . This slowly changes how brain cells behave. It can take several weeks before you can tell if the drugs are working.

Changing the balance of chemicals in your brain can have lots of effects on your body. That's why antidepressants cause side effects.

## Can it be harmful?

Yes. Antidepressants can have side effects when used to treat depression in children. Talk to your doctor about the risks and benefits.

In the UK, doctors are advised that fluoxetine is usually the only antidepressant suitable for children.<sup>[2]</sup>

## Thoughts of suicide and self-harm

Some studies have found that children and teenagers taking antidepressants are more likely to think about suicide or try to kill themselves.<sup>[2]</sup> <sup>[59]</sup> <sup>[62]</sup> <sup>[56]</sup>

Because of this risk, doctors have been given special advice about giving antidepressants to children, teenagers and young people. It's confusing, because the advice varies from country to country. But here's a brief summary.

In the UK, doctors are generally advised not to give citalopram or escitalopram to children or teenagers to treat depression.<sup>[2]</sup> If doctors recommend an antidepressant drug, they usually choose fluoxetine. To read more, see [Fluoxetine \(Prozac\)](#) . Citalopram and escitalopram are sometimes used if fluoxetine doesn't work.

In Europe, doctors have been advised that SSRIs shouldn't usually be used to treat depression in people younger than 18.<sup>[58]</sup> If these drugs are used, doctors should keep a careful check on the young person taking them.

## Depression in children

In the US, the Food and Drug Administration (FDA for short) checks the safety of drugs. It warns that all antidepressants may increase the risk that a young person will think about or try suicide. <sup>[59]</sup>

Researchers looked at studies of lots of different antidepressants being used to treat several different conditions. Overall, for every 1,000 people under the age of 18 taking an antidepressant, an extra 14 thought about suicide. But none of the young people in the studies actually committed suicide.

There was also a risk for young adults up to the age of 24. But the risk wasn't as big. An extra 5 in 1,000 people between the ages of 18 and 24 thought about suicide.

For anyone aged 24 and under, doctors in the US are advised to weigh the benefits of antidepressants against the risks. Doctors should keep a close check on young people who are taking an antidepressant, especially during the first months of treatment or when the dose is changed.

### Withdrawal symptoms

You can get withdrawal symptoms when you suddenly stop taking certain drugs. Withdrawal symptoms from SSRIs can include: <sup>[70]</sup>

- Feeling dizzy or light-headed, drowsy, sick, or tired
- Having a hard time focusing
- Getting headaches.

Because of the risk of these withdrawal symptoms, children or teenagers who are taking an SSRI shouldn't stop or reduce their dose suddenly. <sup>[69]</sup> <sup>[58]</sup> These symptoms are less likely to happen if your doctor lowers the dose gradually.

### Serotonin syndrome

If your child takes too much citalopram or escitalopram, they could get a condition called serotonin syndrome. This happens when too much serotonin gets in the body. <sup>[64]</sup> Serotonin syndrome is rare but very serious, and can be fatal.

The symptoms of serotonin syndrome are:

- Feeling restless
- Having rapid changes in blood pressure (this may not be noticeable)
- Having a rise in body temperature
- Feeling jittery

## Depression in children

- Feeling sick
- Vomiting
- Having diarrhoea.

The chance of getting serotonin syndrome may be higher if the dose your child is taking is increased or if they switch from one medicine to another. Taking this type of antidepressant with certain medicines (for example, some other antidepressants and triptans for migraine) may also increase the chance of getting serotonin syndrome, particularly when your child starts taking the other medicine or if the dose of one of the medicines is increased.

### Other side effects

More minor side effects of citalopram and escitalopram include: <sup>[2]</sup>

- A runny nose
- Feeling sick
- Flu-like symptoms
- Feeling tired
- Diarrhoea
- A sore throat.

### How good is the research on citalopram (Cipramil) and escitalopram (Cipralext)?

There's little evidence that citalopram or escitalopram help depression in children and teenagers.

We found one summary of the research. <sup>[2]</sup> It found that there may be some benefits for children or teenagers taking citalopram or escitalopram. But the evidence wasn't strong.

One good quality study looked at over 300 children aged 12 to 17, half of whom took escitalopram. The study found it worked better than a dummy ( placebo ) drug. <sup>[82]</sup>

There have been studies into the link between taking citalopram and self-harm and suicide. One review found two studies that showed children and adolescents who took citalopram were no more likely to attempt or complete suicide than those who had never taken antidepressants. <sup>[61]</sup> And a large study comparing 21,000 children aged 10 to 17

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who took different antidepressants found that those who took citalopram were no more likely to attempt or complete suicide than children and teenagers who took fluoxetine.

More research is needed on this treatment, but studies aren't likely to be done. This drug is not widely used. That's because of a government warning about the risk of young people harming themselves when taking this treatment. <sup>[69]</sup>

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## Monoamine oxidase inhibitors

In this section

[Do they work?](#)

[What are they?](#)

[How can they help?](#)

[How do they work?](#)

[Can they be harmful?](#)

[How good is the research on monoamine oxidase inhibitors?](#)

This information is for children and young people with depression. It tells you about drugs called monoamine oxidase inhibitors. It is based on the best and most up-to-date research.

### Do they work?

We don't know. Antidepressants called monoamine oxidase inhibitors (MAOIs for short) aren't usually used for children and teenagers. There's not much research on how well they work. We do know that these drugs can have serious side effects.

### What are they?

Monoamine oxidase inhibitors are an older type of antidepressant. Some examples are phenelzine (brand name Nardil), isocarboxazid, tranylcypromine, and moclobemide (brand name Manerix).

MAOIs aren't usually recommended for children. Newer antidepressant drugs, usually [fluoxetine](#), are used instead.

### How can they help?

We don't know if MAOIs can help children or teenagers with depression. There's not enough research to tell us.

### How do they work?

Depression may be caused by not having the right amounts of certain chemicals in your brain. The idea is that antidepressants correct the balance of chemicals.

Antidepressants affect chemicals in your brain called [neurotransmitters](#). Neurotransmitters help to carry messages between brain cells. MAOIs boost levels of chemicals called [serotonin](#), [noradrenaline](#), and [dopamine](#). This slowly changes how your brain cells behave. It can take several weeks before you can tell if the drugs are working.

## Depression in children

Changing the balance of chemicals in your brain can have lots of effects on your body. That's why antidepressants cause side effects.

### Can they be harmful?

Yes, MAOIs have side effects. They aren't usually used for children or teenagers with depression. Doctors think these drugs may do more harm than good.

There isn't much research that just looks at children and teenagers. One small study looked at a drug called moclobemide (brand name Manerix). The young people in the study were aged between 9 and 15. The drug didn't seem to cause many side effects. But the study didn't look at many people. <sup>[83]</sup>

There has been more research on the side effects of MAOIs in adults. The biggest problem is that these drugs can react with lots of other medicines, foods and alcoholic drinks. <sup>[84]</sup>

Studies show that if you take an MAOI and eat foods that contain the natural chemical **tyramine** (such as mature cheese and Marmite) your **blood pressure** can get dangerously high. If you take an MAOI, you have to be careful about what you eat. To read more, see [Side effects of MAOIs](#) .

MAOIs also react with lots of over-the-counter drugs, such as most cough medicines and decongestants. If your child takes MAOIs it's important that you mention it to your pharmacist before buying over-the-counter drugs for them.

MAOIs can also react dangerously with most other antidepressants.

In the US, the Food and Drug Administration (FDA for short) checks the safety of drugs. It has warned that all antidepressants, including MAOIs, can increase the risk of children and teenagers thinking about or trying suicide. <sup>[59]</sup> Feeling more depressed and thinking about suicide are most likely to happen during the first months of treatment or when the dose is changed.

Researchers looked at studies of lots of different antidepressants being used to treat several different conditions. Overall, for every 1,000 people under the age of 18 taking an antidepressant, an extra 14 thought about suicide. But none of the young people in the studies actually committed suicide.

There was also a risk for young adults up to the age of 24. But the risk wasn't as big. An extra 5 in 1,000 people between the ages of 18 and 24 thought about suicide.

### How good is the research on monoamine oxidase inhibitors?

There isn't much research on whether monoamine oxidase inhibitors can help young people with depression. We only found one study. <sup>[83]</sup>

The study compared a drug called moclobemide with a dummy treatment (a **placebo** ). Researchers looked at 20 young people with depression who took moclobemide for five

## Depression in children

weeks. The people in the study were all aged between 9 and 15 years old. This is what the research found:

- The young people's doctors said that moclobemide reduced depression and anxiety compared with the placebo
- But the young people and their parents said moclobemide didn't help.

The results of this study aren't very reliable, because it only looked at 20 people. We didn't find any research on other MAOIs.

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## St. John's wort

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[How good is the research on St. John's wort?](#)

This information is for children and young people with depression. It tells you about St. John's wort. It is based on the best and most up-to-date research.

### Does it work?

We don't know. There's some research that shows this herbal medicine can help adults with mild or moderate depression. But there isn't any evidence to show whether it works for children and teenagers or that it's safe for them. There's also a risk that St. John's wort can make some other medicines work less well.

### What is it?

St. John's wort is a plant. Its scientific name is *Hypericum perforatum*. It has been used in Europe as a herbal remedy for depression for many years. It comes as a tablet that has concentrated extracts from the plant. But exactly how much is in the tablets varies from brand to brand.

In the UK, St. John's wort is sold as a food supplement, not as medicine. This means it hasn't been tested for safety in the same way as medicine.

The National Institute for Health and Care Excellence (NICE) is the government body that decides which treatments should be available on the NHS. It says that St. John's wort shouldn't be used for treating children or teenagers with depression.<sup>[2]</sup>

To read more, see [NICE guidelines on depression in children and teenagers](#) .

### How can it help?

We don't know if it can help. We didn't find any research to show if St. John's wort helps children and teenagers with depression. There's some evidence that adults with mild or

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moderate depression feel better if they take it. <sup>[87]</sup> But we can't assume this treatment will work the same in younger people. <sup>[2]</sup>

### How does it work?

No one knows for sure. There are two ideas about how St. John's wort might work. <sup>[88]</sup>

- It may boost the level of chemicals in the brain called **neurotransmitters**. These carry signals between brain cells, and they don't work properly if you're depressed.
- Depressed people have more of some **hormones**. St. John's wort may lower levels of these hormones.

### Can it be harmful?

We didn't find any research on the side effects of St. John's wort in children and teenagers. In adults, common side effects seem to be stomach problems (such as sickness or **diarrhoea**), dizziness or confusion, tiredness and a dry mouth. Some people also said they got headaches or didn't enjoy sex as much when they were taking St. John's wort. <sup>[89]</sup> <sup>[90]</sup>

The biggest problem with St. John's wort is that it interferes with lots of other medicines. <sup>[91]</sup> <sup>[92]</sup> <sup>[93]</sup> For example, you shouldn't take St. John's wort if you are taking: <sup>[94]</sup> <sup>[95]</sup>

- The contraceptive pill. St. John's wort makes the pill less effective, so there is a higher chance you'll get pregnant
- Drugs for **migraine** called triptans, such as sumatriptan (brand name Imigran) and eletriptan (brand name Relpax)
- Drugs for **epilepsy**
- Warfarin, and similar drugs used to prevent blood clots
- A drug for **eczema** called tacrolimus (brand name Protopic)
- Drugs for **HIV** called indinavir, efavirenz, and nevirapine
- **Antidepressants**.

St. John's wort interferes with lots of other drugs too. You should always tell your doctor if you are taking St. John's wort.

### How good is the research on St. John's wort?

We didn't find any studies on using St. John's wort to treat children or teenagers with depression. More research is needed to show if this herbal remedy works for young people and is safe for them.

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## Omega-3 fatty acids

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[How good is the research on omega-3 fatty acids?](#)

This information is for children and young people with depression. It tells you about omega-3 fatty acids. It is based on the best and most up-to-date research.

### Does it work?

We don't know. There hasn't been enough good-quality research to find out.

### What is it?

Omega-3 fatty acids are sold as a food supplement. The full name is omega-3 polyunsaturated fatty acids (sometimes called PUFAs). This supplement is usually made from fish oil.

Some people think omega-3 fatty acids can have a good effect on the brain. But there hasn't been any good-quality research to show if this is true.

### How can it help?

We don't know whether it can help or not. There hasn't been enough good-quality research to find out.

### How does it work?

Omega-3 fatty acids are important for the development of the brain and nervous system. We get omega-3 fatty acids through food, including some nuts and seeds (walnuts and flax seeds are good sources) and fish. <sup>[96]</sup>

Some people think we don't get enough of these types of fatty acids in our diets. They think that taking supplements could improve the way the brain and nervous system work. This might help treat depression. But we don't know if this is true. There hasn't been any good-quality research to show this.



### Can it be harmful?

We don't know. It seems unlikely that supplements of fish oil would be harmful, although some people say they don't like the taste or smell.

### How good is the research on omega-3 fatty acids?

We couldn't find any good-quality research to say whether omega-3 fatty acids can help treat depression in children and teenagers.

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## Fluoxetine plus cognitive behaviour therapy

In this section

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[What is it?](#)

[How can it help?](#)

[How does it work?](#)

[Can it be harmful?](#)

[How good is the research on fluoxetine plus cognitive behaviour therapy](#)

This information is for children and young people with depression. It tells you about fluoxetine plus cognitive behaviour therapy, a treatment used for children with depression. It is based on the best and most up-to-date research.

### Does it work?

Yes. If teenagers are moderately or severely depressed, combining the antidepressant fluoxetine with a talking treatment called cognitive behaviour therapy can help. Having these two treatments together may help more than having either fluoxetine or cognitive behaviour therapy on its own.

We don't know if the combination of treatments works for younger children. No research has been done for this age group.

### What is it?

#### Fluoxetine

Fluoxetine is a type of antidepressant called a **selective serotonin reuptake inhibitor** (SSRI). SSRIs are a newer type of drug used to treat depression. The brand name for fluoxetine is Prozac. People usually take a tablet or capsule once a day, but it is also available as a liquid.

Doctors in the UK are advised that fluoxetine is usually the only antidepressant suitable for people younger than age 18.

The National Institute for Health and Care Excellence (NICE) has published guidelines on treating depression in young people. (NICE is the government body that decides which treatments should be available on the NHS.) Here's what NICE says about giving antidepressants to young people. <sup>[2]</sup>

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- Children aged 5 years to 11 years should be given antidepressants only rarely.
- Teenagers aged 12 to 18 years should be given antidepressants only if a talking treatment doesn't work on its own or if they have severe depression.

NICE says that doctors should give fluoxetine only along with a talking treatment (such as cognitive behaviour therapy) because combined treatment is safer. <sup>[2]</sup>

### Cognitive behaviour therapy

Cognitive behaviour therapy (CBT) is a kind of talking treatment ( psychotherapy ). During CBT, you talk to a therapist about your feelings and problems. You may see your therapist for about 20 sessions spread over 12 weeks to 16 weeks. You can have this kind of therapy on your own or in a group with other people your age.

Therapy for young people will vary depending on the age of the child or teenager, and what the therapist thinks will help. For adults, CBT is based on trying to recognise harmful or unhelpful thoughts. For example, you may think the worst about yourself without realising it. Your therapist tries to help you get rid of negative thoughts and ways of acting.

For children, therapy may also involve trying to find reasons why they are unhappy. This could be something like bullying, problems within the family or the death of a relative or friend. The therapist may also want to look at how the child acts around their family.

The therapist will try to help with behaviour that could make depression worse, such as staying in bed all day or not going to school. They may also try to help the child or young person find ways to express themselves.

In the UK, the National Institute for Health and Care Excellence (NICE) has published guidelines about treating depression in children and teenagers aged 5 to 18. These guidelines recommend CBT as a treatment for depression. <sup>[2]</sup> See [NICE guidelines on depression in children and teenagers](#) .

### How can it help?

For teenagers who are moderately or severely depressed, combining fluoxetine with cognitive behaviour therapy may work better than taking fluoxetine on its own. <sup>[2]</sup> One study included teenagers with depression and lasted 12 weeks. <sup>[97]</sup> It found that:

- About 6 in 10 teenagers felt better after taking just fluoxetine
- But 7 in 10 felt better after taking fluoxetine and having cognitive behaviour therapy
- The combined treatment also worked better at stopping teenagers thinking about suicide.

## Depression in children

Combined therapy is also likely to work better than CBT alone, for some teenagers. In another study, teenagers who had both CBT and fluoxetine felt less depressed than teenagers who just had CBT. <sup>[98]</sup>

However, not all studies show a benefit. One study of 208 teenagers found that having CBT as well as taking fluoxetine worked no better than just taking fluoxetine. <sup>[99]</sup>

### How does it work?

#### Fluoxetine

Antidepressants affect chemicals called **neurotransmitters**. These chemicals help to carry messages between brain cells. SSRIs boost levels of a chemical called **serotonin**. This slowly changes how brain cells behave. It can take several weeks before you can tell if the drugs are working.

Changing the balance of chemicals in your brain can have lots of effects on your body. That's why antidepressants cause side effects.

#### Cognitive behaviour therapy

CBT aims to change the way you think and behave. So if the way you think is making you depressed, CBT should help. If you believe that you're no good at anything or your family doesn't want you, CBT can help you stop thinking that way. You learn to look more positively at yourself and your life.

### Can it be harmful?

#### Fluoxetine

Antidepressants can have side effects when used to treat depression in children. Talk to your doctor about the risks and benefits. Doctors in the UK are advised that fluoxetine is the safest antidepressant for children. <sup>[2]</sup>

Some studies have found that children and teenagers taking selective serotonin reuptake inhibitors (SSRIs) or a similar drug called **venlafaxine** are more likely to think about suicide or try to kill themselves. <sup>[2]</sup>

Because of this risk, doctors have been given special advice about giving SSRIs to children, teenagers and young people. It's confusing because the advice varies from country to country. But here's a brief summary.

In the UK, doctors have been advised that the benefits of using fluoxetine seem to outweigh the risks. <sup>[57]</sup> So, when doctors recommend an antidepressant for young people, they usually choose fluoxetine. But the advice says that fluoxetine, like other SSRIs, may be linked to a small risk that young people might hurt themselves or think about suicide.

## Depression in children

Fluoxetine should be used only on the advice of a doctor who specialises in children's mental health. If your child is given fluoxetine, your doctor should check regularly to make sure your child's depression isn't getting worse instead of better.

In Europe, doctors have been advised that SSRIs, including fluoxetine, shouldn't usually be used to treat depression in people younger than 18. <sup>[58]</sup> If these drugs are used, doctors should keep a careful check on the young person taking them.

In the US, the Food and Drug Administration (FDA for short) checks the safety of drugs. It warns that all antidepressants may increase the risk that a young person will think about or try suicide. <sup>[59]</sup>

Researchers looked at studies of lots of different antidepressants being used to treat several different conditions. Overall, for every 1,000 people under the age of 18 taking an antidepressant, an extra 14 thought about suicide. But none of the young people in the studies actually committed suicide.

There was also a risk for young adults up to the age of 24. But the risk wasn't as big. An extra 5 in 1,000 people aged between 18 and 24 thought about suicide.

Two big summaries of the research looked at the risk of suicide just from fluoxetine. <sup>[42]</sup> <sup>[60]</sup> Neither of the summaries showed an increased risk of suicide for teenagers taking this drug.

For anyone aged 24 and under, doctors in the US are advised to weigh the benefits of antidepressants against the risks. Doctors should keep a close check on young people who are taking an antidepressant, especially during the first months of treatment or when the dose is changed.

You can get withdrawal symptoms if you suddenly stop taking certain drugs. The ones you can get from fluoxetine include: <sup>[63]</sup>

- Feeling dizzy or light-headed, drowsy, sick or tired
- Having a hard time focusing
- Getting headaches.

Children or teenagers who are taking fluoxetine shouldn't stop or reduce their dose suddenly because of the risk of these withdrawal symptoms. <sup>[2]</sup> These symptoms are less likely to happen if your doctor lowers the dose gradually.

### **Serotonin syndrome**

If your child takes too much fluoxetine, they could get a condition called serotonin syndrome. This happens when too much serotonin gets in the body. <sup>[64]</sup> Serotonin syndrome is rare but very serious, and can be fatal.

## Depression in children

The symptoms of serotonin syndrome are:

- Feeling restless
- Having rapid changes in blood pressure (this may not be noticeable)
- Having a rise in body temperature
- Feeling jittery
- Feeling sick
- Vomiting
- Having diarrhoea.

The chance of getting serotonin syndrome may be higher if the dose your child is taking is increased or if they switch from one medicine to another. Taking this type of antidepressant with certain medicines (for example, some other antidepressants and triptans for migraine) may also increase the chance of getting serotonin syndrome, particularly when your child starts taking the other medicine or if the dose of one of the medicines is increased.

Fluoxetine also has other side effects. Young people may not feel like eating and may lose weight when they take fluoxetine. One study of teenagers showed that those who took this drug lost some weight. <sup>[65]</sup>

Some of the teenagers also got: <sup>[65]</sup>

- Headaches
- Vomiting
- Sleep problems
- Muscle twitches (also called tremors).

In most cases, these side effects were mild and went away after a while. And none of the young people had to stop taking the medicine because of these effects.

But in another study, 4 out of 48 children and teenagers stopped taking fluoxetine because they got mania (a very high mood) or a rash. <sup>[52]</sup>

### **Cognitive behaviour therapy**

Most of the research on CBT didn't mention any side effects. <sup>[2]</sup>

## Depression in children

One small study found that some young people started to think about suicide during therapy, even if they'd not thought about suicide before.<sup>[43]</sup> But the young people in this study were just having a talking therapy. Having a talking treatment and taking fluoxetine might help stop suicidal thoughts better than either treatment on its own.<sup>[97]</sup>

### How good is the research on fluoxetine plus cognitive behaviour therapy

There hasn't been much research on combining drugs and talking treatments ( psychotherapy ) for depression in children and teenagers. One study looked at treating teenagers with both the drug fluoxetine and a talking treatment called cognitive behaviour therapy (CBT for short).<sup>[97]</sup>

The study showed that combining fluoxetine with CBT worked better for teenagers with depression than having either fluoxetine alone or CBT alone. In the study, 439 teenagers aged 12 to 17 were given one of the following: fluoxetine alone, CBT alone, a combination of both, or a dummy treatment (a placebo ).

The study found that after 12 weeks, symptoms of depression got better for:

- 7 out of 10 teenagers who had the combined treatment
- 6 out of 10 who had fluoxetine alone
- 4 out of 10 who had CBT alone
- 3 out of 10 who had only the dummy treatment.

After 18 weeks, children who were treated with fluoxetine and CBT were more than twice as likely to have seen an improvement in their symptoms as those who only had fluoxetine.<sup>[54]</sup>

At least 1 in 50 teenagers had side effects from their treatment.

- More than 1 in 10 who had fluoxetine, the combined treatment or the dummy treatment got headaches.
- The other common side effects were stomach problems, drowsiness and sleeping problems.
- Almost 1 in 5 teenagers taking fluoxetine either on its own or combined with CBT had what doctors call psychiatric side effects. For example, some got mania (a very high mood), were irritable or got anxiety. Only 1 in a 100 teenagers having CBT alone and less than 1 in 10 having the dummy treatment had psychiatric side effects.

## Depression in children

Almost 3 out of 10 teenagers thought about suicide before starting treatment. Overall, the teenagers thought about suicide less after treatment. The combined treatment of fluoxetine plus CBT worked best at reducing these thoughts.

However, another smaller good quality study ( [randomised controlled trial](#) ) found no benefit from having CBT as well as fluoxetine, over just taking fluoxetine. <sup>[99]</sup>

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## Lithium

In this section

[Does it work?](#)

[What is it?](#)

[How can it help?](#)

[How does it work?](#)

[Can it be harmful?](#)

[How good is the evidence for lithium?](#)

This information is for children and young people with depression. It tells you about lithium, a treatment used for children with very severe depression. It is based on the best and most up-to-date research.

### Does it work?

We don't know. Lithium isn't often used for young people with depression. It's occasionally used for children and teenagers with very severe depression.

Because lithium isn't used often, there isn't much research on it. And it can have serious side effects.

### What is it?

Lithium was first used to treat adults with a condition called mania (an unusually high and excited mood). It's usually not recommended for children.

A specialist doctor might prescribe lithium for a child or teenager who is severely depressed and if other antidepressants haven't worked. It might be used in hospital along with other antidepressants to help treat depression that keeps coming back.

Some brand names for lithium are Camcolit, Liskonum, and Priadel.

### How can it help?

We don't know if it can help. There's not enough research to show if lithium helps the symptoms of depression in children and teenagers. And we don't know if it can help stop depression coming back later.

### How does it work?

We don't know exactly how lithium works. It's usually used with another antidepressant, because both drugs together might work better than lithium on its own.

## Depression in children

### Can it be harmful?

Yes. Lithium can have side effects. We found one small study that looked at children between 6 and 12 years old.<sup>[100]</sup> Of the 17 children who were given lithium, four stopped taking it because of side effects. Three of the children felt confused while taking the drug. One felt sick and had vomiting.

We know from studies of adults that lithium can cause an upset stomach. It might make you feel sick, make you not feel like eating or give you mild diarrhoea. It can also make you want to drink more and go to the toilet more than usual.<sup>[101]</sup>

If you take lithium for a long time, it can cause:

- Kidney problems<sup>[102]</sup>
- Problems with your thyroid gland (this gland helps control your energy levels)<sup>[103]</sup>
- Trembling of your hands.<sup>[103]</sup>

Too much lithium can have serious and dangerous effects, including fits ( seizures ). If your child is taking lithium, look out for these warning signs:<sup>[104]</sup>

- Blurred vision
- Feeling sleepy
- Feeling giddy
- Having trouble walking straight
- Trembling hands.

Regular blood tests to check the dose should prevent these problems. But if you notice any of these symptoms, call your doctor straight away. Your child may need emergency treatment in hospital.

Lithium's side effects are made worse by low levels of sodium in the body and by dehydration.

- Salt is a form of sodium. So you should make sure your child is getting enough salt in their diet.
- Dehydration happens when the body doesn't get enough fluid. So make sure your child drinks enough.



## Depression in children

Other drugs can cause problems with how the body handles lithium. Some drugs increase, and others decrease the amount of lithium in the blood. Tell your doctor if your child is taking any other medicines, especially over-the-counter ones.

### How good is the evidence for lithium?

We found one small study that looked at whether lithium could help young people with depression. It included 30 children between 6 and 12 years old.<sup>[100]</sup> All of the children had depression. They also had someone in their family with bipolar disorder. People with bipolar disorder swing between very low and high moods. To read more, see [Types of depression](#).

The study compared lithium with a dummy treatment (a placebo). After six weeks, there was no difference between children who took lithium and those who took the placebo. But the study may have been too small to find a difference, even if there was one.

Lithium isn't usually used on its own to treat depression. Sometimes it's added to other antidepressants to stop someone getting mania (a very high mood). But we didn't find any studies of lithium used in this way.

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## Electroconvulsive therapy

In this section

[Does it work?](#)

[What is it?](#)

[How can it help?](#)

[How does it work?](#)

[Can it be harmful?](#)

[How good is the research on electroconvulsive therapy?](#)

This information is for children and young people with depression. It tells you about electroconvulsive therapy, a treatment used for children with very severe depression. It is based on the best and most up-to-date research.

### Does it work?

We don't know if electroconvulsive therapy (ECT for short) works for children or teenagers. But this treatment is rarely given to people in these age groups in the UK.

### What is it?

ECT is a series of electric shocks given to your brain. The shocks are given through electrodes placed on your scalp. You won't feel anything because you get an anaesthetic first. The shocks cause a brief fit (a seizure).

This treatment used to have a bad reputation. In the past, it was probably used too much and on people who didn't need it. It also has side effects. However, ECT is done in a different way now. There's good research to show that it helps some adults with depression.<sup>[105]</sup> But it's not usually recommended for young people.

## Depression in children

In the UK, the National Institute for Health and Care Excellence (NICE) is the government body that decides which treatments should be available on the NHS. It says that ECT shouldn't be used to treat depression in children aged under 11 years. <sup>[2]</sup>

To read more, see [NICE guidelines on depression in children and teenagers](#) .

Doctors sometimes use ECT for older children with very severe depression. It may be used if treatment with drugs hasn't worked, or when the child is so ill (suicidal or not eating) that urgent treatment is needed. ECT is given only in hospital, by someone experienced in using it. <sup>[2]</sup>

ECT can be given to one side of the brain or to both sides. And doctors can make the shocks stronger or weaker depending on how severe a person's depression is. Treatment usually lasts four weeks to six weeks, with two to three sessions a week.

### How can it help?

We didn't find any research that shows ECT is helpful in treating depression in young people. Studies of adults with severe depression have found that those who had ECT got much better than those who got a dummy treatment (a placebo). <sup>[106]</sup> But there isn't any research to show if ECT works for children and teenagers. We also don't know if it can help stop depression coming back later.

### How does it work?

No one knows exactly how ECT might work. Most experts think that the electric shocks increase levels of chemicals in the brain called neurotransmitters . These chemicals carry signals between brain cells.

### Can it be harmful?

There isn't any research on the harms of ECT in children and teenagers. But we do know that this therapy has serious side effects in adults, including loss of memory. You may have trouble remembering things or recognising words. This can last a few weeks or as long as two months. But depression can affect memory too, so it's hard to know just how much of the memory loss is due to the treatment.

ECT to both sides of your brain is more likely to affect your memory than ECT to just one side. And the stronger the ECT, the more likely you are to get a hazy memory. <sup>[106]</sup>

Children and teenagers could be at increased risk for side effects from ECT. So it should be used with caution in young people. <sup>[2]</sup>

### How good is the research on electroconvulsive therapy?

We didn't find any studies on electroconvulsive therapy (ECT for short) in children and teenagers with depression. More research is needed to know if this therapy works in the same way for young people as it does for adults.

## Further informations:

### Teenagers and depression

Everybody feels low now and then. But depression is a real medical illness. It can affect anybody, including teenagers.



Depression can stop you getting the most out of life.

About 8 in 100 teenagers may be depressed, so it's common to feel this way. <sup>[1]</sup>

The good news is you can get treatment and feel better soon. When depression isn't treated, it can last longer and stop you getting the most out of this important time in your life. <sup>[2]</sup> <sup>[3]</sup>

### Symptoms to look for

You may be depressed if you have the two main symptoms below and at least two other symptoms for more than two weeks. <sup>[2]</sup> <sup>[4]</sup>

#### Main symptoms

- You feel sad and you might cry a lot, and your sadness doesn't go away. Or you get upset a lot and little things make you lose your temper.
- You don't feel like doing a lot of the things you used to, such as being with friends, listening to music, or playing sport. You want to be left alone most of the time.

#### Other symptoms

- You don't feel like eating or you eat a lot more.
- You start sleeping a lot or more, or you have problems getting to sleep.
- Life seems like it doesn't have any meaning or like nothing good is ever going to happen again.

## Depression in children

- You feel restless or tired most of the time.
- You feel guilty for no reason, and you feel like you're no good.
- You have a hard time making up your mind. You forget lots of things and it's hard to focus.
- You think about death or feel like you're dying. You may even think about trying to kill yourself.

### When it's more than depression

Sometimes feeling sad can switch to a high mood called mania. When you go back and forth between bouts of mania and bouts of depression, it's known as **bipolar disorder** (it used to be called manic depression, but not many people use this term any more).

When you have mania, you may: <sup>[3]</sup>

- Feel high as a kite
- Get unreal ideas about what you can do
- Have thoughts race through your head
- Jump from one subject to another and talk a lot
- Do wild or risky things
- Need little sleep
- Be rebellious or moody
- Find it difficult to get along at home or at school.

### What to do if you're worried

If you're worried about depression in yourself or your friend, talk to someone who can help you get treatment. You can ask your doctor or school nurse, your parent or your teacher. Most teenagers can be helped with a talking treatment ( psychotherapy ), medicine or both. The sooner you get treatment, the better.

### Depression: the warning signs

If a child seems low, there are treatments that may help stop them getting seriously depressed. So be sure to look out for early warning signs.

Your child (or a young person you teach, care for or know) may be moody and start to lose interest in things they used to enjoy. But their symptoms might not be bad enough to be diagnosed as depression. Doctors call this **subclinical depression**.<sup>[11]</sup>

Children who have mild symptoms like these could be at risk of having their symptoms get worse.<sup>[11] [2]</sup>

Some children are more at risk of getting depressed, because of problems with their family or home. For example, children whose parents have got divorced may be more at risk.

By acting early if you see warning signs, you could stop a child or teenager slipping into depression and other problems, such as alcohol and drug abuse.

Here are some things you can do if you think your child is at risk for depression.<sup>[11]</sup>

- Problems at home or school may have triggered your child's symptoms. For example, they may be being bullied at school, having a hard time keeping up with their work or having problems at home. You can talk to teachers, school counsellors, school psychologists, social workers, or other carers to find out more.
- Talk to your doctor. He or she may advise trying a talking treatment ( psychotherapy ), such as [cognitive behaviour therapy](#) (CBT for short).
- Ask your doctor for information on self-help. Self-help includes things such as written information, help lines, and support groups.
- Ask your doctor for help if your child has sleep problems or is anxious.

### Types of depression

There are four main types of depression.<sup>[4] [9]</sup> Children can get any of these.

#### Major depression

Major depression is serious. A bout (or episode) of this type of depression lasts at least two weeks.

Your child may feel sad, lose interest in activities they used to enjoy, criticise themselves and think that others criticise them too. They may feel unloved, negative, or even hopeless

## Depression in children

about the future. Your child might think that life isn't worth living and may think about suicide.

Children with this type of depression may also be cranky and aggressive. Your child may not be able to make decisions, may have problems concentrating, and may not have any energy or drive. And your child may not care about how they look and keeping clean, and may sleep too little or too much.

Major depression is also called **clinical depression** or **unipolar depression**.

### Dysthymia

Dysthymia is a milder depression, but it lasts longer. A child with this illness will probably feel gloomy or low most days for at least a year (the average is four years). Sometimes children have it for so long that they don't recognise their mood as out of the ordinary. So they may not say they feel depressed.

Seven out of 10 children and teenagers with dysthymia have a bout of major depression later on. And if a young person gets major depression and dysthymia at the same time, it's known as **double depression**.

### Reactive depression

Reactive depression is the most common type of mood problem in children and teenagers.

<sup>[9]</sup> It usually doesn't last long. It might happen after a bad experience, such as a big fight with friends, a letdown, or a loss.

Your child may feel sad or sluggish for as little as two hours or as long as two weeks. But this mood will probably lift on its own, once your child joins in a new or fun activity.

### Bipolar disorder

Bipolar disorder is a mood disorder in which people get abnormally high moods (mania). They may swing between these high moods and low moods (depression). It's also called **manic depression**. It often begins in the teenage years. The first symptom is usually a bout of depression. The first signs of the mania part may not happen for months or years later.

Mania is different from depression. If you're a teenager with mania, you have lots of energy and confidence. You have a hard time sleeping but don't feel tired. You talk a lot, often speaking fast or loudly. Your thoughts may be racing. You may do school work quickly but in a mixed-up way. And you may think you have special abilities and that you're very important.

Some of the treatments for bipolar disorder differ from those described here for depression. We don't cover treatments for bipolar disorder in these pages.

### Would my child attempt suicide?

If children or teenagers are depressed, certain things can put them at high risk for suicide.

These include: <sup>[31]</sup> <sup>[32]</sup>

- Acting rashly or aggressively
- Having tried suicide before
- Having another mental health problem, such as an [eating disorder](#)
- Having been abused physically or sexually
- Having lost or been apart from a parent
- Being attracted to and having sex with someone of the same sex
- Abusing alcohol or drugs
- Having a family member who has tried suicide
- Being able to get at something they can use to kill themselves, such as a gun
- Not having any close family or friends.

If you think that your child, or a child that you know or teach, may be at risk for suicide, here are some things you can do.

- Try to talk to your child, to make them feel less alone and more hopeful.
- Make sure your child has phone numbers to use in case of an emergency.
- Have an agreement between you, your child and a doctor. Your child agrees to tell an adult and their doctor if they feel suicidal. <sup>[31]</sup>
- Don't leave lots of medicines around, including over-the-counter ones.
- Make an emergency action plan with your doctor to use if your child is suicidal.
- If your child starts saying they want to die or starts saying it more often, call your doctor straight away.

## Depression in children

We don't really know the best treatment for children and teenagers who feel suicidal.<sup>[31]</sup> There isn't enough research to tell us. A talking treatment ( psychotherapy ) may help. Depressed teenagers who are suicidal can benefit as much from [cognitive behaviour therapy](#) as those who don't think about suicide.<sup>[33]</sup> Your child may need to stay in hospital for treatment if they are suicidal.

Some drug treatments for depression have been linked to young people thinking about or even trying suicide. To read more, see [Drug treatments for depression in children](#) .

### Side effects of MAOIs

Monoamine oxidase inhibitors (MAOIs) are drugs that can be used to treat depression, but they're very rarely used in children or teenagers. But if your child is prescribed MAOIs, they should avoid food that has **tyramine** in it. Tyramine is found in:<sup>[85]</sup>

- Tofu
- Fava beans
- Cheese (except cream cheese and cottage cheese)
- Any meat, poultry or fish that's not fresh
- Any meat, poultry or fish that's smoked, fermented, pickled or aged (such as pickled herring, sausage, pepperoni and salami)
- Sauerkraut
- Any food that has spoiled
- Alcoholic drinks (and even low-alcohol drinks such as alcohol-free lager).

Eating any of these things while taking an MAOI can dangerously increase your blood pressure . The first sign of very high blood pressure is usually a throbbing headache. If this happens, see your doctor straight away.

In studies of adults, the most common side effects in people taking MAOIs were:<sup>[86]</sup>

- Low blood pressure , which makes you feel faint
- Dizziness
- Blurred vision



# Depression in children

- Goose bumps
- Difficulty sleeping
- Trembling
- Problems with sex, including being unable to have an orgasm.

MAOIs also react with lots of over-the-counter drugs, such as most cough medicines and decongestants. If your child takes MAOIs it's important that you mention it to your pharmacist before buying over-the-counter drugs for them.

MAOIs can also react dangerously with most other antidepressants.

## Glossary:

### **psychotherapy**

Psychotherapy is a talking treatment. It is given by trained therapists (such as a psychiatrists, psychologists or social workers). Psychotherapy usually consists of regular sessions (often weekly) between the therapist and the patient. There are many types of psychotherapy, including cognitive behavioural therapy and interpersonal therapy.

### **neurotransmitters**

Neurotransmitters are chemicals that help to carry messages between nerve cells. Serotonin, dopamine, and norepinephrine (noradrenaline) are all neurotransmitters.

### **noradrenaline**

Noradrenaline is a neurotransmitter, which is a chemical that helps to send information between nerve cells. It is similar to adrenaline. Your body produces adrenaline when you're in stressful situations, which increases your blood pressure and heart rate.

### **serotonin**

Serotonin is a neurotransmitter, which is a chemical that helps to send information from a nerve cell to other cells. It is thought to play a role in learning, sleep and control of mood.

### **hormones**

Hormones are chemicals that are made in certain parts of the body. They travel through the bloodstream and have an effect on other parts of the body. For example, the female sex hormone oestrogen is made in a woman's ovaries. Oestrogen has many different effects on a woman's body. It makes the breasts grow at puberty and helps control periods. It is also needed to get pregnant.

### **puberty**

Puberty is the time when boys and girls develop secondary sexual characteristics. For boys, the major changes include pubic hair, a deeper voice, and growth of their penis and testicles. For girls, major changes include pubic hair, breasts and starting to have periods. After puberty, girls are able to become pregnant and boys are able to father children.

### **genes**

Your genes are the parts of your cells that contain instructions for how your body works. Genes are found on chromosomes, structures that sit in the nucleus at the middle of each of your cells. You have 23 pairs of chromosomes in your normal cells, each of which has thousands of genes. You get one set of chromosomes, and all of the genes that are on them, from each of your parents.

### **infection**

You get an infection when bacteria, a fungus, or a virus get into a part of your body where it shouldn't be. For example, an infection in your nose and airways causes the common cold. An infection in your skin can cause rashes such as athlete's foot. The organisms that cause infections are so tiny that you can't see them without a microscope.

### **anorexia**

Anorexia is an eating disorder. People who have anorexia starve themselves because they think they are too fat. They do this even when they are very thin. It is most common among teenage girls. Doctors may call it anorexia nervosa.

### **bulimia**

Bulimia is a psychological illness. People who have it tend to eat too much at one time (called bingeing) and then do something to keep from gaining weight. For example, they may make themselves sick or do too much exercise.

# Depression in children

## **bipolar disorder**

Bipolar disorder is a disease that involves serious mood swings. It's also called manic depression. People with bipolar disorder have had, at least once, an episode of either mania or hypomania, which is where they felt very excited and energetic, and their behaviour may have been out of control. They're also likely to have had a major depression, which is a period when their mood was very low.

## **eating disorder**

If you have an eating disorder, you may not be eating or thinking about food in a healthy way. People with eating disorders tend to eat too much or too little and to worry a lot, often about their weight or how they look. Common eating disorders are bulimia and anorexia nervosa.

## **thyroid gland**

Your thyroid gland is a small organ that sits in your neck, just in front of your windpipe. It sends out a hormone called thyroxine. This acts on receptors within cells. By acting on the receptors it gives the cells a message to speed up their metabolism and work harder.

## **anaemia**

Anaemia is when you have too few red blood cells. Anaemia can make you get tired and breathless easily. It can also make you look pale. Anaemia can be caused by a number of different things, including problems with your diet, blood loss and some diseases.

## **sleep apnoea**

Sleep apnoea is a condition in which you stop breathing for ten seconds or longer while you are asleep. This may happen frequently throughout the night and make you feel tired the next day.

## **systematic reviews**

A systematic review is a thorough look through published research on a particular topic. Only studies that have been carried out to a high standard are included. A systematic review may or may not include a meta-analysis, which is when the results from individual studies are put together.

## **randomised controlled trials**

Randomised controlled trials are medical studies designed to test whether a treatment works. Patients are split into groups. One group is given the treatment being tested (for example, an antidepressant drug) while another group (called the comparison or control group) is given an alternative treatment. This could be a different type of drug or a dummy treatment (a placebo). Researchers then compare the effects of the different treatments.

## **placebo**

A placebo is a 'pretend' or dummy treatment that contains no active substances. A placebo is often given to half the people taking part in medical research trials, for comparison with the 'real' treatment. It is made to look and taste identical to the drug treatment being tested, so that people in the studies do not know if they are getting the placebo or the 'real' treatment. Researchers often talk about the 'placebo effect'. This is where patients feel better after having a placebo treatment because they expect to feel better. Tests may indicate that they actually are better. In the same way, people can also get side effects after having a placebo treatment. Drug treatments can also have a 'placebo effect'. This is why, to get a true picture of how well a drug works, it is important to compare it against a placebo treatment.

## **diarrhoea**

Diarrhoea is when you have loose, watery stools and you need to go to the toilet far more often than usual. Doctors say you have diarrhoea if you need to go to the toilet more than three times a day.

## **dopamine**

Dopamine is a neurotransmitter, which is a chemical that helps messages pass between brain cells and other cells. Dopamine plays a role in your mood, and your physical movements.

## **blood pressure**

Blood pressure is the amount of force that's exerted by your blood on to your blood vessels. You can think of it like the water pressure in your home: the more pressure you have, the faster and more forcefully the water flows out of the shower. Blood pressure is measured in millimetres of mercury (written as mm Hg). When your blood pressure is taken, the measurement is given as two numbers, for example 120/80 mm Hg. The first, higher, number is called the systolic pressure, and the second, lower, number is the diastolic pressure. The systolic number is the highest pressure that occurs while your heart is pushing blood into your arteries. The diastolic number is the lowest pressure that happens when your heart is relaxing and is not pushing your blood.

## **low blood pressure**

If your blood pressure is about 100/60 or less, your doctor may say that you have low blood pressure. Low blood pressure is usually not a problem unless it becomes too low to push blood to your brain and the rest of the body. If you have low blood pressure, you may sometimes feel dizzy when you stand up.

## **migraine headaches**

These are severe headaches that last four to 72 hours. They often cause other symptoms such as queasiness (nausea) or being extra-sensitive to sound or light.

## **Epilepsy**

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Epilepsy is a condition that affects your brain. If you have epilepsy, the normal electrical activity in your brain gets disturbed from time to time. This leads to seizures (also called fits).

## **eczema**

Eczema is a very itchy rash. It may be dark and bumpy and release fluid. Scratching makes it worse. You can get eczema anywhere on your body, but it is most common on the wrists, the insides of the elbows and the backs of the knees. If you have asthma or allergies you are more likely to get eczema than someone who doesn't have these conditions.

## **HIV**

HIV stands for human immunodeficiency virus. It's the virus that causes AIDS. It makes you ill by damaging cells called CD4 cells. Your body needs these cells to fight infections. You can get HIV by sharing needles for injecting drugs, or by having sex without a condom with someone who has the virus.

## **antidepressant**

Antidepressants are medicines used to treat depression and sometimes other conditions. They work by changing the levels of chemicals in your brain called neurotransmitters. There are three main types of antidepressants, which work in different ways: selective serotonin reuptake inhibitors (SSRIs), monoamine oxidase inhibitors (MAOIs) and tricyclic antidepressants (TCAs).

## **kidney**

Your kidneys are organs that filter your blood to make urine. You have two kidneys, on either side of your body. They are underneath your ribcage, near your back.

## **seizure**

A seizure (or fit) is when there is too much electrical activity in your brain, which results in muscle twitching and other symptoms.

## **anaesthetic**

An anaesthetic is a chemical that blocks the ability to feel sensations like pain or heat. A local anaesthetic blocks the feeling in a specific area of the body. For example, your dentist uses a local anaesthetic like lignocaine in your gums so that you don't feel the pain of having a cavity filled. A general anaesthetic makes you completely unconscious and is usually used only in a carefully controlled environment like an operating room.

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This information is aimed at a UK patient audience. This information however does not replace medical advice. If you have a medical problem please see your doctor. Please see our full [Conditions of Use](#) for this content. For more information about this condition and sources of the information contained in this leaflet please visit the Best Health website, <http://besthealth.bmj.com> . These leaflets are reviewed annually.

