

Treatment Strategies for Depression in Youth

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There is a well-developed literature on depression in adults, including risk factors, phenomenology, correlates, course, and biological substrates (Kessler et al., 2003). Examination of both psychopharmacologic and psychosocial treatments is extensive (de Maat, Dekker, Schoevers&de Jonghe, 2007), and treatment guidelines have been developed to direct clinicians' interventions (American Psychiatric Association, 2006). However, examination of depression in youth has commenced much more recently, and the research literature to guide treatment is less well-developed. The last 25 years have seen a surge in our understanding of the phenomenology, course, correlates and etiology of youth depression. Despite the many questions that remain, the field has moved forward in the development of efficacious treatment strategies.

Recent data support the use of selective serotonin reuptake inhibitors (SSRIs) in the treatment of youth depression (Emslie, et al. 1997; 2002; Keller et al., 2001; Wagner et al., 2003, 2004) but do not suggest efficacy for tricyclic antidepressants (Keller et al., 2001). Given the rates of adverse events in clinical trials with youth (Cheung, Emslie&Mayes, 2005), their limited efficacy (Hamrin&Scahill, 2005), and recent concerns about the potential for increased risk of self-harm associated with SSRIs in youth (United States Food and Drug Administration, 2004), there is a strong need for the development of effective psychosocial treatments as treatment alternatives and supplements to medication in the comprehensive treatment of depressed youth.