

Children with depression: What's the long-term outlook?

In short....

Depression is very likely to recur or persist in children or adolescents as they mature into adulthood. Girls are more likely to have recurrent episodes of depression, while boys are more likely to have persistent depression and later severe mental illness. This is a group that needs to be followed up over a long period of time to prevent recurrence and to reduce persistence.

The Issue: It is believed that children and adolescents who experience episodes of depression early in life are more likely than other people to continue to suffer from mood problems as they become adults. However, little is known about how depression manifests itself as children mature, and what affects whether or not depression will go on to be a life-long problem. Understanding its “natural history” (how the condition progresses and changes through time) could aid in the development of effective treatments.

The Research: This study followed children and teenagers with depression to see what the consequences were as they became adults. 155 children and teenagers were selected for the study because of their recurrent and/or persistent episodes of depression. In either 1991-2 or 1995-6, 120 of them were recruited for a long-term study while they attended two mental health clinics in England. A further 35 children or teens with depressive symptoms were recruited from the community. 38 children from the same area who had no history of mental health problems served as the [control group](#). All the children were between 8 and 17 years of age when the study began.

The Results: At the beginning of the study, the participants were tested for major depression, for [dysthymia](#), and for antisocial and borderline personality disorders using standardized tests.

Children in the clinic group tended to have more severe symptoms, had greater impairment, more suicide attempts, more symptoms of psychosis, and were younger when their depression began than those in the community group. They had received more treatment and medications, as well. There was no difference between the clinic and community groups, though, in self-reports of feeling depressed. 113 participants were available at follow-up at about the age of 23.

More than half of the clinic and community participants had a mood problem at follow-up. For about 40% the depression was recurrent, that is, there were episodes of depression with relatively normal functioning between them. Nearly 20% had experienced persistent depression since childhood or adolescence. Females were more likely to have recurrent depression, while males were more likely to have persistent depression. For those with persistent depression, there were high rates of psychotic illness, substance abuse, and suicidal thoughts or suicide attempts. There were no reported suicides.

More than 90% of those in the community group recovered from their first episode of depression within 3 years. Only about 50% of the control group did, probably because they had worse symptoms to begin with. Boys were at higher risk than girls of becoming severely or chronically mentally ill.

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The preceding is a summary of: Dunn V, Goodyer IM. *Longitudinal investigation into childhood and adolescence-onset depression: psychiatric outcome in early adulthood*. British Journal of Psychiatry 2006, 188: 216-222.