Stress & Mental Disorders
35th Annual Health Conference

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Disclosures
None pertinent to this presentation
Learning Objectives

• Be aware of the common mental disorders diagnosed in youth.

• Understand how to talk with kids and teens about mental disorders including suicide.

• Knowledge of the different types of psychotropic medications prescribed in pediatrics and common side effects of each.
Mental Disorders in Youth

Prevalence
1 in 5 children diagnosed w/ Mental Disorder

Risk factors: biological, psychological, social
1 in 3 reach out for help
less than 20% receive treatment

Top three causes of death in 15-24 yoa
accidents, homicide & suicide
Mental Health Matters

Hurting on the inside, but smiling on the outside, seems to be everyone’s story.

So stop feeling alone -
Give your mental health the attention it deserves!
It’s okay!!

- Katrina Broner

Need to Talk?
1 (800) 273-TALK
Attention Deficit Hyperactivity Disorder (ADHD)

I. Persistent pattern of Inattention &/or Hyperactivity-Impulsivity that interfere with functioning or development.

II. Symptoms present for at least 6 months (& several prior to 12 yoa).

III. Degree is maladaptive & inconsistent with developmental level.

IV. Impairment in two or more settings.

V. Clear evidence symptoms interfere with quality of social, academic or occupational functioning.
Is it ADH-D...?!
Depressive Disorders in Youth

- Subsyndromal depressive symptoms in 5-10%
- Prevalence Major Depression
  - 2% children
    - male to female ratio of 1:1
  - 4 to 8% adolescents
    - twice as many females
Major Depression

Five or more symptoms present for same 2 weeks & change from normal functioning at least one symptom is either:

depressed mood most of the day, everyday
markedly diminished interest or pleasure
significant weight loss or gain
sleep disturbances
fatigue
loss motivation
psychomotor agitation / retardation
feelings of worthlessness
problems with concentration
suicide ideation
Bipolar Disorder

Manic Episode

A. Distinct period

abnormal & persistently elevated, expansive or irritable mood
abnormal & persistently increased goal-directed activity/energy
duration at least 1 week
present most of the day, nearly every day
Bipolar Disorder

Manic Episode

B. Accompanied by 3 or more symptoms

- inflated self esteem or grandiosity
- decreased need for sleep
- more talkative than usual / pressure to keep talking
- flight of ideas/subjective experience thoughts are racing
- distractibility
- increase goal-directed activity: socially, school, sexually
- excessive involvement in activities w/high potential for painful consequences.
YOU ARE
WONDERFUL
$ YOU HAVE TO
BELIEVE THAT
Anxiety Disorders in Youth

- Separation Anxiety Disorder
- Social Anxiety Disorder (Social Phobia)
- Generalized Anxiety Disorder
- Selective Mutism
- Specific Phobia
Substance Use in Youth

Monitoring the Future - 2007
National survey 48,000 students over 400 schools
illicit drug use (other than alcohol):
  8 graders  = 19 %
  10 graders = 36 %
  12 graders = 47 %

Substance use without significant consequences = common
Stress & Mental Disorders

• Peer/social problems
  – early peer bullying
  – rejection & neglect by peers
  – social skills deficits

• Negative life events
  – loss of family member
  – parental separation/divorce
  – exposure community violence
Suicide terminology

• self harm behaviors
  – repetitive self-cutting w/ motivation to
    • relieve anger, sadness or loneliness

• suicide
  – fatal, self inflicted act w/ intent to die

• suicide attempt
  – nonfatal self inflicted, destructive act w/ intent to die

• suicidality
  – all suicide-related behaviors & thoughts
Youth Suicide

• Risk factors
  – sociocultural
  – developmental
    • same-sex attraction & sexual behavior (males)
  – psychiatric & psychological
    • suicidal ideations w/depressive disorders = very common
  – family environmental

• Access to means
  – remove all firearms from home
  – lock up all prescription & over the counter medicines
Youth and high risk behaviors

• Precipitants to suicidal behavior
  – interpersonal conflict or loss
  – legal & disciplinary problems
• 1/3 adolescent suicide victims had homicidal ideations the week prior to their suicide
• Motivation
  – to die or permanently escape a painful situation.
Suicidal ideations

**Ego syntonic**
‘I know my family will be better off without me’
‘Life is too hard, too much pain. I just want to end it all’
‘Nobody cares about me. It is as if I am already dead’
‘I have nothing to live for’

**Ego dystonic**
‘I am having suicidal thoughts again and I don’t like it’
‘I’m afraid the illness is coming back. I can’t stop these images’
‘I have so much to live for, why am I having such crazy thoughts’
Youth Suicide

• Protective factors
  – positive parent-child connection
  – active parental supervision
  – clear academic & behavioral expectations
Youth Mental Health Awareness

School-Based Interventions

• Climate
  supportive & welcoming atmosphere
  respectful peer & adult relationships
  high expectations for achievement & self-regulation
  fair & effective discipline

• Connectedness
  sense of bonding & commitment a student senses as a result of caring staff
YOU ARE GOOD ENOUGH
Psychopharmacology in Pediatrics

• Developmental Aspects
  – faster metabolism & elimination

• Safety and Efficacy
  – clinical trials showing therapeutic value comparable to nonpsychiatric drugs used in pediatrics
  – evidence-based treatment algorithms

• Regulatory
  – Best Pharmaceuticals for Children Act, 2002
  – Pediatric Research Equity Act, 2003
Psychotropic medication among youth

Considered when the severity of symptoms interfere with psychotherapy approaches

National study psychotropic medicine appropriately prescribed among U.S. teenagers

Not overused or misused

Archives of Pediatrics & Adolescent Medicine, Dec 2012.
Psychotropic medication among children

Center for Disease Control (CDC)

ADH-D - 8.6%
Mood Disorders - 4%
  Major Depression - 3%
Conduct Disorder - 2%
Anxiety Disorders - 1.4%
Eating Disorders - 0.1%
Psychotropic medication among teens
National Co Morbidity Study – Adolescent Supplement (NCS-A)
over 10,000 teens surveyed
14 % treated with psychotropic medication
  31 % ADH-D
  19 % Mood Disorders
  19 % Eating Disorders
  11 % Anxiety Disorders
ADH-D Medications

two types stimulants

I. Methylphenidate derivatives

*FDA approved for 3 years & up*

- Ritalin tablet, LA & SR
- Methyl lin tablet, chewable & solution
- Methyl lin ER
- Metadate CD
- Concerta (extended release tablet)
- Daytrana patch

Dexmethylphenidate

- Focalin tablet, XR
ADHD Medications
two types stimulants

II. Amphetamine Derivatives

*FDA approved for 3 years & up*

Dextroamphetamine

Dexedrine tablet & Dexedrine spansule
Procentra (5mg/ml – bubble gum flavor)

Mixed amphetamine salts

Adderall tablet & Adderall XR

Lisdexamfetamine dimesylate

Vyvanse
Stimulants

Voluminous data = safe & effective
contraindication
- cardiac pathology/family history of dysrhythmias

Amphetamine versus Methylphenidate
• review of studies w/trial both
• suggests initial response rate 85% Preschool
  Arnold, 2000

ADHD Treatment Study (PATS)
• NIMH funded of 3-5 yoa w/ Methylphenidate
• highly effective
• higher rate emotional side effects
  Greenhill et al, 2006
Stimulants

Common adverse effects
  appetite suppression, sleep disturbance
  nausea, upset stomach, headache

FDA black box warning
  – potential for abuse
    • no clear evidence support
  – naturalistic evidence
    • associated with significantly decreased risk for subsequent substance use disorders in ADH-D youth. (Biederman et al. 1999)
ADH-D Medications
Non-Stimulant

I. Atomoxetine (Strattera)

- FDA approved 6 years & up
- Max efficacy not seen for 1 month
- Less effective than stimulants
- Co-morbid diagnoses: ADH-D and Anxiety
- Combined with stimulant agent
- Adverse effects:
  - Nausea, drowsiness
  - Suicidality
  - Pancreatitis (rare)
II. Alpha-Agonists

max efficacy not seen for 4 weeks
adverse effects: sedation, irritability, (rare cardiovascular)
caution – do not abruptly stop

Guanfacine
  tablet
  Intuniv (extended release capsule) – once daily

Clonidine
  tablet
  Kapvay (extended release) - BID
Antidepressant Agents

In 2003, increase in SSRI Rx & a dramatic decline in adolescent suicide (Olfson et al)

In 2004, FDA issued black box warning for suicidality. Clinical significance of studies are uncertain.

In 2007, as number of prescriptions decreased, the rates of suicide increased (Hamilton et al)
Antidepressant Agents

Treatment for 
anxiety & depressive disorders

FDA indication for Major Depression

- fluoxetine (Prozac) 8 years & up
- sertraline (Zoloft) 6 years & up
- escitalopram (Lexapro) 12 years & up

Research

high placebo response, especially in children

Risk- Benefit & careful monitoring
Autistic Spectrum Disorder

- Psychopharmacological treatment
  - Aggression, temper outbursts & irritability
  - FDA indication
    - Risperidone
    - Aripiprazole
“Too often we underestimate the power of a touch, a smile, a kind word, a listening ear, an honest compliment, or the smallest act of caring, all of which have the potential to turn a life around.”

— Leo Buscaglia
Youth Mental Health Awareness

SAY ANYTHING.
It’s time we talked about mental health.
Share what’s on your mind.

OK2TALK.ORG

National Association of Broadcasters Campaign
July 23, 2013