1Unit 6 School age Fears in shool age ?Examples Parents of infants and children with depression often report noticing the following behavior changes in the child: o Crying more often or more easily o Increased sensitivity to criticism or other negative experiences o More irritable mood than usual or compared to others their age and gender, leading to vocal or physical outbursts, defiant, destructive, angry or other acting out behaviors o Eating patterns, sleeping patterns, or significant increase or decrease in weight change, or the child fails to achieve appropriate gain weight for their age o Unexplained physical complaints (for examples, headaches or abdominal pain) o Social withdrawal, in that the youth spends more time alone, away from friends and family o Developing more "clinginess" and more dependent on certain relationships (This is not as common as social withdrawal.) o Overly pessimistic, hopeless, helpless, excessively guilty or feeling worthless o Expressing thoughts about hurting him or herself or engaging in self-injury (like cutting or burning him or herself), reckless or other potentially harmful behavior o Young children may act younger than their age or than they had before (regress). SLIDESHOW Learn to Spot Depression: Symptoms, Warning Signs, MedicationSee Slideshow Diagnosis of depression ? Extract depression from other other mental health conditions as:, ? attention deficit hyperactivity disorder (ADHD), autism-spectrum disorders, bipolar disorder, posttraumatic stress disorder (PTSD), obsessive compulsive disorder (OCD), and anxiety disorders, ? Screen for signs and symptoms of: ? manic depression (bipolar disorder), a history of trauma, and other mental health symptoms. ? Role out medical problems, or it can be a side effect of various medications, exposure to drugs of abuse or other toxins. ? routine laboratory tests during the initial assessment to rule out other causes of symptoms. ? Diagnostic evaluation as: X-ray, scan, or other imaging study. ? Series of questions from a standardized questionnaire or self-test to help determine the risk of depression and suicide. What should parents do if they suspect that their child is depressed? ? Seeking professional medical, mental treatment for the depressed child. ? Promote good mental health by ? Encouraging him or her to have a healthy lifestyle, including ? healthy diet, including adequate water intake ? Enough sleep, ? Regular exercise ? Remain socially active ? Engage in healthy stress-management activities. What is the treatment for depression in children? ? Alleviating any medical condition that causes or worsens depression. As treat thyroid deficiecy hormone with levothyroxine (Synthroid). ? Supportive therapy: ? like lifestyle and behavioral changes, psychotherapy, complementary treatments, ? If symptoms are severe medical Rx with supportive for six months to a year to prevent a reoccurrence of symptoms. ? Psychotherapy ("talk therapy") ?o Feeling sad or blue and/or irritable or seeming that way as observed by others (for examples, tearfulness or otherwise looking persistently sad, or angry) o Significant appetite changes, with or without significant weight loss, failing to gain weight appropriately or gaining excessive weight o Change in sleep pattern: trouble sleeping or sleeping too much o Physical agitation or retardation (for example, restlessness or feeling slowed down) o Fatigue or low energy/loss of energy o Difficulty concentrating o lack of interest in daily activities o loss of energy, o Feeling worthless, excessively guilty, or tend to self-blame o Thoughts of death or suicide Children with depression may also experience the classic symptoms but may exhibit other symptoms as well, including o impaired performance of schoolwork, o persistent boredom, o quickness to anger, o frequent physical complaints, like headaches and stomachaches, o More risk-taking behaviors and/or showing less

concern for their own safety.herbal supplements like St. John's wort and dietary supplements like vitamin C and B complex vitamins as remedies for depression What is the prognosis for depression in children?o Interpersonal therapy (ITP) and cognitive behavioral therapy (CBT) are the major approaches commonly used to treat childhood depression.Biologically, depression is associated with a deficient level of the neurotransmitter serotonin in the brain, a smaller size of some areas of the brain and increased activity in other parts of the brain.IPT uses two strategies to achieve those goals: o Educating the child, his or her parents, and other family members about the nature of depression: The therapist will reassure the child and his or her loved ones that depression is a common illness and that most people tend to improve with treatment.o Defining problems (such as abnormal grief or interpersonal conflicts): The therapist can help the child set realistic goals for solving problems and work with him or her and the child's family using different treatment techniques to reach these goals.o Cognitive component: This promotes identifying the thoughts and assumptions that play a role in the child's behaviors, especially those that may predispose the sufferer to being depressed.antidepressant medications o Common side effects can include dry mouth, upset stomach, nausea, tremor, insomnia, blurred vision, constipation, and dizziness.Phobias are a type of anxiety disorder According to the DSM, specific phobias typically fall within five general categories related to objects and situations : ?Depressive disorders are characterized by pervasive mood changes that affect all aspects of an individual's daily functioning.Phobias: ?????????... ??????????????????????????????