



Pediatric Academic Societies Meeting

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Ordinary Sounding Expressions of Teen Angst May Signal Early Depression

Research at 2017 Pediatric Academic Societies Meeting finds that teens developing depression likely to use terms such as feeling “stressed” rather than “depressed.”

SAN FRANCISCO – While it’s estimated at least one in 10 teens in the U.S. suffer from depression at some point, few will use the word “depressed” to describe negative emotions hanging over them. Instead, new research at the 2017 Pediatric Academic Societies Meeting in San Francisco suggests, they’re likely to use terms such as “stressed,” or “down,” and other words that may sound like ordinary teen angst but could be a signal of more serious, pre-depressive symptoms.

Researchers will present the abstract, “Understanding teen expression of sadness in primary care: A qualitative exploration” on Sunday, May 7, at the Moscone West Convention Center. For the study, they analyzed a sample of screening interviews with 369 teens ages 13 and 18 at risk for depression who participated in the Promoting Adolescent Health Study (PATH), a large, randomized control trial funded by the National Institutes of Mental Health.

“Much of what a teen is feeling and experiencing is easy to attribute to the ups and downs of teen angst,” said abstract co-author Daniela DeFrino, PhD, RN, an assistant professor of research in the University of Illinois at Chicago College of Medicine and College of Nursing. “But, sometimes, there is so much more under the surface that can lead to depression,” she said.

For the PATH study, adolescents who reported feeling down irritable or hopeless during the past two weeks in private, written responses to two brief screening questions received a call from the study team. During the call, researchers used validated measures to screen for those at risk for depression.

“Teens rarely stated they were depressed, but described bursts of feeling stressed and sad that often came and went,” DeFrino said. For example, a teen might say, “I always find somehow to go back to stressful mode,” DeFrino said, or, “I get really mad at people very easily. They don’t understand why I’m upset. Sometimes I don’t either.”

Other common symptoms the teens in the study reported:

- Increased anger and irritability toward others.
- Loss of interest in activities they previously enjoyed.
- Marked difficulty falling and staying asleep, as well as sleeping too much.

Recruited from the Chicago and Boston areas, PATH study participants were 68 percent female, 21 percent Hispanic, 26 percent African-American and 43 percent white. More than half of the teens’ mothers and fathers (60 percent and 54 percent, respectively) were college graduates.

DeFrino said the teens often noted school pressure related to homework and expectations to succeed as sources of stress and difficulty. Arguments with parents, verbal and emotional abuse, divorce, separation, neglect, sexual abuse and home relocation were among major reasons cited for worsening mood. Teens also often attributed new feelings of sadness to deaths from illness and suicides of family members or friends.

The researchers also noted that, unrelated to expressed feelings of depression, two-thirds of the teens had visited their primary healthcare providers for physical illnesses such as ulcers, migraines, stomach pains and fatigue. These visits could offer an opportunity for a health care provider to identify feelings and check in with mental health concerns as well, DeFrino said.

“Teens may be experiencing a lot of internal turmoil and difficult life stresses that we can easily overlook if we don’t probe with sensitive questioning and understanding,” DeFrino said. “Reframing these feelings as outward symptoms of pre-depression by the primary care provider would allow for connection to and discussion about the importance of mental health with the teen and parent.”

Dr. DeFrino will present the abstract, “Understanding teen expression of sadness in primary care: A qualitative exploration,” at the Mental Health/Substance Use poster session from 4:15 p.m. to 7:30 p.m.

Please note: only the abstract is being presented at the meeting. In some cases, the researcher may have more data available to share with media, or may be preparing a longer article for submission to a journal. Contact the researcher for more information.

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The Pediatric Academic Societies (PAS) Meeting brings together thousands of individuals united by a common mission: to improve child health and wellbeing worldwide. This international gathering includes pediatric researchers, leaders in academic pediatrics, experts in child health, and practitioners. The PAS Meeting is produced through a partnership of four organizations leading the advancement of pediatric research and child advocacy: Academic Pediatric Association, American Academy of Pediatrics, American Pediatric Society, and Society for Pediatric Research. For more information, visit the PAS Meeting online at www.pas-meeting.org, follow us on Twitter @PASMeeting and #pasm17, or like us on Facebook.

ABSTRACT

TITLE: Understanding teen expression of sadness in primary care: A qualitative exploration

Background: The lifetime and 12-month prevalences of depression in adolescents are believed to be 11% and 7.5%, respectively. The prevalence of teen depression in primary care settings is estimated as twice that in community samples. It is the role of the Primary Care Provider (PCP) to recognize and investigate early signs of depression in adolescents. However, there are barriers such as time, inadequate training, dearth of referral sources, and lack of health care coverage. Understanding how adolescents express pre-depressive symptoms and coping strategies may help PCPs in depression prevention.

Design/Methods: The PATH study (Promoting Adolescent Health Study)—a large, multi-site, NIMH-funded, depression prevention trial of N=446 adolescents—was completed in 2016. The screening process for PATH included semi-structured diagnostic hour-long Kiddie–Schedule for Affective Disorders and Schizophrenia for School-Age Children interviews. We chose N=24 of these interviews for qualitative content analysis to explore how adolescents express pre-depressive symptoms and coping. Analysis was conducted until data saturation occurred and patterns emerged.

Results: Teens rarely stated they were “depressed,” but used terms such as “stressed” or “sad” to describe feelings that came and went, often in “bursts.” The majority noticed increased anger and irritability toward others. Teens mentioned new feelings of apathy toward prior interests. They overwhelmingly discussed marked difficulty falling and staying asleep. Consistently they noted school pressure related to homework and expectations to succeed were sources of stress and difficulty. Family discord was a major stressor related to mood worsening. Examples include: arguments with a parent or in the household, divorce, separation, neglect, sexual abuse and moving. Notably many teens had visited their PCPs for physical illnesses such as ulcers, migraines, stomach pains, difficulty sleeping, and fatigue – all unrelated to expression of feelings of depression. Having friends to spend time with and talk to helped the teens cope with stressors.

Conclusion(s): The findings identify often common and seemingly innocuous topics and feelings PCPs should tune into with teens, exploring with inquiry and probing, during both annual and episodic visits. Reframing of these feelings as outward symptoms of pre-depression by the PCP would allow for connection to mental health and allow for opening the discussion of mental health with the teen and parent.