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Case Report

Major depressive disorder with unusual symptoms in a school going child

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ABSTRACT

Major depressive disorder is an important public health concern. Early childhood onset of depression can be severe and may lead to grave consequences. Now-a-days major depression disorder is one of the most common psychiatric disorders in children but due to the variation in clinical presentations, it often not recognized and goes untreated. Owing to difficult and unusual presentations, the diagnosis as well as management of childhood onset depression is very challenging. Here we will discuss about a case of an 8-year-old school going boy with atypical symptoms of severe headache and body ache, which was later diagnosed as major depressive disorder by using DSM-5 criteria after taking detailed history from parents, family members and performing repeated mental state examination and closely observing his activities in ward. Due to vast varieties in clinical symptoms, it is often difficult to diagnose at an early stage and it goes highly underreported and undetected which in future can lead to severe and grievous mental and physical health issue.

Keywords: Major depressive disorder, Depression, DSM-5 criteria

INTRODUCTION

Major depressive disorder can have significant effect on child's psychosocial development when the onset in childhood than adulthood. Depressive disorders are all characterized by persistent sadness, anhedonia, or irritability that is relatively unresponsive to pleasurable activities and interactions, attentions from other people.[1] Studies done in community settings suggest the prevalence of depression in children to ranges from 0.4% to 2.5% and among adolescents to be from 0.4% to 8.3%. The point prevalence of depressive disorders is 1-2% in preschool and school going children and 3-8% in adolescents, with the lifetime prevalence by the end of adolescence of around 20%.[2] Studies conducted in countries of lower or middle-income report higher point prevalence of clinically significant depressive symptomatology (10-13% in boys and 12-18% for girls).[3,4] The ratio of depression in males and females is similar in school going children but becomes about twice as common among females compared with males during adolescence.[5] Studies have shown that certain children have risk factors in their lives which could predispose them to depression or "trigger" depression for example abuse and neglect, household dysfunction, and economic hardship. Depression if left undiagnosed or untreated could affect a child's growth and development, school performance, peer or family relationships, and also may lead to tobacco and drug abuse. It can also be fatal due to suicide and homicidal tendency.

CASE REPORT

An 8-year-old boy studied in grade III from middle socioeconomic status, was admitted with complains of frequent severe headache and body ache for 1 year which aggravated since last 4 months prior to admission. He described the complaints like he gets severe throbbing headache associated with body ache once or twice in a day which lasts for few minutes. These symptoms went

on for almost a year and worsened gradually. He had been evaluated by numerous local practitioners, and work up like MRI brain and EEG was done which were within normal limits and was given symptomatic treatment. On taking detailed history, it was also found that he had sadness of mood for 1 year along with severe headache and body ache. The precipitating factor was a fight with neighbourhood friends leading to no communication with friends leading to feeling low and sad and missing his friends. He reduced social interaction among friends and family members. Initially he continued his daily activities like attending to school, playing but later on, his academic performance declined and gradually stopped going to school. None of the treatment were effective enough and then he visited to our paediatric OPD. He got admitted in our hospital.

After taking detailed history on admission, the child did not seem to have any features of anxiety, obsessions and compulsion, oppositional behaviour or psychosis. Neither he had any maniac episode, hypomania, no persistent irritable or angry mood with severe recurrent temper outbursts. Birth history and developmental history was also normal. Mental state examination was carried out where he was cooperative well oriented to time, place, person. His mood and affect were depressive but attentive, speech, memory was intact. His thought was continuous coherent relevant, did not have any suicidal ideas, or hallucinations. Family history suggested father had alcohol addiction but no history of psychiatric illness in the family. On routine investigations hemogram, liver function tests, kidney function tests, serum electrolytes were within normal limits. C-reactive protein was negative, thyroid function tests and serum vitamin B12 were also within the normal range. All neurological evaluation was performed and organic causes were also ruled out. By observing the clinical history of the patient, psychiatric evaluation was performed and was diagnosed as major depressive disorder by using DSM-5 criteria. Escitalopram was initiated at 2.5 mg once daily which later increased to 5 mg once daily. The headache and body ache reduced, participated in daily activities in ward, interacted with other children in the ward. Pharmacotherapy and psychotherapy were given to the patient. Family members were counselled regarding the nature of illness, course, prognosis and need of proper compliance. The child was discharged with improvements in overall symptoms after 6 days on escitalopram 5 mg once daily, and was routinely followed up in paediatric OPD as well as psychiatric OPD.

DISCUSSION

Despite the lesser prevalence of major depressive disorder in school going children age, we have an 8-year-old boy who presented with symptoms which were unusual to symptoms of major depressive disorder like irritable mood, hypersomnia, change in appetite and psychomotor agitation. This case is unique because of its uncommon presentation of symptoms and the lesser prevalence of major depressive disorder at this age group. Selective serotonin reuptake inhibitors (SSRIs) are the antidepressants of choice because of their safety, side effects profile, ease of use, and suitability for long term maintenance. Interpersonal psychotherapy, cognitive behavioural therapy, behaviour therapy, family therapy, supportive psychotherapy and group psychotherapy have been used for the treatment of children with major depressive disorder.[6] Repercussion of untreated early onset depression may include impaired school performance, hamper day to day activities and social functioning and increased risk of suicidal ideation and attempts. Underdiagnosis and undertreatment are greater problems in younger children, because of their limited ability to communicate negative emotions and thoughts they have consequent tendency toward somatization like general aches, headaches, crying spells irritability.[7] Accurate identification of major depressive disorder in young children is important in order to facilitate early detection and employ effective intervention to reduce morbidity and mortality. Considering the far-reaching consequences on the child and their family, it is imperative that major depressive disorders should be recognized early and treated effectively. Continued research into the treatment of childhood depression is important, especially as the medical community continues to recognize depression earlier in children.

CONCLUSION

Mental health is a neglected area in our society, and only a small fraction of these cases would have come to attention or received appropriate intervention under normal circumstances. Major depressive disorder is often difficult to diagnose and goes underreported at early stage due to its vast varieties of clinical symptoms. Our case highlights about the uncommon presentation of symptoms and the lesser prevalence of major depressive disorder at this age group. It is important that major depressive disorder should be recognized early and treated effectively to reduce morbidity and mortality.

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