

## Supplement 2: MDD management considerations for children and adolescents

This supplement addresses the principles of care for children and adolescents. As an additional and practical resource for primary and generalist care, the principles presented here are not exhaustive of the subject matter, acknowledging that healthcare professionals in these settings can consult child and adolescent mental health service providers and may also refer or co-manage with specialists as required.



### Children (6 to 12 years old) and adolescents (13 to 17 years old)

#### Assessment

- A comprehensive assessment and holistic understanding of the patient's profile is important for case formulation:
  - This includes social, family, and educational context; developmental level, communication needs, and any learning disability; comorbidities; changes from the premorbid state in terms of mood and functioning; as well as any mental health problems faced by parents/ caregivers/ other family members.
  - Corroborative history-taking, incorporating inputs from parents/ guardians and schools, is especially important for children as they may not be able to adequately express their emotional state or symptoms. Such inputs may also aid in determining if presenting symptoms are due to depression or developmental delays.
  - For adolescents, the HEEADSSS framework may be helpful to progressively discuss the patient's psychosocial context and direct management.<sup>113</sup>
  - Sufficient time should be allocated for assessments.
- DSM or ICD criteria informs the diagnosis of MDD.<sup>4,5</sup> Note that depression may present differently in children and adolescents, compared to adults: for example, undue irritability may be observed instead of a sad mood. Separation anxiety may accompany MDD in children.<sup>5</sup>

#### Principles of management for patients with a diagnosis of MDD (if managing in primary or generalist care)

- Overall, efficacy of psychological treatment is better supported by current evidence compared to antidepressants for children and adolescents.<sup>114–116</sup> Given also the risk of adverse effects with antidepressants,<sup>116</sup> **psychological treatment is preferred as the first treatment option.**<sup>117</sup>
  - Supportive counselling or psychotherapy are efficacious treatments for children and adolescent depression;<sup>114</sup> family-based therapy may be useful as an adjunct treatment.<sup>118</sup>
- For adolescents who do not respond to psychological treatment or have more severe symptoms, addition of fluoxetine\*\*\* may help reduce depression symptoms<sup>119</sup> and increase functioning.<sup>120</sup>
  - While evidence indicates that escitalopram is also efficacious in treating depression in adolescents,<sup>119,120</sup> note that this currently constitutes off-label use as local package inserts do not recommend its use in patients under 18 years old.<sup>†††</sup>
  - Evidence regarding the use of other antidepressants for MDD treatment in adolescents is not yet well established.<sup>116,119</sup>
  - Consider specialist input if deciding to initiate an antidepressant.
  - Close monitoring for emergent suicidal thoughts and behaviour, especially during the period of treatment initiation, forms part of ongoing patient assessment.<sup>117</sup>
- Evidence regarding the use of antidepressants for children with MDD is not yet well established.<sup>119,120</sup>

#### Clinical and community resources

- School-based counselling services can provide access to multidisciplinary REACH teams. IMH, KKH, and NUH REACH teams provide mental health assessment, holistic case management, and therapy services.
- [Youth Integrated Teams](#) in the community offer assessment and non-pharmacological treatment options.
- IMH's [CHAT](#) service provides mental health assessments and supportive help for young persons aged 16–30 years old. [Youth Community Outreach Teams](#) are also available islandwide for screening and linking up to relevant services.

CHAT, Centre of Excellence for Youth Mental Health; DSM, Diagnostic and Statistical Manual of Mental Disorders; HEEADSSS, Home, Education/Employment, Eating, Activities, Drugs, Sexuality, Suicidal ideation and Safety; IMH, Institute of Mental Health; ICD, International Classification of Diseases; KKH, KK Women's and Children's Hospital; MDD, major depressive disorder; NUH, National University Hospital; REACH, Response, Early intervention and Assessment in Community mental Health

\*\*\* Local package inserts do not recommend use of fluoxetine in children (age range not specified).

††† The US Food and Drug Administration (FDA) has approved escitalopram for treating MDD in patients 12 years old and above.

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