

Depression in Adolescence with Cystic Fibrosis

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Types of Depression

- Chronic Depression or Dysthymia
 - long-term lingering mild symptoms
- Major Depression or Clinical Depression
 - mild to severe symptoms at least two weeks
- Atypical Depression
 - similar to Major Depression
 - less symptoms with mood reactivity
- Bipolar Depression
 - symptoms of Major Depression with elevated mood swings
- Psychotic Depression
 - severe depression with co-occurring psychosis

Symptoms of Depression

- Chronic Depression or Dysthymia
 - less intense symptoms than Major Depression
 - may co-occur with Major Depression
 - linger symptoms, two years or longer
 - sadness or low mood most of day, nearly every day
 - loss of enjoyment in previously pleasurable activity

Symptoms of Depression *continued*

- Chronic Depression or Dysthymia, cont.
 - excessive sleep almost every day
 - physically restless or rundown
 - fatigues nearly every day
 - feelings of hopelessness, worthlessness, or guilt
 - difficulty concentrating or making decisions
 - thoughts of death or suicide, plan or attempt

Symptoms of Depression *continued*

- Major Depression or Clinical Depression
 - symptoms may be mild to severe
 - low mood nearly all day, particularly morning
 - symptoms every day, at least two weeks
 - loss of energy nearly every day
 - impaired concentration, indecisiveness

Symptoms of Depression *continued*

- Major Depression or Clinical Depression, cont.
 - increased or decreased sleep nearly every day
 - decreased pleasure or interest in activities
 - restlessness or sluggishness, feeling slowed down
 - significant weight loss or gain
 - recurring thoughts of death or suicide, suicide plan or attempt

Symptoms of Depression *continued*

- Atypical Depression

- less symptoms than Major Depression
- mood reactivity, (i.e., improved mood when positive things happen)
(positive change will not improve mood in Major Depression)
- sleeping too much, hypersomnia
- increased appetite or weight gain
- intense reaction, increased sensitivity to rejection
- feeling weighed down, paralyzed, or leaden

Symptoms of Depression *continued*

- Bipolar Depression

- depressive symptoms

- change in appetite and/or weight
- difficult concentration, memory, and decision making
- decreased energy or fatigue
- feelings of guilt, worthlessness, helplessness
- feelings of hopelessness
- insomnia, early-morning awakening or oversleeping

Symptoms of Depression *continued*

- Bipolar Depression, cont.
 - depressive symptoms, cont.
 - loss of interest in previously pleasurable activity
 - persistent physical symptoms unresponsive to treatment, i.e., headaches, digestive disorders, and chronic pain
 - persistently sad, anxious, or empty mood
 - restlessness and/or irritability
 - thoughts of death or suicide, suicide attempts

Symptoms of Depression *continued*

- Bipolar Depression, cont.
 - elevated mood (*anxiety, anger, or mania*)
 - *disconnected and racing thoughts*
 - *grandiose notions*
 - *inappropriate elation*
 - *inappropriate irritability*
 - *inappropriate social behavior*

Symptoms of Depression *continued*

- Bipolar Depression, cont.
 - elevated mood (*anxiety, anger, or mania*), cont.
 - *increased sexual desire*
 - *increased talking speed and/or volume*
 - *markedly increased energy*
 - *poor judgment*
 - *severe insomnia*

Symptoms of Depression *continued*

- Psychotic Depression,
(co-existing psychosis with severe depression)
 - agitation
 - anxiety
 - constipation
 - hypochondria
 - insomnia
 - intellectual impairment
 - physical immobility
 - psychosis

Adolescent Depression

- Not Just Bad Mood of Adolescent Angst
- Serious Illness Affecting Every Aspect of Life
 - physical, emotional, and spiritual health
 - personal development, self-esteem, and character
 - diminished goals and values
 - interferes with academics and learning
 - desire for play and creativity capacity
 - relationships with friends, family, and relatives
 - home, neighborhood, and community activity
- Only 1 in 5 Adolescents with Suicide Receive Help
- Untreated May Lead to Irreversible Tragedy
(*i.e., homicidal violence or suicide*)

Adolescent Depression *continued*

- Signs and Symptoms

- sadness or hopelessness

- loss of interest in activities

- withdrawal from friends and family

does not always appear sad or withdrawn from others

- restlessness and agitation

- increased sensitivity with tearfulness, frequent crying

irritability, aggression, hostility, and rage more prominent

Adolescent Depression *continued*

- Teen versus Adult Signs and Symptoms

- irritable or angry mood
- grumpy, hostile, easily frustrated
- prone to angry outbursts

- unexplained aches and pains
 - *i.e., headaches or stomachaches*

- extreme sensitivity to criticism
 - *particularly for "over-achievers"*

- *withdrawing from some, but not all people*
 - *socialize less, hang with different crowd*
 - *pull away from parents combined with rebellious, unhealthy behaviors*

- *also associated with other mental health problems*
 - *including eating disorders and self-injury*

Adolescent Depression *continued*

- Teen Emotional Pain and Coping
 - problems at school
 - running away
 - drug and alcohol abuse
 - low self-esteem
 - internet addiction
 - reckless behavior
 - violence

Adolescent Depression *continued*

- Teen Suicide Warning Signs
 - joking about suicide
 - writing about death, dying, or suicide
 - reckless behavior, increased injurious accidents
 - giving away prized possessions
 - saying goodbye for good
 - seeking means to harm self,
i.e., weapons, pills, etc.

Adolescent Depression *continued*

- Teen Suicide Warning Signs, cont.
 - making references about suicide
 - *"I'd be better of dead"*
 - *"I wish I could disappear forever"*
 - *"There's no way out"*
 - *"If I died, people might love me more"*

Adolescent Depression *continued*

- Teen Suicide HELP!

If you suspect your teenager is suicidal,
seek immediate professional assistance!

24-hour Suicide *Prevention* Support
1-800-273-TALK

For Immediate Assistance
Call 911

Adolescent Depression and Cystic Fibrosis

Increased stress alone intricately co-occurring with Cystic Fibrosis (CF) would likely lead to depression if left untreated.



Adolescent Depression and Cystic Fibrosis *continued*

- Prevalence (Bruzzese, 2010)
 - general teen population, 1% to 3%
 - teens with asthma, 15%
 - teens with inflammatory bowel disease, 25%
- Rates (Quittner et al., 2008)
 - medical populations, 17% to 50%
 - healthy populations, 5% to 17%
 - Adolescents with cystic fibrosis, 11% to 14%
 - general population, 2% to 6%

Adolescent Depression and Cystic Fibrosis *continued*

- Risk for Management of CF Symptoms
 - depression was a significant risk factor for management of CF symptoms (Quittner et al., 2008)
 - depression lead to lower adherence of recommended therapies (Cruz et al., 2009)
 - low levels of depressive symptoms in adolescents with CF higher levels of depressive symptoms in older patients significantly associated with anxiety (Modi, 2011)
 - adolescent and parent depression had poorer adherence to airway clearance in adolescent (Smith & Wood, 2007)

Adolescent Depression and Cystic Fibrosis *continued*

- Risk for Management of CF Symptoms, cont.
 - parent caregivers had significantly higher depression than healthy population
 - newly diagnosed cystic fibrosis, parent caregivers had significantly higher rates of mild depression
 - mothers 44.4%
 - fathers 33.3%
 - caregiver depression had worse adherence to pancreatic enzymes, in turn led to a lack of weight gain (Quittner et al., 2008)
 - adolescent's health status significantly affected symptoms of depression in caregivers; suggested screening of caregivers as adolescent health begins to decline (Modi, 2011)

Adolescent Depression and Cystic Fibrosis *continued*

- Depressed Medical Patients (Quittner et al., 2008)
 - less compliant with medical regimens
 - more likely to miss clinical appointments
 - more likely to engage in risky behaviors
 - reported worse health-related quality of life
 - higher healthcare utilization and healthcare costs

Adolescent Depression and Cystic Fibrosis *continued*

- Affects of CF that Lead to Depression (Bruzzese, 2010)
 - discomfort or loss of energy
 - restriction of activities
 - disruption of his life due to medical treatment
 - isolation from family and friends
 - feeling self-conscious, embarrassed, or stigmatized if his disease makes him different from other people

Adolescent Depression and Cystic Fibrosis *continued*

- **Affects of CF that Lead to Depression** (Fainardi, 2011)
 - psychological functioning in adolescents with CF was significantly affected by use of scheduled intravenous antibiotics and long-term oxygen therapy
 - suggests the value of psychological support for CF patients with advanced lung disease

Adolescent Depression and Cystic Fibrosis *continued*

- Symptoms of Depression in Adolescents with CF
(Bruzzese, 2010)
 - many of the following symptoms are normal stress reactions to the nature of CF (i.e., with flare-up of symptoms).
 - however, when depressive symptoms last nearly all day, every day for two weeks or more, depression may develop.
 - as well, untreated, symptoms of stress result in depression.

Adolescent Depression and Cystic Fibrosis *continued*

- Symptoms of Depression in Adolescents with CF, cont.
(Bruzzese, 2010)
 - grumpy, irritable, sad mood
 - loss of interest or enjoyment in fun activities
 - feelings of guilt, worthlessness, inadequacy, or incompetence
 - change in appetite and weight
 - decreased or increased sleep
 - low energy or exhaustion after doing simple tasks
 - feelings of hopelessness
 - decrease in productivity
(e.g., increased absence from school, cutting classes, or drop in grades)

Adolescent Depression and Cystic Fibrosis *continued*

- Symptoms of Depression in Adolescents with CF, cont.

(Bruzzese, 2010)

- trouble thinking or making decisions
- outbursts of shouting, complaining, or crying
- excessive boredom
- loss of interest in friends
- poor communication
- fear of death
- alcohol or drug abuse
- sensitivity to rejection or failure
- reckless behavior

Adolescent Depression and Cystic Fibrosis *continued*

- Reasons for Risk of Depression (Bruzzese, 2010)
 - symptoms of chronic conditions
 - pain
 - nausea
 - limited activity
 - symptoms visible to others
 - being treated differently
 - feeling embarrassed and inadequate

Adolescent Depression and Cystic Fibrosis *continued*

- Reasons for Risk of Depression, cont. (Bruzzese, 2010)
 - medical treatments
 - medications for chronic condition may cause depression
 - cumbersome treatment regimens, difficult to follow
 - lifestyle changes due to illness
 - relying on others for help may decrease self-esteem
 - sporadic nature of chronic condition
 - uncertainty can be very upsetting
 - feeling helpless and out of control

Adolescent Depression and Cystic Fibrosis *continued*

- Reasons for Risk of Depression, cont. (Bruzzese, 2010)
 - loss of social contact
 - less energy and time to participate in pleasurable activity
 - friends spend less time, due to assumptions about condition
 - regardless of reason, loss of social contact is upsetting
 - conditions of chronic symptoms
 - affect the whole family
 - shifts in family roles
 - decreased capacity to participate fully in family activities
 - potential for increased family conflict

Adolescent Depression and Cystic Fibrosis *continued*

- Reasons for Risk of Depression, cont. (Bruzzese, 2010)
 - brain chemicals
 - pain from chronic condition may involve to little serotonin
 - this decrease in serotonin may also result in depression
 - family history of depression
 - genetic link to depression
 - increased risk when first-degree relatives have depression
(i.e., mother, father, brother, or sister)

Adolescent Depression and Cystic Fibrosis *continued*

- Reason Depression is a Problem in Adolescents with Chronic Conditions (Bruzzese, 2010)
 - depression alone is harmful
 - disrupting enjoyment of life, relationships, work, and school
 - compounded problems with depression and chronic illness
 - symptoms of chronic disease may get worse
(i.e., juvenile diabetes and depression increase risk of eye problems)
 - increased risk of death from chronic illness complication by depressed
 - depression increases the risk of death in people with asthma
 - increased frequency of hospitalization
 - also, longer hospital stays
 - more medical tests when hospitalized
 - may have decreased quality of self-care
 - decreased adherence to prescribed medical regimens

Adolescent Depression and Cystic Fibrosis *continued*

● Tips for Talking to Teens (Bruzzese, 2010)

- offer support
 - fully and unconditionally
 - reframe from lots of questions
- be gentle but persistent
 - be respectful about the teens comfort level
 - emphasize concern and willingness to listen
- listen without lecturing
 - reframe from criticism and judgment
 - avoid offering unsolicited advice
- validate feelings
 - don't talk teen out of their feelings
 - acknowledge their pain and sadness

Adolescent Depression and Cystic Fibrosis *continued*

● Getting Treatment

- Left untreated, depression is damaging. Combined with chronic illness potential for fatal outcomes. Don't wait for symptoms to go away. When you see warning signs of depression, seek professional help. (Bruzzese, 2010)
- speak with your
 - Medical physicians
 - Social worker
 - Medical Team
- ask for referral to a psychologist knowledgeable about
 - co-occurrence of mental health and CF
- Get your teenagers input when choosing a specialist. Their connection with the psychologist or psychiatrist is important, listen to what your adolescent is telling you.

Adolescent Depression and Cystic Fibrosis *continued*

● Whole Family Approach (Bruzzese, 2010)

- take care of yourself
 - Don't ignore your own needs, stay healthy and positive
- stay connected
 - express emotions, reach out to friends, a support group, your own therapist
- be open with family
 - invite your children to ask questions and share their feelings
- remember the siblings
 - depression in one child can cause stress or anxiety in other family members
- avoid the blame game
 - blaming only adds to stress and depression
 - it is unlikely that a single cause is responsible for the depression

Adolescent Depression and Cystic Fibrosis *continued*

● Helping Adolescence with Depression and CF

- Accepting CF related limitations and readjusting life goals may improve adolescent well-being (Caiser et al., 2011)
- talk with teen
- together with healthcare provider, consider possible options: (Bruzzeze, 2010)
 - develop new, individualized coping strategies
 - change medication if depression is a side-effect
 - seek support groups for teen, family, and caregivers
 - minimize teen's withdrawal from family and friends
 - help teen reach out to social support
 - adjust participation in activities as necessary
 - seek family therapy or individual therapy for the teen with a psychologist familiar with CF
 - take medication for depression
 - adjust teen's lifestyle to reduce stress levels

Adolescent Depression and Cystic Fibrosis *continued*

● References

- Bruzzes, J. (2010). Depression in children and adolescents with chronic disease. New York, NY: NYU Child Study Center.
- Casier, A., Goubert, L., Theunis, M., Huse, D., De Baets, F., et al. (2011). Acceptance and well-being in adolescents and young adults with cystic fibrosis: A prospective study. *Journal of Pediatric Psychology*, 36 (4), 476 - 487.
- Cruz, I., Marciel, K., Quittner, A., Schechter, M. (2009). Anxiety and depression in cystic fibrosis. *Seminars in Respiratory and Critical Care Medicine*, 30 (5), 569 - 578.
- Fainardi, V., Iacinti, E., Longo, F., Tripodi, M., & Pisi, G. (2011). Anxiety and depression in adolescents and adults with cystic fibrosis. *Thorax*, 66 (Supp/4), P243.

Adolescent Depression and Cystic Fibrosis *continued*

- References, cont.

- Modi, A., Driscoll, K., Montag-Leifling, K., & Acton, J. (2011). Screening for symptoms of depression and anxiety in adolescents and young adults with cystic fibrosis. *Pediatric Pulmonology*, 46 (2), 153 - 159.
- Quittner, A., Barker, D., Snell, C., Grimley, M., Marciel, K., & Cruz, I. (2008). Prevalence and impact of depression in cystic fibrosis: Impact of depression on daily functioning. *Current Opinion in Pulmonary Medicine*, 14(6), 582 - 588.
- Smith BA, Wood BL. Psychological factors affecting disease activity in children and adolescents with cystic fibrosis: medical adherence as a mediator. *Curr Opin Pediatr* 2007; 19:553-558.

Adolescent Depression and Cystic Fibrosis *continued*

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