Depression and Anxiety in Preschoolers

A Review of the Past 7 Years

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KEYWORDS

• Preschool depression • Preschool anxiety • Early onset • Mental disorder • Review

KEY POINTS

- Empirical work increasingly validates and clarifies the clinical characteristics of internalizing disorders in preschool-aged children.
- Studies using structural and functional neuroimaging have highlighted neural differences among children with preschool-onset internalizing disorders, and these differences are strikingly similar to those found in adolescents and adults with internalizing disorders.
- Several evidence-based treatments have shown promise for preschool-onset internalizing disorder and additional research is currently underway to further validate these treatment options.

INTRODUCTION

A little more than a decade ago the concept of a preschooler with depression and/or anxiety disorders was not taken seriously. Many people think that early childhood is a time of happiness, joy, and freedom from this kind of adult-level burden. Others suggest that preschoolers do not have the emotional or intellectual capacity to even harbor such intense feelings. However, since that time, hundreds of articles have been published defining, describing, and validating preschool-onset internalizing disorders

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and linking these early disorders to differences in behavior and brain functioning later in life. The scientific community has come to accept that many disorders of childhood and adolescence may have their onset as early as preschool. This article focuses on advances made toward elucidating the nature of preschool-onset depression and anxiety disorders, specifically focusing on diagnostic assessment/comorbidities, prevalence, risk factors, neurobiological correlates, and prognosis/treatment. Because other recent articles and reviews[1–5] have been published in this area, this article focuses on work conducted over the last 7 years.

With wider acceptance of preschool internalizing disorders came controversy over how to correctly differentiate depression and anxiety, as well as how to accurately diagnose these disorders in such young children. Research on this topic has traditionally been split between two approaches:

1. A broad, two-dimensional grouping of symptoms into categories such as internalizing and externalizing (eg, Child Behavior Checklist [CBCL] score)
2. A more categorically defined taxonomy of specific symptoms and disorders (eg, Diagnostic and Statistical Manual of Mental Disorders [DSM]–5).

There are strengths and weakness to both approaches. However, one primary challenge is the limited ability of preschoolers to verbalize their own emotional states related to these symptoms. In addition, there are also high levels of comorbidity between the internalizing disorders as well as between internalizing and externalizing disorders in childhood.[6–8] Another potential problem to the categorically based approaches is the duration of symptoms that are often required to meet formal criteria for DSM-5 diagnosis. Certain disorders require durations that are developmentally inappropriate given the child's age. For instance, a 6-month duration for a child 3 or 4 years old represents a significant proportion of the child's life, and therefore may not be a developmentally appropriate threshold. In addition, given greater affective variation and shifting of mental state early in development, there is some evidence that young children have periods of brightening (eg, in major depressive disorder [MDD]) that may mitigate the presentation of persistent symptoms for several weeks.[9]

The remainder of this article first describes the literature on preschool internalizing disorders, defined broadly and typically comprising symptoms of depression and anxiety together. Next, it focuses on reviewing the literature that has assessed preschool-onset depression and anxiety as specific and discrete disorders.

RESEARCH ON PRESCHOOL INTERNALIZING DISORDERS

Literature examining internalizing disorders in early childhood has lagged far behind the literature for externalizing disorders, in part because of the nature of symptom presentation. For instance, a shy, withdrawn child is less likely to attract attention and disrupt social activities. Internalizing disorders are theorized to exist on a continuum, with early differences detectable even in infancy.[10] However, work in this area continues to grow. One benefit of this more dimensional approach to assessment is that depression and anxiety are often intimately linked at this young age with high rates of comorbidity. Dimensional approaches account for this and provide children with a score indicating higher or lower internalizing symptoms. In much of the literature to date, symptoms are assessed using the CBCL[11] and/or the Strengths and Difficulties Questionnaire (SDQ[12]).

Sterba and colleagues[13] modeled the course of maternal-reported internalizing symptoms on the CBCL in 1364 children from ages 2 to 11 years. Two-thirds of these children were grouped in a low, stable class of internalizing symptoms, indicating that,