

# Depressive Symptoms in the Young Athlete after Injury: Recommendations for Research

Allison R. Palisch, MSN(c), BS, RN, ACSM EP-C, TNS, CPEN, & Lisa Schaeg Merritt, DNP, APRN, CPNP-PC/AC, PMHS

## ABSTRACT

It has been well documented that a serious injury to an athlete can cause psychological symptoms such as depression. However, much of the literature focuses on the collegiate athlete. Little is known about the prevalence of depressive symptoms in the young athlete who experiences an injury that adversely affects the ability to compete in his/her selected sport or may end athletic participation altogether. As sports specialization becomes increasingly widespread and age of participation becomes younger, depressive symptoms may be found in child and adolescent athletes. The purpose of this article is to examine the existing literature on depressive symptoms in young athletes who experience sports injuries and increase the awareness of the potential psychological concerns. More research is needed to examine depressive symptoms in the young athlete after a debilitating sports injury. *J Pediatr Health Care.* (2017) ■■■, ■■■-■■■.

## KEY WORDS

Children, depression, athletes, sports, injury

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Allison R. Palisch, Pediatric Nurse Practitioner Student, College of Nursing at University of Missouri, St. Louis, St. Louis, MO.

Lisa Schaeg Merritt, Assistant Teaching Professor, College of Nursing, University of Missouri, St. Louis, St. Louis, MO.

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Correspondence: Allison R. Palisch, MSN(c), BS, RN, ACSM EP-C, TNS, CPEN, College of Nursing, University of Missouri, St. Louis, 1 University Blvd., St. Louis, MO 63112; e-mail: [arp4zc@mail.umsl.edu](mailto:arp4zc@mail.umsl.edu)

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## INTRODUCTION

It has been well documented that a serious injury to an athlete can cause psychological symptoms such as depression ([National Collegiate Athletic Association, 2014](#)). However, much of the literature focuses on the collegiate athlete. Little is known about the prevalence of depressive symptoms in the young athlete who experiences an injury that adversely affects the ability to compete in his/her selected sport or may end athletic participation altogether. In this article, the term *young athlete* is meant to describe child and adolescent athletes.

As sports specialization becomes increasingly widespread and age of participation becomes younger, depressive symptoms may be found in child and adolescent athletes who experience a significant injury that limits sports participation. This is a well-researched concern in college athletes, but pediatric primary care providers (PCPs) should consider young athletes' emotional responses when they sustain a physical injury. The purpose of this article is to examine the existing literature on depressive symptoms in young athletes who experience injury and to increase awareness of the potential psychological concerns.

## BACKGROUND

An estimated 60 million youth, ages 6 through 18 years, participate in organized youth sports, and the number continues to grow rapidly ([National Council of Youth Sports, 2008](#)). Sports participation is no longer limited to a single season. Instead, competitive sports have been transformed into a year-round competition with pressure to begin high-intensity training at young ages. *Sports specialization*, in which the athlete focuses on only one sport, has become the norm for young athletes ([Brenner & AAP Council on Sports Medicine and Fitness,](#)

2016). The reasoning behind this specialization varies but is related to aspirations to compete at a high level—either in collegiate sports or at Olympic or professional levels. Sport specificity typically occurs before the age of 12 years but can take place as early as 5 or 6 years of age, as with sports such as gymnastics, figure skating, and swimming or diving (DiFiori et al., 2014).

The health benefits of a physically active lifestyle are undeniable, but some degree of risk exists with physical activity. As high-pressure training environments are established at earlier ages, injury in young athletes is becoming more frequent. For more than a decade, the National High School Sports-Related Injury Surveillance System has monitored injuries among U.S. high school athletes who participate in football, soccer, volleyball, basketball, wrestling, baseball, and softball. During the 2015-2016 school year alone, there were an estimated 1,393,566 injuries in high school athletes in the United States, with 15% of these injuries resulting in medical disqualification for the season or career (Comstock, Currie, & Pierpoint, 2016). More than 2.6 million children, ages 0 to 19 years, are treated in the emergency department each year for sports- and recreation-related injuries (Centers for Disease Control and Prevention, 2017). Sports-related injuries are more common in males than females, with adolescents being particularly at risk for injury because of physiologic factors such as skeletal immaturity and decreased muscle flexibility (Caine, Purcell, & Maffulli, 2014; Sreekaarini, Eapen, & Zulfequer, 2014). Young athletes who engage in single-sport specialization are at increased risk for injury and serious overuse injury (Jayanthi, 2015).

A traumatic injury, particularly one that limits or ends sports participation, may trigger a new mental or emotional concern or exacerbate an existing mental health condition in a young athlete (Neal et al., 2015). Many young athletes define themselves by their identities as athletes. The athlete's inability to participate in his/her sport may lead to a sense of identity loss, which can put the young athlete at risk for developing depressive symptoms or exacerbate existing mental health concerns (Neal et al., 2013). Along with identity loss, for many athletes, sports participation is an escape and provides a healthy coping mechanism for emotions and stress. When this avenue of stress release is taken from the athlete's life, he or she may not know how to cope, thereby exacerbating pre-existing depression symptoms (Covassin, Beidler, Ostrowski, & Wallace, 2015).

**Competitive sports have been transformed into a year-round competition with pressure to begin high-intensity training at young ages.**

A reported 13% to 20% of children living in the United States experience a mental disorder in a given year, and surveillance during 1994 through 2011 has shown the prevalence of these conditions to be increasing (Perou et al, 2013). The prevalence rates of childhood and adolescent depression vary but are estimated at 2.1% in children ages 3 to 17 years (Perou et al, 2013). Depression can have long-lasting effects on any individual but particularly on adolescents. It is estimated that 12.5% of adolescents ages 12 to 17 years had at least one major depressive episode in 2015 alone (Bose, Hedden, Lipari, & Park-Lee, 2016). According to the American Psychiatric Association (2013) *Diagnostic and Statistical Manual of Mental Disorders, 5th edition*, the diagnostic criteria for major depression in children and adolescents includes having five or more symptoms present during a 2-week period: (a) depressed or irritable, cranky mood (outside of being frustrated) or (b) loss of interest or pleasure and any three of the following: significant weight loss or decrease in appetite (more than 5% of body weight in a month or failure to meet expected weight gains), insomnia or hypersomnia, psychomotor agitation or retardation, fatigue or lack of energy, feelings of worthlessness or guilt, decreased concentration or indecisiveness, recurrent thoughts of death or suicide. Children and adolescents also may experience additional signs of depression. Symptoms of depression in children and adolescents are listed in the [Box 1](#).

**Many young athletes define themselves by their identities as athletes.**

## LITERATURE REVIEW

A review of the literature from 2007 through 2017 using PubMed, CINAHL, PsychInfo, and Google Scholar was

### BOX 1. Symptoms of Depression in Children and Adolescents

- Persistent sad or irritable mood
- Increased irritability, anger, or hostility
- Vague physical symptoms
- Decreased school performance
- Impairment in social interactions
- Weight loss
- Insomnia or hypersomnia
- Psychomotor agitation or retardation
- Fatigue or lack of energy
- Feelings of worthlessness or guilt
- Decreased concentration or indecisiveness
- Substance abuse
- Reckless behavior
- Suicidal ideation
- Suicide attempts

Sources: American Psychiatric Association, 2013; U.S. Preventive Services Task Force, 2015.

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