

Brief report

# Age and gender differences in depressive symptomatology and comorbidity: an incident sample of psychiatrically admitted children

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## Abstract

*Background:* Studies indicate that major depressive disorder (MDD) is frequent in children but that it may be missed. This study determines the incidence of hospital-treated MDD based on the frequency of MDD in child psychiatric patients, and analyses effects of age and gender on depressive symptoms and psychiatric comorbidity.

*Methods:* One hundred ninety-nine consecutive child psychiatric patients were interviewed using a semi-structured diagnostic interview (K-SADS-PL). Comorbidity and symptoms were compared across age and gender.

*Results:* Current or partly remitted MDD was found in 42 children (21%). Thirty-eight (90%) had comorbid psychiatric disorder(s). Onset of the comorbid disorder was prior to onset of depression in 74% of cases. No significant gender-differences were found, but anhedonia, hypersomnia and decreased ability to concentrate were more frequent in the older age group. In contrast, feelings of worthlessness were more frequent in the younger age group. The number of melancholic symptoms was significantly associated with older age.

*Conclusion:* MDD is frequent in child psychiatric patients aged 8–13 years. Age—but not gender—had significant effects on melancholy score and the prevalence of specific symptoms. Results suggest that MDD may be underdiagnosed in clinical samples unless careful examined with diagnostic interview.

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*Keywords:* Depressive disorder; Symptoms; Development; Child; Melancholia; Comorbidity

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## 1. Background

### 1.1. Prevalence of depression

Population prevalence rates of depressive disorders in children are between 0.2% to 1.8% and

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smaller if only major depressive disorder (MDD) is regarded (Cohen et al., 1993; Costello et al., 1996; Ford et al., 2003). One-year incidence rates for adolescents range from 3.3% to 7.1% (Garrison et al., 1997; Lewinsohn et al., 1998; Oldehinkel et al., 1999). No Danish prevalence or incidence data are available, but depressive disorders are rarely diagnosed in Danish children (Ruge et al., in preparation).

### 1.2. Age and gender

Except for a 1:2 male/female ratio postpuberty (Hankin et al., 1998), few gender specific characteristics of depression have been identified (Birmaher et al., 2004; Kovacs, 2001; Kovacs et al., 2003; Lewinsohn et al., 2003; Mitchell et al., 1988; Roberts et al., 1995). In general, symptom rates are similar across development (Lewinsohn et al., 2003; Mitchell et al., 1988), but age-dependent differences have been found in clinical studies (Birmaher et al., 2004; Borchardt and Meller, 1996; Carlson and Kashani, 1988; Masi et al., 2001; Ryan et al., 1987; Weiss et al., 1992; Weiss and Garber, 2003).

### 1.3. Comorbidity

Comorbidity, concurrent and life-time, is frequent in depressed children and adolescents (Angold et al., 1999; Kessler and Walters, 1998; Rohde et al., 1991), onset usually being prior to the onset of depression (Kovacs et al., 1989; Rohde et al., 1991).

## 2. Aim

The aim was to determine the incidence of hospital-treated MDD in the population, based on the frequency of the disorder in a consecutive sample of first-ever admitted child psychiatric patients aged 8 to 13 years, representative of a well-defined geographic area. Further the aim was to analyse the effects of gender and age on depressive symptoms and psychiatric comorbidity in child psychiatric patients with MDD.

## 3. Method

### 3.1. Study population

The sample consisted of 199 first-ever admitted children, aged 8 to 13 years consecutively admitted to the Psychiatric Hospital for Children and Adolescents, Risskov, Denmark in the study period of 1 1/2 year. Twelve children were inpatients, 187 were outpatients. Fourteen boys and eight girls (of 221 eligible children) were not included. The interviewed and not interviewed children were similar with regard to gender ( $\chi^2$ ,  $p=0.31$ ) and age group ( $\chi^2$ ,  $p>0.09$ ).

The hospital is the only clinic covering the county of Aarhus (48,131 children aged 8 to 13 years, total population 644,666, January 1st 2002).

### 3.2. Diagnostic procedures

The children were interviewed with the Schedule for Affective Disorders and Schizophrenia for Children-Present Lifetime version (K-SADS-PL) (Kaufman et al., 1997). Additional questions for selective mutism and attachment disorder were included. The first author performed all interviews. Diagnoses were classified "certain" if DSM-IV criteria for the diagnosis were met at the time of the interview and "probable" if one criterion lacked for a certain diagnosis. If criteria had been met (certain or probable) but symptoms were in remission, the disorder was classified "partly remitted" if there was less than 2 months of complete remission and "past disorder" if there had been at least 2 months of complete remission. Current diagnoses include "certain", "probable" and "partly remitted" diagnoses.

### 3.3. Statistics

For comparison of categorical variables,  $\chi^2$  analysis was applied (Fishers exact test for expected values  $<5$ ). For reliability measures, Cohen's Kappa was used (Landis and Koch, 1977). The Statistical Package for Social Sciences (SPSS) was used for data analysis (SPSS, 2002).

### 3.4. Reliability

During the study period, 20 interviews were videotaped and re-rated by a second rater. Kappa

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