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Mood disorders in children and adolescents

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Mood disorders (MD) are most common psychiatric disorders of childhood. It began to be recognized and accepted in children by theoreticians and researchers in 1980s. In recent years, it has been reported there is an increase in recognizability of especially bipolar disorder and pre-school depressive disorders within MD. Bipolar spectrum disorders are generally seen in both of genders in equal proportions, with 0.1% in preadolescence, 1% in adolescents. Depressive disorders affect approximately 1-2% of pre-school, school-age children and 3-11% of adolescents. Depressive disorders are generally equal in both genders in pre-school-school-age children and are seen 2 times common in adolescent girls. Comorbidity with MD is common in children and adolescents; comorbidity is seen especially with anxiety, disruptive behavior disorder, eating disorders, attention deficit, hyperactivity disorder, substance abuse. Biological-environmental factors play a role etiology of MD. Depression develops more easily if psychosocial-biological factors are seen together. If onset is seen during childhood, risk of recurrence increases in adolescence and young adulthood. While there is strong evidence early-onset bipolar disorder exhibits a familial clustering, it has been shown many genes related to neurotransmitter system of brain are associated with bipolar disorder in children and adolescents. In addition, decrease in volumes of total brain, amygdala, prefrontal cortex is among most prominent findings in structural neuroimaging studies on bipolar disorders in children and adolescents. Bipolar disorder related retrospective studies shows that 90% of children's and adolescent mania also continue during adulthood. Psychosocial (psychotherapy, game, family therapy, cognitive behavioral therapy, etc.) and psychopharmacological treatments (tricyclic antidepressants, selective serotonin reuptake inhibitors, lithium, etc.) are used in treatment of MD children. It is important recognize MD in early stage and to know risk factors. Health professionals should take part prevention and treatment of postpartum and maternal depression; develop school-based and family-based programs in high-risk children.

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