Depression Colors Way Girls Interpret Events

BY SHERRY BOSCHERT
San Francisco Bureau

SAN FRANCISCO — Depressed girls reported more negative life events in the past year compared with nondepressed girls, and the depressed girls felt greater effects from bad events, a study of 166 girls found.

The findings support cognitive models of depression that describe a person's dysfunctional thinking and attitudes leading to depression, and the depression biasing the person's interpretation of experiences, Nicole Moody and her associates reported in a poster presentation at the annual meeting of the American Psychological Association.

Ms. Moody is a graduate student in educational psychology at the University of Texas, Austin.

As part of an ongoing study of depression in central Texas, girls aged 9-14 years completed the Life Events Checklist, a self-report measure that assesses major life events during the past 12 months.

The measure lists events related to family health, family member changes, family moves, money, crises, unexpected news, parent's marital relationship, parent-child relationship, school, and family resources.

The girls were asked to check any of the listed events that happened to them and to indicate whether the event was "good" or "bad" and to rate how much of an effect it had on their lives.

Doctoral students in the school of psychiatry then administered the Kiddie Schedule for Affective Disorders and Schizophrenia for School-Age Children, a semistructured clinical interview.

Using results of this measure plus child and parent reports of depressive symptoms in the girls, 118 girls were diagnosed as depressed. The 48 nondepressed girls served as the control group.

Girls in the depressed group reported a mean of 6.3 negative events during the past year, compared with a mean of 4.6 negative events for girls in the control group. The difference was statistically significant.

The depressed girls also reported that the negative events had a significantly greater effect on them, compared with the nondepressed girls.

The results support the literature suggesting that negative life events play a role in activating a depressive episode and that depression colors the way a person interprets life events, Ms. Moody said. "Are the depressed girls actually experiencing more negative life events, or is their depression distorting the way in which they interpret life events and their effects?"

The role that negative life events play in depression is still up for debate, she added.

The study cohort was 42% white, 32% Hispanic, 12% black, 5% multiracial, 3% Asian, and 7% unspecified race (numbers do not add up to 100% because of rounding).

An estimated 60%-70% of depressed individuals have experienced at least one stressful life event before the onset of depression, the literature suggests. Depressed people report up to six times as many negative life events compared with nondepressed individuals, other reports indicate.

The aim of cognitive-behavioral therapy is to guide patients toward more realistic evaluation of experiences and to modify their thinking to produce an improvement in mood and behavior, Ms. Moody noted. Better understanding of factors contributing to the onset and maintenance of depression will better inform the treatment of early adolescent girls with depression. ■

Computerized Survey in ED Changes Attitudes on Violence

BY BRUCE K. DIXON
Chicago Bureau

CHICAGO — A brief computerized intervention conducted while violent youths are in the emergency department is feasible, well received, and effective at changing their attitudes toward aggression and alcohol, according to Dr. Rebecca Cunningham.

Data from the first 2 years of a 5-year study of adolescents aged 14-18 years entering an urban level I emergency department in Flint, Mich., were presented at the annual meeting of the Society for Academic Emergency Medicine.

Patients also showed significant changes in attitudes toward alcohol use after the intervention.

DR. CUNNINGHAM

"Violent injury is a leading cause of morbidity for urban teens and often is associated with alcohol misuse. Their visits to emergency departments may represent a teachable moment to address the problem of aggression and binge drinking," said Dr. Cunningham of the department of emergency medicine at the University of Michigan, Ann Arbor.

Between September and November 2006, all youths aged 14-18 years entering the emergency department were asked to complete a computerized survey of risk behaviors. Teens who had attempted suicide, were victims of sexual assault, or had unstable vitals were excluded.

Teens with a history of violence in the preceding year or alcohol use were randomly assigned to one of three arms: a 30-minute interactive brief intervention delivered via a computer; a brief intervention by a research therapist; or a control group that received an informational brochure dealing with drinking and violence.

The brief intervention contained a review of goals, tailored feedback on risk behaviors, role playing for practicing risk reduction, and referrals, Dr. Cunningham explained.

Because of the low literacy rate among these patients, those using computers wore earphones through which everything was read to them. They simply listened and tapped out the responses, she said.

The program, which is tailored to individuals based on their screening results, also draws out the youths' own goals. "That helps the kids to think about what they would like their lives to be, to think about the consequences of their behavior, then to realize how these two might be discrepant," Dr. Cunningham said.

Of the 648 youths screened during the recruitment phase of the study, 22% met risk criteria both for past alcohol use and aggressive behavior often involving the carrying of weapons, Dr. Cunningham said.

Of the total cohort, 48% were male and half were African American. So far, all but 5% have completed the intervention prior to discharge.

"All parts of the brief intervention can be stopped and started at any time without interfering with clinical care," she said, adding that few teens needed assistance with the computer survey (6%) or intervention (2%).

After the intervention, patients showed significant changes in attitudes toward alcohol use and violence, including the carrying of weapons. In addition, the intervention was well received, with almost a third of the participants saying they " 'liked it a lot,' " Dr. Cunningham said.

More work is needed to evaluate the effectiveness of the brief intervention on reducing violent behavior among urban teens in the ED, she concluded. ■

Aggressive Tantrums May Signify Mental Health Risk

BY MICHELE G. SULLIVAN
Mid-Atlantic Bureau

Preschoolers whose tantrums consistently include self-injurious or outwardly projected aggression may be at risk of major depressive disorder, disruptive behavior disorder, or both, Andy C. Belden, Ph.D., and his colleagues reported.

"We propose that preschoolers who consistently exhibit the behaviors outlined may be in need of a referral to a mental health clinician for further evaluation," Dr. Belden and his associates concluded.

The investigators asked the parents of 279 preschoolers aged 3-6 years to complete the Preschool Age Psychiatric Assessment. The results enabled them to divide the children into four diagnostic categories: healthy (n = 150); major depressive disorder without comorbid disruptive disorders (MDD/no dis, n = 21); disruptive disorders without depression (DIS/no mdd, n = 54); and those with both depression and disruptive disorders (MDD/DIS, n = 54).

The investigators also grouped the children by tantrum characteristics: normative (tantrums that rarely escalated to excess); excessive tantrums without aggression (shouting, crying, and flailing, but no aggression); and excessive tantrums with aggression (self-directed, or directed at other people or objects).

The MDD/DIS groups and DIS/no mdd were significantly more likely than were the other children to engage in excessive tantrums. The MDD/DIS group also was nine times more likely than were healthy and MDD/no dis groups to engage in tantrums with violent or destructive aggression, while those in the DIS/no mdd groups were five times more likely to do so, wrote Dr. Belden of Washington University, St. Louis, and his associates (J. Pediatr. 2008;152:117-22).

Both MDD groups had significantly higher scores on destruction and self-injurious behaviors than did non-MDD groups. The MDD/DIS and the DIS/no mdd groups had significantly higher scores on oral aggression than did the other two groups. The MDD/DIS group also had a significantly longer tantrum recovery time and displayed significantly more tantrums in the home than did the other groups. The MDD/no dis group and MDD/DIS groups had significantly more tantrums in school.

Compared with children in the healthy group, those in the MDD/DIS group were six times more likely to be reported by caregivers as having difficulty recovering from tantrums.

"Healthy children showed significantly fewer violent, self-injurious, destructive, and orally aggressive tantrums than children with mood disorders, disruptive disorders, or both," the investigators wrote. "Furthermore, healthy preschoolers had less severe and shorter tantrums and required less recovery time.. . . Although replication of these findings is needed, results indicated that the 'anatomy' of a tantrum in healthy preschoolers was significantly different from same-age peers with mood disorders, disruptive disorders, or both."

The researchers cautioned that violent outbursts should not automatically trigger a psychiatric referral. About 30% of the healthy preschoolers also displayed some of these characteristics, and maladaptive behaviors in tantrums associated with hunger, sleep problems, or illness should not be considered alarming.

Nonetheless, they suggested that a consistent pattern of maladaptive tantrum behaviors should spark concern and a possible psychiatric evaluation.

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