

Too Sad to Live
Depression

Pedicases

Objectives

- Describe the general symptoms and varied presentations of depression in adolescents.
- Formulate a series of questions for the assessment of depression and suicidality.
- Describe a plan of action for the management of the depressed or suicidal adolescent.

Part I: Introduction

Chantel is a 17 year old young woman who comes to your office with a chief complaint of abdominal pain. You begin the visit by welcoming her to your office and review general confidentiality provisions as well as the limits of those provisions, highlighting the utmost importance of her safety. She verbalizes understanding of those provisions and you begin asking her about her situation. She stares down at the floor while she speaks to you quietly. She reports a three-month history of mild diffuse abdominal pain. She denies vomiting, diarrhea, constipation, vaginal discharge or dysuria. She reports normal menstrual cycles with mild dysmenorrhea; her last menstrual period was 2 weeks ago.

Part I: Introduction

She discloses tearfully to you that she was raped 2 months ago by an ex-boyfriend. She currently has no contact with him and does not feel in danger. She has been postponing this visit because she is anxious about having a pelvic exam.

She describes significant fatigue and difficulty sleeping. She also tells you that she does not like school as much as she used to and that her grades are dropping. When you ask about her friends, she tells you that she does not have any close friends anymore. She is not involved in any social or recreational activities and cannot remember why she stopped hanging out with her friends.

Part II: Next Steps

Further questioning reveals that Chantel lives with her mother and 14 year-old sister. Her father “disappeared” 2 years ago. She is in the 11th grade. She has a history of alcohol abuse but has been sober since last year. She smokes 1 to 3 cigarettes a day. When asked about her mood, she states, *lit isn't anything.*” She cannot name anything she has done lately that she has enjoyed. She reports feeling too tired to go out with her friends. She also says she feels like no one likes her because she is *“stupid and can't do anything right.”*

Part II: Next Steps

She says she lies in bed for hours trying to fall asleep and wakes up early because she cannot stop thinking about “*things*.” When you ask her to describe these *things*, she reports feelings of guilt about what happened (i.e., the sexual assault and the disappearance of her father), and her belief that it is all her fault. She also reports no appetite lately and that others tell her she looks like she is losing weight. She then tells you that, “*I tried to cut my wrists in the bathroom at school yesterday just like this other girl I know did a few months ago.*”

Part III: Epilogue

Chantel is escorted to the emergency room for immediate psychiatric consultation. She is admitted to a psychiatric inpatient facility. She is diagnosed with major depressive disorder and PTSD. She remains an inpatient for one week and is started on an antidepressant. On follow-up, her mood is remarkably improved and she is no longer suicidal.