The Treatment of Depressive Disorders in Children and Adolescents
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Strong Empathy a Must
The paper says nothing about the critical role strong empathy plays when dealing with these children and adolescents. Whether this empathy is genuine or just evidence-based is something they are particularly sensitive about. The algorithm is too complex to be useful, especially in a statutory health insurance setting. It is unfortunate that fluoxetine is the only approved medicine. Of all selective serotonin reuptake inhibitors (SSRIs), it has the longest half-life and is thus the most difficult to control. As it contains only the active enantiomer, escitalopram can be recommended.

REFERENCES

A Poor Soloist in Most Cases
As an office-based neurologist, I came to believe that an antidepressant is generally a poor soloist in an antidepressive strategy. Correction of sleep and, where necessary, anxiolysis during the day are indispensable to ensure adequate response to antidepressants. You can give patients with significant sleep problems antidepressants by the bucketful without any success. To publish papers evaluating psychotherapy versus fluoxetine (or another antidepressant) without taking sleep problems and their semi-quantitatively equal distribution in the compared groups into consideration is an approach I have difficulties with.

Any treatment of depression requires sleep optimization and the same holds true for addressing restlessness/worrying during the day; only then the antidepressant’s value can be determined. Targeted investigations to identify superficial sleep patterns must be undertaken.

ADHS also falls into the category of depressive disorders and the treatment approach described above works well for this condition, without adding Ritalin or its analogues. My preference is side effect-guided combination treatment with gradually increased doses, also in comparison with psychotherapy.

REFERENCES