Dr Kate Gibson

Clinical Geneticist

Genetic Health Service NZ, Children's Specialist Centre, Christchurch Hospital, Christchurch

Dr Antony Bedggood

Ophthalmologist

Children's Specialist Centre, Christchurch

Dr Fiona Leighton

Paediatric Dietitian

Christchurch

Dr Melanie Souter

Otolaryngologist/Otologist

Christchurch Public Hospital, Specialists @nine, Christchurch

Professor Spencer Beasley

General and Paediatric Surgeon

Clinical Director, Department of Paediatric Surgery, Christchurch Hospital, Christchurch

Professor Andrew Day

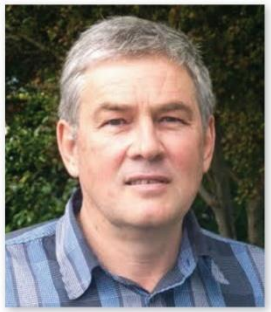
Paediatric Gastroenterologist

Christchurch

Dr Paul Shillito

Child and Adolescent Neurologist

Christchurch Hospital, Christchurch



Dr Colin Watt

Child &Adolescent Psychiatrist

Christchurch

FULLY BOOKED

Friday, August 12, 2016 (Room 6)

16:30 - 18:30 WS #52: Paediatric Forum (120mins - not repeated)

Children's Specialist Centre

58 Colombo Street
Cashmere
Christchurch 8022
Phone 03 337 9470
Fax 03 332 7630

www.childhealth.co.nz

MOOD DISORDERS

Dr Colin Watt

Child and Adolescent Psychiatrist

Children's Specialist Centre

- Prevalence
- Lifestyle
- Profile of different mood disorders
- Approach

National Youth 2000 series

- Nationally representative sample of **NZ High School adolescents**
- Done 2001, 2007, 2012
- 28000 students
- 1/3 of High Schools

Depressive symptoms

- 16% of female students
- 9% of male students

symptoms of depression which are likely to be clinically significant

- 38% of female
- 23% of male students

reported feeling down or depressed most of the day for at least two weeks in a row during the last 12 months.

Something to try at home

- Take your cell phone to bed
- Don’t turn it off
- Get friends to text you regularly until 3am (bonus points if the content is highly emotional)
- Maybe watch a horror movie on the phone whilst you try to get to sleep throughout the texts
- Get dragged up at 8am (after five hours sleep)

- Don’t eat breakfast
- Don’t pack lunch
- Go to work
- Make sure you are driven or drive to work. Do NOT exercise!
- Have a couple of workmates laugh at your hairdo (or at least mumble behind their hands so you think they might be doing this)
- NO EATING anything until at least 4pm
- When you do eat, ideally ensure it is as processed and short of nutrients as possible

Feeling irritable yet?

If not, repeat three times…..

And if that doesn’t work

- Add in alcohol and drugs
- Sleep with your best friend’s partner and deal with the fall out
- Make sure at least one colleague calls you ugly a couple of times a day
- And sign up for a new qualification that has stressful exams…..

DX = SYMPTOMS x TIME x FUNCTION

SYMPTOMS OF DEPRESSION

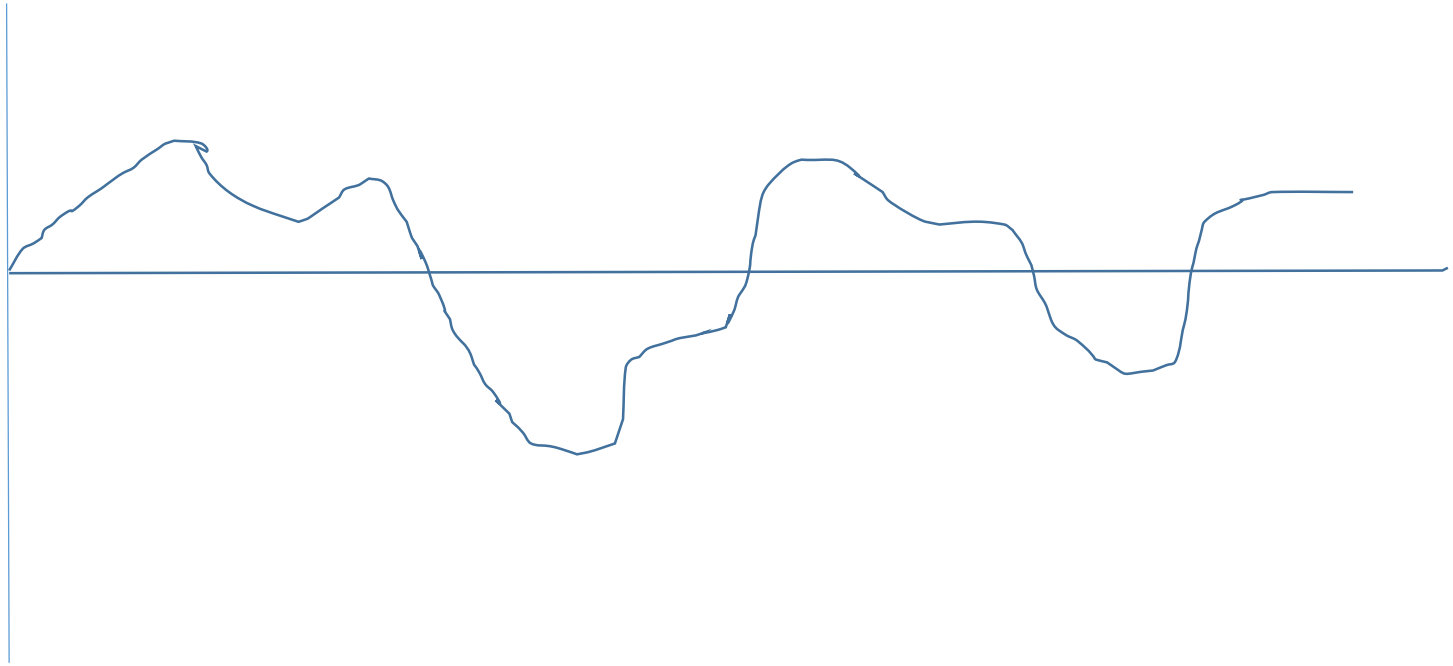
- Physical slowing or agitation
- Decreased energy, tiredness and fatigue.
- Difficulty thinking clearly.
- Loss of interest and pleasure in usual activities.
- Change in sleeping patterns.
- Change in appetite.
- Poor concentration
- Irritable mood

SYMPTOMS OF DEPRESSION

- Persistent low, sad or depressed mood –
- Thoughts of worthlessness or guilt.
- Thoughts of hopelessness and death.
- **Risk Assessment**
- **Psychosis**

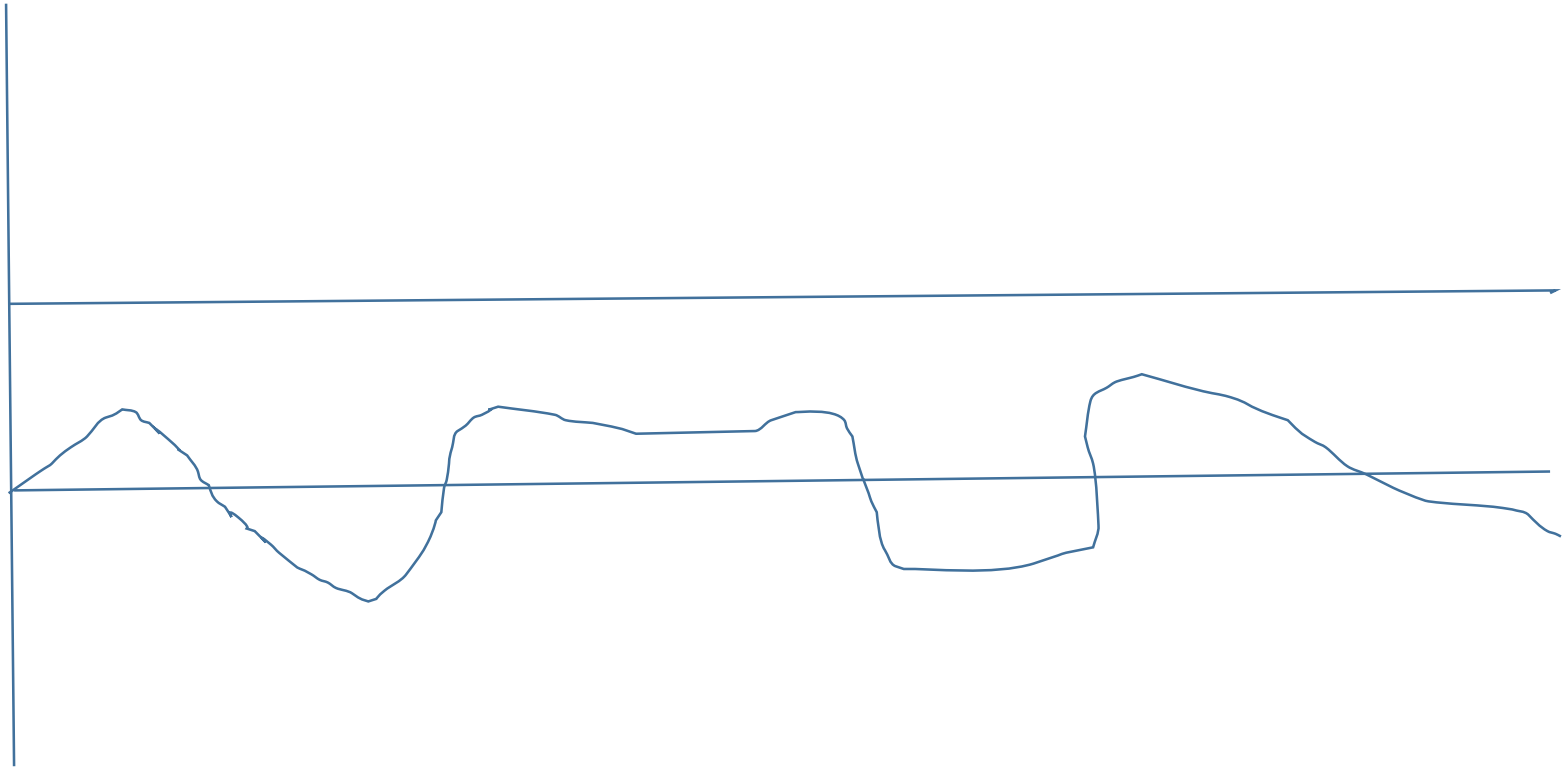
EUTHYMIA

Normal mood



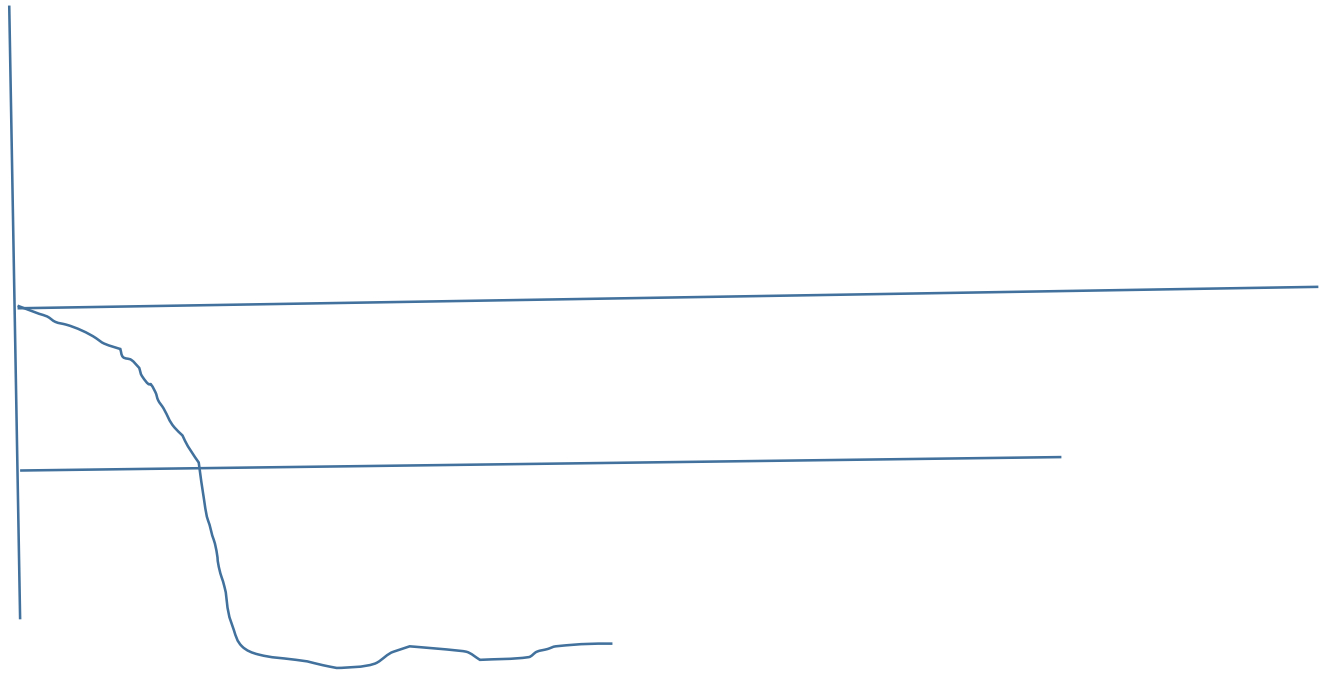
DYSTHYMIA : SX >1 YR

Maintain function



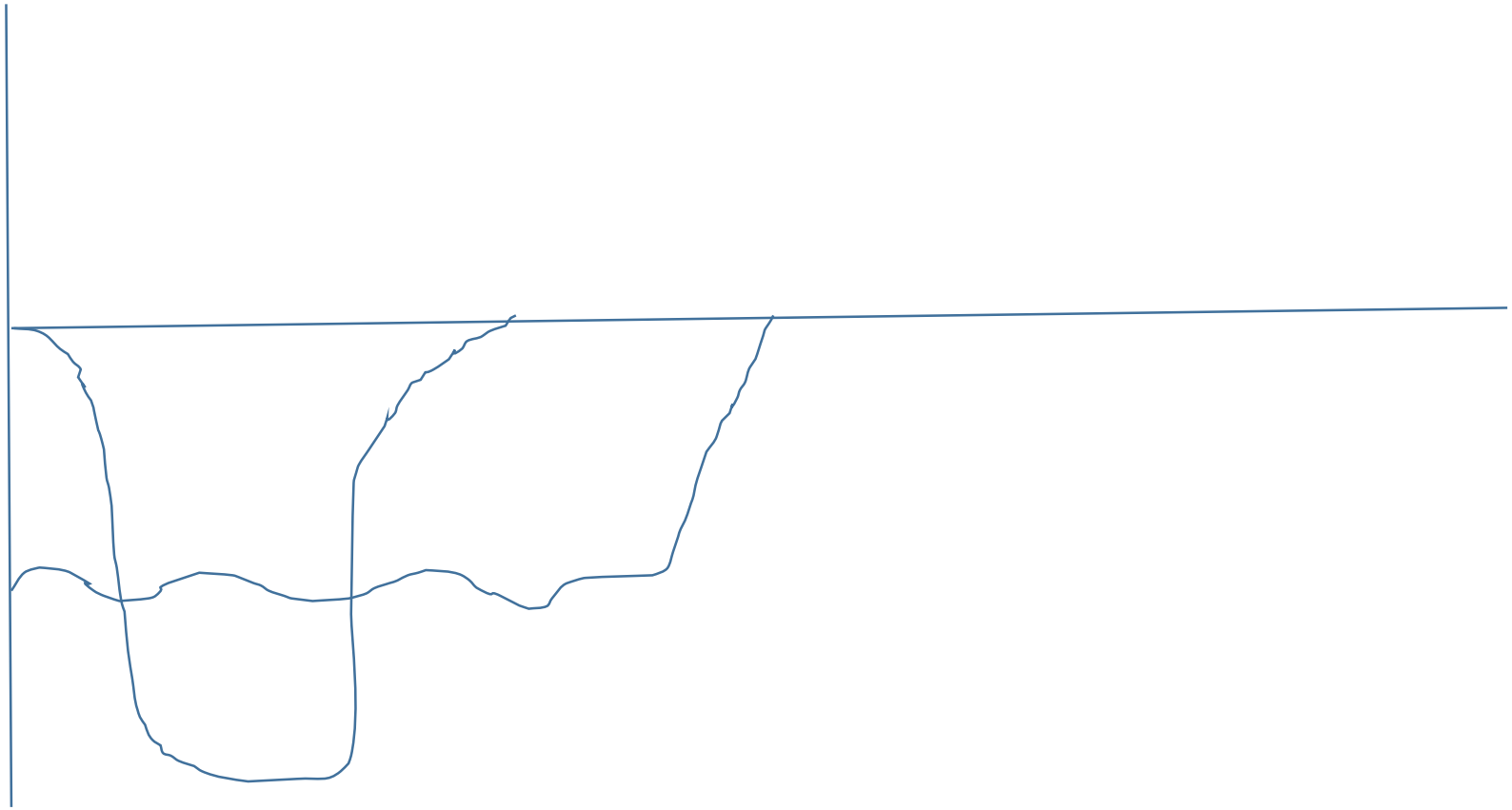
MAJOR DEPRESSIVE EPISODE: SX>2 WEEKS

Social isolation +impaired function + risk



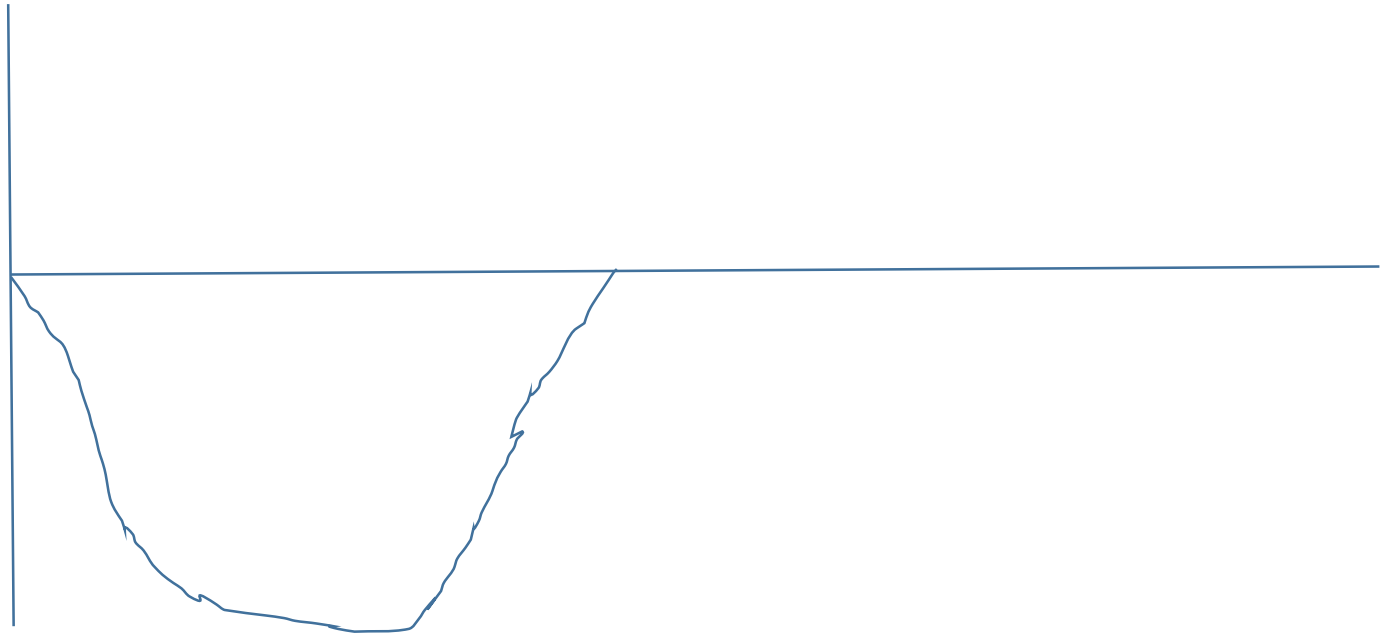
MOOD DISORDER NOS

- Time criteria not met of previous disorders



ADJUSTMENT DISORDER; SX< 6 MONTHS

- Environmental triggers

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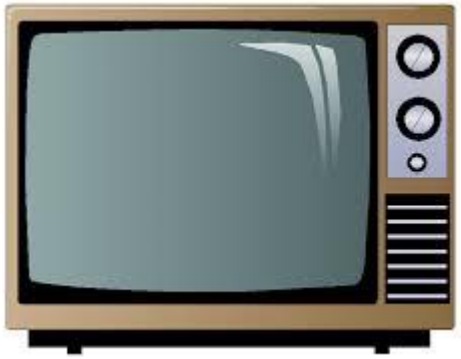



SCHOOL


SUGAR


Cola
SCHOOL
SUGAR

BEHAVIOUR ACTIVATION

- **Increasing avoidance and isolation**, which serves to maintain or worsen symptoms.
- **increase engagement in activities** that have been shown to improve mood.
- Focuses on the behaviour of ruminating and seeks to **activate alternative healthy behaviours**.

NORMALISING FUNCTION

- **Exercise**
- **Sleep** routines
- **Eating** habits
- **Parenting**
- Improving **relationships** with their family members

ACTIVITIES

- Activities that were **enjoyed before becoming depressed**
- Working toward **specific goals**
- Learning **new skills and activities**
- Completing **household chores**

Psychosocial Treatments

- **CBT- Cognitive behavioural therapy**

CBT focuses on the development of **coping strategies** that target solving current problems and changing **unhelpful patterns** in cognitions (e.g., thoughts, beliefs, and attitudes), behaviours, and emotional regulation

- **IPT -Interpersonal psychotherapy**

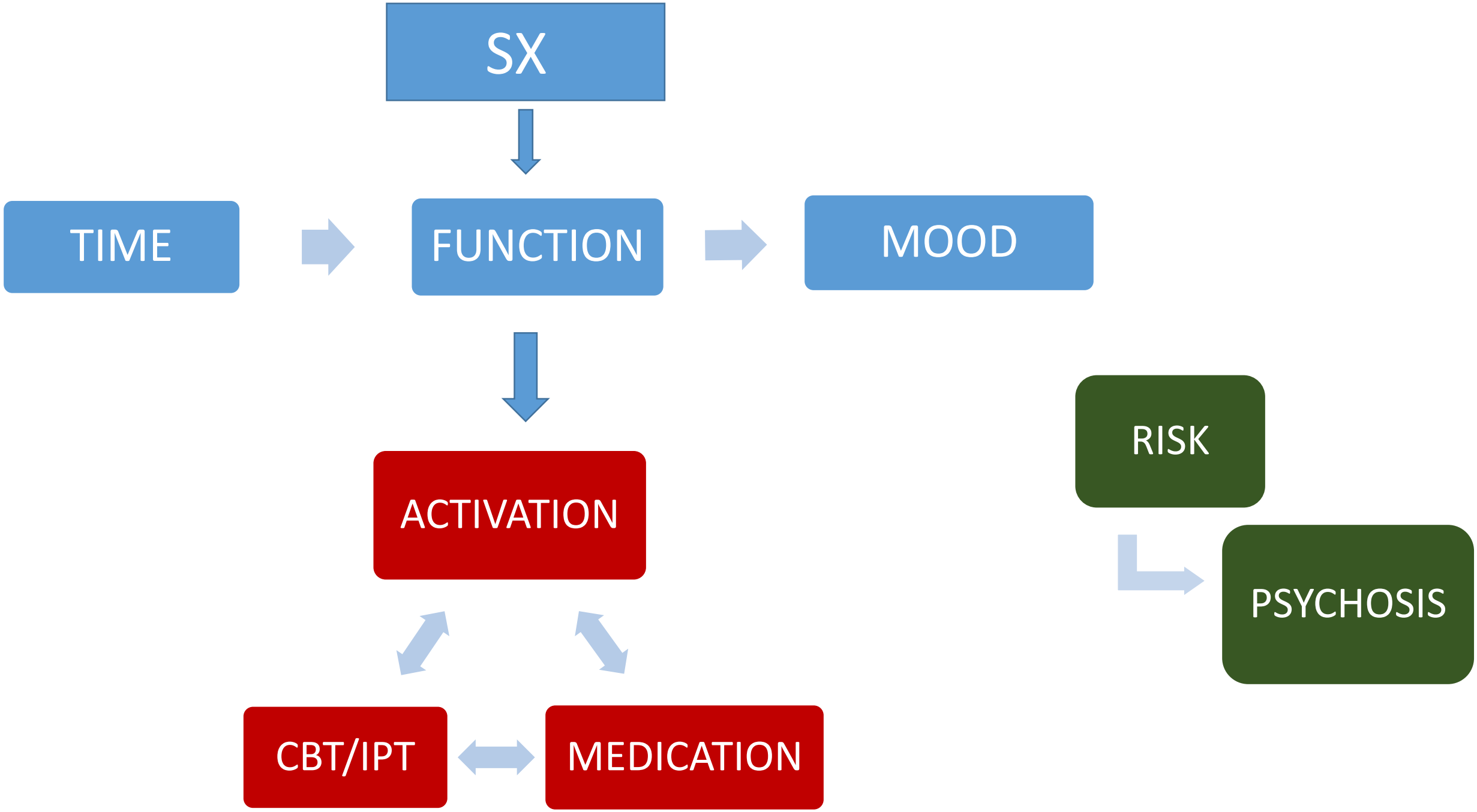
is based on the principle that **relationships and life events** impact mood and that the reverse is also true.

MEDICATION

- Fluoxetine

E- THERAPY

- SPARX – interactive e- therapy
- Health Navigator- apps
- Werry Centre


SX
TIME
FUNCTION
MOOD
ACTIVATION
RISK
PSYCHOSIS
CBT/IPT
MEDICATION