Treating Parent Depression Helps Kids

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March 21, 2006 -- When parents' depression gets better, their kids' mental health improves. But when parents' depression doesn't lift, the kids' mental health gets worse.

The finding is part of the large STAR-D trial funded by the National Institutes of Mental Health. The study is trying to find out what it takes to put serious clinical depression into remission -- not just to improve symptoms, but also to get people over their illness.

Columbia University researcher Myrna M. Weissman, PhD, led a team that studied 151 depressed mothers enrolled in the STAR-D trial. The researchers also evaluated one of each woman's 7- to 17-year-old children. Their findings appear in the March 22/29 issue of *The Journal of the American Medical Association*.

"This offers dramatic evidence that children benefit from successful treatment of a parent's depression," Weissman tells WebMD.

Getting Help Is Essential

The study has a dark side. When depression treatment didn't work -- or didn't reduce a mother's depressive symptoms by at least half -- children suffered worsening mental health.

In the STAR-D study, only a third of the mothers got fully better -- what doctors call remission -- within three months. Only half had a 50% reduction in symptoms, which is the minimal improvement found to help the depressed parent's children.

This means it's essential for a depressed parent to get immediate help and to stay with treatment until something works, says Eva Ritvo, MD. Ritvo is associate professor of psychiatry at the University of Miami's Miller School of Medicine and chief of psychiatry at Mount Sinai Medical Center in Miami Beach, Fla.

"Not only do children get well when the parent's depression gets better, but they get worse if the parent does not," Ritvo tells WebMD. "So a parent's depression should be treated early and aggressively and thoroughly. This tells us that depression is real, that treatment really helps, and that other family members are impacted by this disease and by its treatment."

How Parents' Depression Affects Kids

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Weissman's team found that at the beginning of the study, half the kids had a history of psychiatric disorders and a third was currently suffering mental health problems.

The mothers all started treatment with Celexa, an SSRI antidepressant (as did all STAR-D participants).

If the mothers' depression fully lifted, the children's mental health problems decreased by 11%. If the mothers did not fully respond to treatment, their child's psychiatric diagnoses increased by 8%.

For the children who already had a mental health problem, 33% fully recovered -- that is, they lost their psychiatric diagnoses -- if their mothers' depression fully lifted. If the mothers' symptoms did not fully improve, only 12% of the kids fully recovered.

Even more impressive was what happened to children who hadn't yet suffered mental health problems. If the mothers' depression fully lifted, all the kids remained mentally healthy. But among mothers who didn't fully improve, 17% of their children were later diagnosed with a psychiatric disorder.

This shows the powerful effect of a parent's depression on a child, says child and family psychiatrist Marilyn B. Benoit, MD, past president of the American Academy of Child and Adolescent Psychiatry and clinical associate professor at Georgetown University in Washington, D.C.

"What you have to consider is, this is affecting the children on a day-to-day basis," Benoit says. "How the parent greets them in the morning sets the tone for their day. And if you have an ill-tempered, angry, or isolated parent, that changes the dynamics of the interaction immediately."

Generations of Depression

These effects are passed from generation to generation.

"In a previous study, we showed that depression was transmitted across generations," Weissman says. "And if a parent and grandparent are depressed, rates of anxiety and depression in the grandchild are very high."

The good news is that successful depression treatment counteracts this effect.

"This is big. Think of a funnel and how the impact of treating parents broadens as you look at their children and grandchildren," Benoit says. "By changing the parents' symptoms and changing the parent-child dynamics from negative to positive, you have affected the trajectory for a whole generation. And over 30 years, I have seen the third generation come along. I have seen how changing the grandparents has made life better for their grandchildren."

Sticking With Treatment

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Only a third of the mothers enrolled in the STAR-D trial fully responded to treatment in the first phase of the study. But the whole point of the study is to keep treating patients until something works.

"If you start with antidepressant treatment and don't get full recovery, the story is not over," STAR-D study co-leader Madhukar H. Trivedi, MD, tells WebMD. Trivedi is professor of psychiatry and director of the mood disorders research program at the University of Texas Southwestern Medical Center.

Weissman, Ritvo, and Benoit stress that it's important not to give up on depression treatment -- especially for a parent.

"Mothering is a heavy task, and you have to be well to do it," Ritvo says. "If mothers with depression don't get well, we physicians have to be more aggressive in finding a treatment that works because more than one person is suffering."

"This is the message: Depression is a treatable disorder," Weissman says. "There are many treatments. In this case, it was medication. Sometimes it is psychotherapy. As a parent, you must know that depression is not your fault. It is a medical illness -- and you have to get help. So get treated and get better because it will help you *and* help the family."

Fathers and Depression

Weissman says that while her study focused on mothers, she is sure that a father's depression also affects his children.

"Fathers get depressed. And they deserve the same kind of aggressive treatment," she says. "Fathers' rates of depression are not as high as in mothers, but their treatment is important."

Benoit says in most families, mothers still have more interaction with children than fathers. This means that a mother's depression often will have a stronger effect than a father's depression.

"If the father is depressed, the mothers tend to serve as a buffer from the father's pathology," Benoit says. "So that is why I think the mothers have a more critical role to play."

Treating the child of a depressed parent can help the child. But it's not as effective as getting to the root of the problem.

"It is possible to help the child cope with the parent's depression. By working with the children, you help them to get the protective buffer they need," Benoit says. "But there is nothing quite as good as getting that depressed parent treated."

SOURCES: Weissman, M.M. *The Journal of the American Medical Association*, March 22/29, 2006; vol 295: pp 1389-1398. Myrna M. Weissman, PhD, professor of epidemiology and psychiatry and chief, division of clinical and genetic epidemiology, New York State Psychiatric Institute, New York; faculty member, School of Public Health and department of psychiatry, Columbia University, New York. Marilyn B. Benoit, MD, private practice psychiatry; past president, American Academy of Child and Adolescent Psychiatry; clinical associate professor, Georgetown University, Washington, D.C. Eva Ritvo, MD, associate professor of psychiatry, University of Miami Miller School of Medicine; chief of psychiatry, Mount Sinai Medical Center, Miami Beach, Fla.; co-author, *The Concise Guide to Marital and Family Therapy*. Madhukar H. Trivedi, MD, professor of psychiatry and director, mood disorders research program, University of Texas Southwestern Medical Center.

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