Co-Morbid Depression in Neurodevelopmental Disorders

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Symptoms of Depression in Neurotypicals

- Persistent sad mood
- May present more as irritability in children and youth
- Young children sick from school, clinging to caregiver
- Older children getting into trouble at school, misunderstood
- Changes in appetite/weight and sleeping
- Loss of interest in normally pleasurable things
- Social withdrawal
- Agitation or general slowing
- Cognitive difficulties
- Crying easily or being unable to cry (numbness)
- Thoughts of suicide

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Depression in ASD (Wright & Kelley, under review)

- Historically couldn’t make double diagnosis-ASD still primary
- Comorbidities very common in ASD-up to 79% with ID
- No established screening measures due to significant overlap
- Depression in kids 2-8%, kids with ASD 12%
- No sex differences
- Risk factors: greater IQ, older age, stressful life events, and lower symptoms
- Very difficult to assess in lower functioning: self-injurious and aggressive behaviour, loss of self-care skills, increased obsessions and stereotypies
- Higher functioning: loss of appetite, loss of interest, increased irritability
- Need tools and increased screening
Higher levels than in general population
- Likely a familial component
- Mixed results on relation to subtype
- Not as related to overlapping symptoms, but may be related to other comorbidities
- Some studies suggest “demoralization”
- Higher risk of long-term disability and suicide
- More impairment than either disorder alone
- Higher social and academic problems, anxiety, aggression
- Presents as social withdrawal, lack of interest, depressed thoughts, slowing
- Insomnia and decreased appetite may be due to stimulants
- Multiple raters important—parent depression and youth positivity bias
Depression in Tourette’s Syndrome (Robertson, 2006)

- Higher rates than general population
- 740 patients in controlled studies more depressed
- Mild tic severity not associated with depression
- Once thought to be associated with ADHD but mixed support
- Seems to be associated with obsessive-compulsive behaviours
- May be related to echophenomena and/or coprolalia
- Significantly impacts quality of life
- Likely related to tic severity but more OCD
- Familial component
- Older age-additive effects of social disability?
- Possibly part of Tourette’s phenotype
- Medications also have depressive side effects
Depression in OCD (Peris et al, 2010)

- Higher levels than neurotypicals
- Increasing into adulthood, with marked increase 15-18
- Most common comorbidity in adults (anxiety most common in children)
- 60-80% lifetime incidence
- Subsyndromic symptoms predictive of later disorder
- Higher levels of OCD related to higher depressive symptoms
- Aggressive and sexual impulses particularly related to depression
- Both disorders suffer from a lack of perceived control, which can be treated quite effectively with cognitive behavioural therapy
Questions??

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