# Case Study An African American Child Suffering From Depression

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This assignment focuses on the Pharmacological treatment of depression and assesses the student's ability to comprehensively assess the patient, administer the appropriate drugs and monitor drug reactions for better patient care. We can help you complete this assessment as soon as you need it.

**BACKGROUND INFORMATION**

The client is an 8-year-old African American male who arrives at the ER with his mother. He is exhibiting signs of depression.

- Client complained of feeling "sad"
- Mother reports that teacher said child is withdrawn from peers in class
- Mother notes decreased appetite and occasional periods of irritation
- Client reached all developmental landmarks at appropriate ages
- Physical exam unremarkable
- Laboratory studies WNL
- Child referred to psychiatry for evaluation
- Client seen by Psychiatric Nurse Practitioner

**MENTAL STATUS EXAM**

Alert & oriented X 3, speech clear, coherent, goal directed, spontaneous. Self-reported mood is “sad”. The Effect was somewhat blunted, but the child smiled appropriately at various points throughout the clinical interview. He denies visual or auditory hallucinations. No delusional or paranoid thought processes noted. Judgment and insight appear to be age-appropriate. He is not endorsing active suicidal ideation, but does admit that he often thinks about himself being dead and what it would be like to be dead.

The PMHNP administers the Children’s Depression Rating Scale, obtaining a score of 30 (indicating significant depression)

## Case Study An African American Child Suffering From Depression RESOURCES

§ Poznanski, E., & Mokros, H. (1996). Child Depression Rating Scale–Revised. Los Angeles, CA: Western Psychological Services.

**SAMPLE SOLUTION APPROACH: Case Study: An African American Child Suffering From Depression**

### Examine Case Study: An African American Child Suffering From Depression

**Introduction**

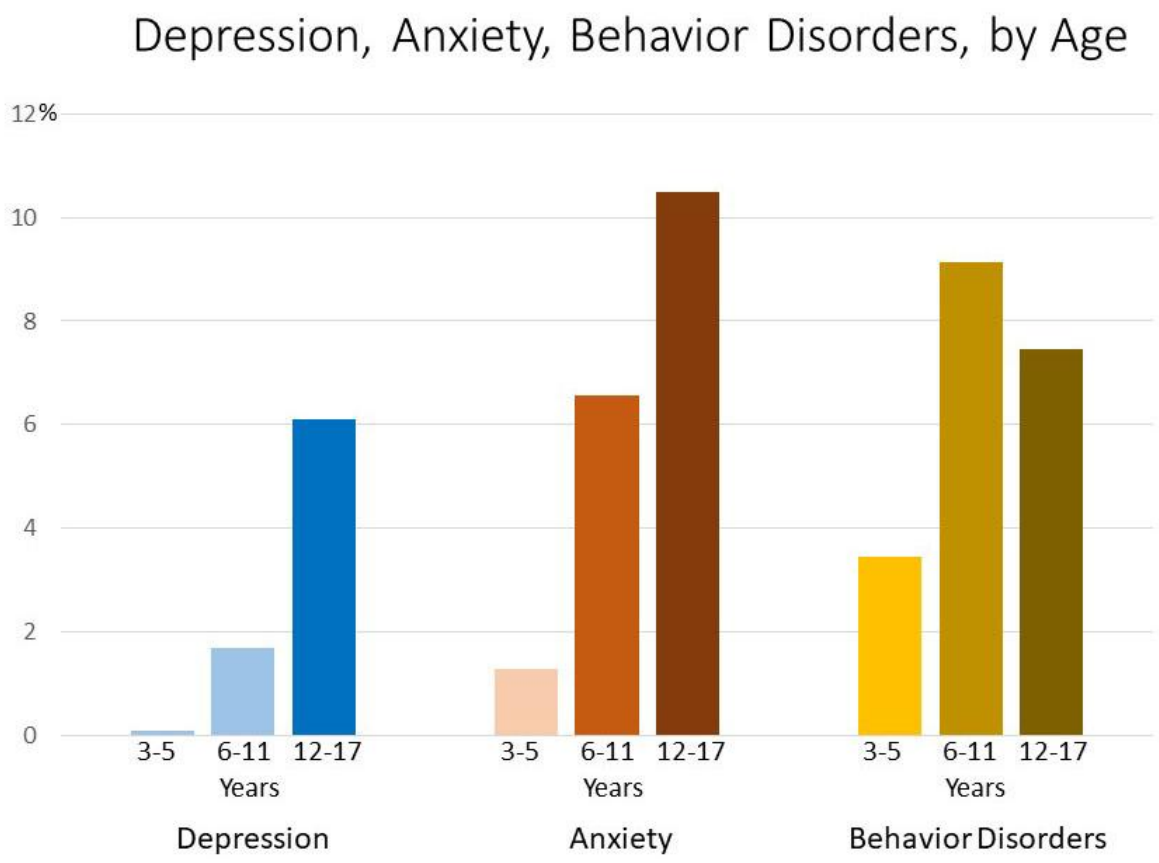
According to the National Institute of Mental Health, depression affects more than 10% of adolescents between the ages of 12 and 17 every year. But what is truly alarming is

that younger children are becoming more and more affected by the illness (The National Institute of Mental Health, 2018).

Even when there is no family history of the condition, many kids experience depression. When exposed to environmental stressors including abuse, loss, trauma, home troubles, or serious peer conflicts like bullying or love problems, youngsters are more susceptible to developing depression.

Furthermore, children suffering from persistent clinical conditions or other behavioral issues, for example, anxiety, are very vulnerable to the development of depression (De Bellis, Nooner, Scheid & Cohen, 2019). Timely and sustained treatment can help lessen the probability of recurrence and minimize the seriousness of the manifestations at the same time enhancing wellbeing and functioning.

Based on the above, this assignment aims at making 3 treatment decisions for a Black American child aged 13 diagnosed with depression. Over the past eight years, the child has been experiencing sleep problems, challenges in making decisions, temper tantrums, incongruous behavior, and impulsivity. Also, the paper will reflect on ethical implications that ought to be considered when treating the client presented in the case.




**Decision One**

The care provider will start the client on 25 mg of Zoloft, depending on her circumstances. Selective serotonin reuptake inhibitors, such as Zoloft, are a class of drugs that function by regulating neurotransmitters in brain cells (Stahl, 2013). Depression, panic attacks, temper tantrums, social anxiety, and a serious premenstrual dysphoric condition can all be treated with this medicine.

The prescription is used to improve energy in the body, sleep, food desire, and interest in doing daily duties, as well as to balance mood. The medication is appropriate for this client because it reduces fear and anxiety (Stahl, 2013). It's important to remember that

sleep disturbances are more common than depression episodes, and they raise the chances of recurrence and relapse.

The rationale for opting to begin the client on 25 mg Zoloft is premised on the age of the patient, and the presenting symptoms. Stahl (2013) maintains that it is critical to assess the presenting manifestations of a client prior to diagnosing him/her. For a therapist to ascertain a certain disorder, the patient ought to portray no less than 5 of the DSM-5 illustrated manifestations.

Focusing on this case, the client is manifesting a number of symptoms that include reduced appetite, sadness feelings, isolation from members of the family and friends, the prevalence of SI, and chronic irritation. Furthermore, Zoloft is the ideal drug to start the patient since it is FDA certified for the management of major depression symptoms in pediatric patients (Vitiello, 2012).

Various Zoloft alternatives could be prescribed. Starting the client on 75mg Wellbutrin is one of the options. Paxil 10mg is the other option. Nevertheless, the therapist did not consider the alternatives since they are not approved by the FDA for treating young children suffering from depression (Stahl, 2014).

Paxil is not a first line of defense for managing MDD among patients. Besides, its efficacy does not exceed 61%, its chances of causing serious reactions like anticholinergic effects are high. This side effect is normally experienced amid the early treatment period (Southammakosane & Schmitz, 2017). Conversely, Wellbutrin is

effective in managing depression in pediatric patients, though it takes longer for its treatment effect to be manifested (Southammakosane & Schmitz, 2017).

All options taken in this stage are intended to achieve a certain treatment endpoint. For the choice of beginning the client on Zoloft, the endpoint of treatment is to facilitate the abatement of manifestations of depression manifested by the client. Zoloft is likewise intended to stabilize the patient's mood and also lessen the odds of relapse following the maintenance of the treatment for 12 months.

With Zoloft, I expect the client to visit the hospital 4 weeks after the implementation of this decision with over 50% abatement of manifestations. However, this was not the case since the patient came without having experienced any change. Since the efficacy of the available antidepressants is low, and in case antidepressant agents are not utilized appropriately, or prescribed after a delay, meeting treatment endpoints will be difficult.

As mentioned earlier, the first antidepressants do not necessarily prompt remission (Stahl 2013). The treatment effect of Zoloft is experienced after 2-4 treatment weeks. Nonetheless, therapists must contemplate making dosage alterations in case the patient fails to make a positive response to the medication by the 8th week of treatment (Rao, 2013).

**Decision Two**

The care provider decided to increase the Zoloft dose to 50mg while maintaining the frequency of administration. As mentioned earlier, the treatment effect of Zoloft may

take longer to be experienced. On the off chance that the client fails to make a positive response to the medication by the 8th week of treatment, it calls for augmentation of dosage failure to which a positive response will not be experienced (Stahl, 2014b). Increasing the dosage of the medication increases the chances of alleviation of symptoms since Zoloft functions blocking the reuptake of serotonin, boosting the neurotransmission of the chemical.

The care provider had other alternatives to consider in this stage such as augmenting the dosage to 37.5 mg through the mouth per day or introducing 10mg Prozac per day. However, increasing the dosage to 37.5 mg at the moment is not ideal since the appropriate starting dose for this medication is 25 or 50 mg once a day with the option of augmenting it by the same measurement until the upper limit of 200mg is achieved for pediatrics (Kasper et al., 2010). This is the case when the previously starting dose is ineffective in initiating a treatment response.

Given that sertraline's half-life is 24 hours, it is appropriate to increase the dose after a one-week interval (Kasper et al., 2010). Prozac 10mg is an improper intervention since its probability of inducing negative reactions is high and this is evidenced by the black box warning that it comes with which is very serious. The warning intends to caution the therapist and the client concerning the risks associated with the medicine.

Also, according to Stahl 92014b), Prozac is likely to precipitate self-harm feelings among teens and young children. In case the medication results in excessive accumulation of serotonin, it can lead to serotonin syndrome (Stahl, 2014b).

The care provider implements this decision to eliminate the manifestations of depression and see the stabilization of the client's state of mind which had not been attained in the preceding decision. The care provider is certain that this decision will prompt the achievement of the goals.

The client expressed a 50% abatement of symptoms during the following presentation 4 weeks later. With this, it is apparent that the client was able to tolerate the increased dosage. As stated by Stahl (2013), antidepressants cause a significant abatement of manifestations of MDD, and when the improvement is termed as a treatment response when it achieves a 50% margin.

**Decision Three**

Given that the client has experienced a treatment response and tolerating the medication effectively, the care provider decided to maintain the medication, its dosage, and frequency of administration. The therapist can maintain the medication for the next 4 weeks to monitor its effectiveness in treating the client's depression.

As per the American Psychiatric Association (2015), if the patient fails to experience a positive response with the medication by the 8th treatment week, the therapist is tasked with the role of assessing the likely reasons for the ineffectiveness of the medication and make appropriate alterations to the treatment approach for the patient.

The care provider had other alternatives to consider that include increasing Zoloft dose to 75mg while maintaining the administration route and frequency or introducing SNRI

drugs. The alternative of augmenting the dose would be ideal given that the client has already responded positively to the medication as opposed to introducing SNRI agents.

**Ethical Considerations**

When interacting with depressed people, a therapist is expected to develop a customized treatment approach using the presenting symptoms and other considerations as a platform (Kornaros, Zwedberg, Nissen & Salomonsson, 2018). As minors advance in age, their capacity of comprehending issues concerning their treatment and the expectations, responsibilities, and roles of each of the involved parties expand.

Hence, according to Shawler et al. (2018), the care provider must get in informed consent to treatment since this is necessary. As the minor's ability to take part in the exercise of sharing information and making treatment choices under the guidance of parents, the care provider can increase his or her level of engagement in treatment.

The care provider should consider incorporating Kara in the treatment plan. He or she ought to establish her capacity to partake in discussions concerning informed consent and making decisions impacting treatment.

Besides, it is significant to educate the client and individuals from her family about the advantages and risks of prescribed drugs. As indicated by Kornaros, Zwedberg, Nissen, Salomonsson (2018), despite each medication having clinical advantages, it is associated with various risks, hence the need to counsel the client and individuals from his or her family on what is expected of them in case the side effects manifest.

Also, the care provider ought to be observant of the minor's rights and her anonymity and autonomy. This facilitates the development of treatment rapport, energizes the client on self-behalf, and fosters the feeling that the patient will actively take part in the treatment exercise (DeFilippis & Wagner, 2014).

**Conclusion**

In case you think that your child is suffering from MDD, you can request for referral to a psychiatrist who handles teens and children from the child's pediatrician. Timely treatment is critical in the abatement of symptoms, improving functions, and reduces odds of relapse. With no treatment, depression among children may become chronic and serious, resulting in impaired social, mental, and academic functions. A child can effectively manage his/her state of mind with the help of support from parents. Moderate to severe depressive symptoms can be managed by antidepressants, for example, Zoloft.

**Case Study An African American Child Suffering From Depression References**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**The Assignment: Case Study: An African American Child Suffering From Depression**

When pediatric clients present with mood disorders, the process of assessing, diagnosing, and treating them can be quite complex. Children not only present with different signs and symptoms than adult clients with the same disorders, but they also metabolize medications much differently.

As a result, psychiatric mental health nurse practitioners must exercise caution when prescribing psychotropic medications to these clients. For this Assignment, as you examine the client case study in this week's Learning Resources, consider how you might assess and treat pediatric clients presenting with mood disorders.

Note: This Assignment is the first of 10 assignments that are based on interactive client case studies. For these assignments, you will be required to make decisions about how

to assess and treat clients. Each of your decisions will have a consequence. Some consequences will be insignificant, and others may be life altering.

You are not expected to make the “right” decision every time; in fact, some scenarios may not have a “right” decision. You are, however, expected to learn from each decision you make and demonstrate the ability to weigh risks versus benefits to prescribe appropriate treatments for clients.

**Case Study An African American Child Suffering From Depression Required Readings**

Note: All Stahl resources can be accessed through the Walden Library using this link. This link will take you to a log-in page for the Walden Library. Once you log into the library, the Stahl website will appear.

Stahl, S. M. (2013). Stahl’s essential psychopharmacology: Neuroscientific basis and practical applications (4th ed.). New York, NY: Cambridge University Press.

Note: To access the following chapters, click on the Essential Psychopharmacology, 4th ed tab on the Stahl Online website and select the appropriate chapter. Be sure to read all sections on the left navigation bar for each chapter.

Chapter 6, “Mood Disorders”

Chapter 7, “Antidepressants”

Stahl, S. M. (2014b). The prescriber’s guide (5th ed.). New York, NY: Cambridge University Press.

Note: To access the following medications, click on the The Prescriber's Guide, 5th ed tab on the Stahl Online website and select the appropriate chapter. Be sure to read all sections on the left navigation bar for each chapter.

Review the following medications:

- amitriptyline
- bupropion
- citalopram
- clomipramine

Magellan Health, Inc. (2013). Appropriate use of psychotropic drugs in children and adolescents: A clinical monograph. Retrieved from http://www.magellanhealth.com/media/445492/magellan-psychotropicdrugs-0203141.pdf

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Note: Retrieved from Walden Library databases.

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Poznanski, E., & Mokros, H. (1996). Child Depression Rating Scale–Revised. Los Angeles, CA: Western Psychological Services.

Note: Retrieved from Walden Library databases.

**Required Media for Case Study An African American Child Suffering From Depression**

Laureate Education (2016e). Case study: An African American child suffering from depression [Interactive media file]. Baltimore, MD: Author.

Note: This case study will serve as the foundation for this week's Assignment.

**Optional Resources**

El Marroun, H., White, T., Verhulst, F., & Tiemeier, H. (2014). Maternal use of antidepressant or anxiolytic medication during pregnancy and childhood neurodevelopmental outcomes: A systematic review. European Child & Adolescent Psychiatry, 23(10), 973–992. doi:10.1007/s00787-014-0558-3

Gordon, M. S., & Melvin, G. A. (2014). Do antidepressants make children and adolescents suicidal? Journal of Pediatrics and Child Health, 50(11), 847–854. doi:10.1111/jpc.12655

Seedat, S. (2014). Controversies in the use of antidepressants in children and adolescents: A decade since the storm and where do we stand now? Journal of Child & Adolescent Mental Health, 26(2), iii–v. doi:10.2989/17280583.2014.938497

**To Prepare For This Case Study: An African American Child Suffering From Depression:**

Review this week's Learning Resources. Consider how to assess and treat pediatric clients requiring antidepressant therapy.

**The Assignment**

Examine Case Study: An African American Child Suffering From Depression. You will be asked to make three decisions concerning the medication to prescribe to this client. Be sure to consider factors that might impact the client's pharmacokinetic and pharmacodynamic processes.

At each decision point stop to complete the following:

**Decision #1**

Which decision did you select?

Why did you select this decision? Support your response with evidence and references to the Learning Resources.

What were you hoping to achieve by making this decision? Support your response with evidence and references to the Learning Resources.

Explain any difference between what you expected to achieve with Decision #1 and the results of the decision. Why were they different?

**Decision #2**

Why did you select this decision? Support your response with evidence and references to the Learning Resources.

What were you hoping to achieve by making this decision? Support your response with evidence and references to the Learning Resources.

Explain any difference between what you expected to achieve with Decision #2 and the results of the decision. Why were they different?

**Decision #3**

Why did you select this decision? Support your response with evidence and references to the Learning Resources.

What were you hoping to achieve by making this decision? Support your response with evidence and references to the Learning Resources.

Explain any difference between what you expected to achieve with Decision #3 and the results of the decision. Why were they different?

Also include how ethical considerations might impact your treatment plan and communication with clients.