

OPTIMAL HEALTH UNIVERSITY™

Presented by Dr. Peter Hobson

Eight Steps to Consider Before Putting Your Child on Antidepressant Medication

Doctors of chiropractic like Dr. Hobson focus on caring for the whole person, not just on treating emotional or physical symptoms as isolated tribulations. This approach centers on natural solutions that work to solve underlying health concerns — rather than medication “Band-Aids.” While chiropractors don’t treat psychological conditions, they do help patients understand recent scientific research so they can make informed decisions. For instance, Dr. Hobson informs parents about late-breaking research on all-natural solutions.



In children, antidepressant medication is accompanied by side effects and life-threatening risks, such as suicide and aggression. If you're thinking about asking your child's pediatrician to prescribe him or her an antidepressant, consider the following all-natural solutions. Your child's depressive symptoms could stem from a solvable problem — one that does not require medication.

Consider Diet

Diets high in fat and sugar and low in nutrients are linked with depressive symptoms. Teach children to opt for meals rich in essential vitamins, healthy fats and fiber. Strictly limit — or better yet eliminate — fast food meals from your child's diet. Stock the

kitchen with a bounty of fresh, ready-to-eat fruits and vegetables. Also, have plenty of healthy snacks on hand, such as nonfat yogurt, walnuts, almonds and other nuts that are packed with healthy fats.

Make Sure Your Child Gets Enough Exercise

According to multiple studies, regular exercise may be even more effective than antidepressant medication.

One study — led by Duke University Medical Center researcher James A. Blumenthal, Ph.D. — focused on 156 patients who were diagnosed with depression.

Subjects were divided into three groups and received different treatments for four weeks: (1) 30 minutes of exercise three times a week, (2) Zoloft® plus an identical exercise regimen or (3) Zoloft® alone.

After four months, *all* three groups significantly lowered depression levels. However, six months later those in the exercise group alone fared better than either medicated group. Exercisers who didn't take the drug had significantly lower odds of suffering a depression relapse than those in the Zoloft® or combination group (*Psychosom Med* 2000;62:633-8).

Although this study involved adults, researchers speculate that exercise provides a similar benefit in children — perhaps one even more pronounced than in adults.

Need help getting your child to eat healthy or motivating him or her to exercise? Ask Dr. Hobson for copies of previous Optimal Health University® handouts on these subjects.

Ensure Your Youngster Gets Adequate Sleep

Children need considerably more sleep than adults. According to the National Sleep Foundation, school-age children, 5 to 12 years old, require 10 to 11 hours of solid sleep each night. Preschoolers need even more sleep for optimal functioning — 11 to 13 hours.

Studies show that children who have trouble sleeping are much more likely to battle depression-like symptoms than are their well-rested peers. Trouble sleeping includes difficulty falling asleep, staying asleep or waking up early.

One study, which included 823 6-year-olds, documented that children who had trouble sleeping during the previous six months had “significantly” higher chances of depression than any other emotional condition.

Five years later, at age 11, the same group of children again repeated the study. The association between sleep and depression was even stronger than it was at age 6. The authors conclude that there is “a stronger association of trouble sleeping with anxiety/depression than other psychiatric problems.” (*Psychiatry Res* 2000;94:93-102.)

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If your child appears to be getting enough sleep but still seems sleepy, consider checking him or her for sleep apnea syndrome.

Limit TV, Internet & Video-Game Use

Too much TV, computer and video-game use may also spur pediatric depression. Studies show that children who watch fewer hours of TV are less likely to suffer from depression, social isolation and obesity than youngsters who limit TV time. Spending hours on the computer, including the Internet, also increases depression and loneliness (*Future Child* 2000;10:123-44).

Also, steer children away from violent television shows, movies and video games, which may increase depression and aggressiveness and desensitize a child to suffering.

Teach Kids Stress-Reduction Techniques

Children lack adult strategies to combat the stressors of today's fast-paced and worry-packed lifestyles. Family issues, academic worries, peer pressure, world events, environmental problems, etc. affect children in more ways than we realize. In the last decade especially, research shows a strong link between anxiety and pediatric depression.

One study included 234 children and adolescents with depression. The study's researchers used a special index measurement to gauge depression and anxiety sensitivity. A "significant correlation" was documented between depression and anxiety, even when the scientists took into consideration other aspects of anxiety, such as worry, physiological anxiety and concentration (*Behav Res Ther* 1997;35:961-6).

Help children develop lifelong anxiety-relieving habits by teaching them stress-reduction techniques, such as exercise, meditation, prayer and communicating feelings.

Care for Any Chronic Pain

Imagine, as a child, not being sure if you could make it through a school day or even a baseball game without

recurring pain. For an adult, chronic pain is depressing and frustrating, but for a child it feels like the end of the world.

In a recent study, researchers measured pain intensity, depression, coping strategies and disability in 73 children with chronic pain. Depression was "strongly associated" with disabling pain. Researchers found that chronic pain substantially affected the children's lives. Poor coping strategies for the pain compounded the depression and disability.

The same study also examined another subset of 44 pediatric patients with chronic musculoskeletal pain and a group of 38 children with chronic daily headaches. Both groups associated pain with depression. High levels of disability and difficulty coping were especially associated with the children suffering from musculoskeletal pain (*Clin J Pain* 2001;17:341-9).

If you suspect your child is suffering from pain, schedule a chiropractic appointment today.

Investigate Medication Side Effects

Some medication may actually trigger depressive symptoms. If your child is currently taking *any* medication, be sure to investigate if depression or anxiety is one of the side effects. Other common side effects, such as headaches, decreased appetite, persistent pain and decreased energy, can eventually spur depression.

Consider CBT

A type of therapy called cognitive behavior therapy (CBT) relieves depression symptoms in many children, according to scientific research. For some, it may be faster and more effective than any other type of therapy.

Children suffering from depression often view themselves, their environment and life experiences in a negative and unhealthy way. Cognitive behavior therapy can help children first identify negative messages and then replace them with a healthier, more realistic and positive outlook.

For example, an internal harmful mes-

sage like "I'll always get the poorest grade because I'm the least intelligent student in the class" might be replaced with a positive thought, such as "I'm as intelligent as anyone, but I may just need to study a little more next time."

In one recent study at the Royal Manchester Children's Hospital, Manchester, England, researchers divided 376 children, aged 8 to 19, with mild to moderate depression into two groups. Of the children who received cognitive behavior therapy, 62 percent (129 youngsters) experienced remission from their depression, while only 36 percent of the control group (61 children) enjoyed similar results (*BMJ* 1998;316:1559-63).

Talk to the Doctor

While doctors of chiropractic do not treat depression, the doctor and staff are happy to provide patients with research information on the side effects of antidepressant medication in children, to educate patients about alternatives and to offer referrals to qualified psychological professionals. Chiropractors focus on the whole person, which includes educating parents about children's health concerns.

Warning: Never discontinue a child's prescribed antidepressant without first consulting the prescribing physician. Stopping any antidepressant medication suddenly may result in withdrawal effects and increase the risk of a depression relapse. With any treatment regimen, natural or otherwise, watch your child closely for worsening signs of depression, and consult a physician right away if your child attempts or indicates a desire to inflict any type of self-harm or aggressiveness toward others.

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