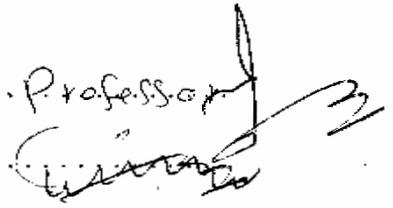
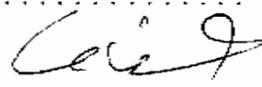


DISCUSSION AND JUDGMENT COMMITTEE

The vice-president for higher studies and research of Ain-Shams University has approved to form the following committee for the discussion of MS. Elham. Said. Mahmud Affify.

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4.
..... Member.



بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

قَالَ اللَّهُ تَعَالَى

وَالْعَمَلُ

فَسِيرِي اللَّهُ عَمَلِكُمْ وَرَسُولُهُ وَالْمُؤْمِنُونَ

صَدَقَ اللَّهُ الْعَظِيمُ

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Introduction

INTRODUCTION

Depression in children and adolescents was previously considered uncommon, but these conceptions have now been corrected. Until the late (1960s) no major text book on child psychiatry contained a section on childhood depression. At this time a number of authors (group for the advancement of psychiatry 1966; Poznanski and Zrull, 1970). began to identify and describe depression in children and adolescents. (McConville, 1983).

The tremendous increase in interest in childhood and adolescent depression has occurred since the early half-century provide information about the prevalence of depressive symptoms and syndroms in non-referred population. (Angold, 1988).

Acute depressive reaction in childhood usually follows such major losses as parental death, separation and divorce, or an unexpected move. A key feature is an excess longing for the lost person and the inability to utilize substitutes. Usually these children appeared to function well before the loss, and generally they improve quickly with the reappearance of caring person. (McConville, 1983).

Chronic depressed children usually have been subjected to frequent previous separation from parents or parent

figures, often associated with depression and rejection, or with loss of involvement of central figure. e.g best friend or girl friend. (McConville, 1983).

One of the first tasks of the investigators in the area of childhood depression has been establishing uniformity in what is meant by "depression". The depression to be discussed is a syndrome consisting not only of pathologically altered mood state, but also of an assortment of physiologic, cognitive, and behavioral changes consistently coinciding with the depressed affect. (Finish and Saylor, 1984).

According to Okasha (1977), it is difficult to define depression. The study of depression in both adults and children has been somewhat hampered by a lack of precision in terminology. The term "depression" has both psychiatric and non psychiatric usage. Even when used in purely psychiatric sense, the term depression can have different meanings :- It may refer simply to dysphoric mood, which is a universal part of the human experience. Dysphoric mood as a "symptom" can occur as a response to loss or disappointment and/or it can exist for no particular reason. When dysphoric mood is seen as symptom in psychiatrically ill patients, it may or may not be part of depressive "syndrome" or depressive "disorder" and it may or may not be apart of another psychiatric disorder. When the word

depression is used to mean as syndrome, the implication is that dysphoric mood occurs in combination with a number of other symptoms and that these symptoms occur together. These symptoms are not limited to affective changes, but they also include vegetative and psychomotor disturbances, cognitive changes, and motivational changes. The clinical syndrome of depression may occur as a primary problem. It may also occur with a wide variety of physical and mental disorders (Cantwell, 1983; Finch and Saylor, 1984).

In the following chapters different points of view regarding the existence of childhood depression, classification, diagnostic criteria and different concepts of etiology, symptomatology, Masked depression and Bipolar affective disorder, outcome and treatment of depression in childhood will be addressed.

Chapter I

CHAPTER I

DEFINITION OF CHILDHOOD DEPRESSION

The concept of childhood depression has gained increased recognition since the early 1970s., Although acceptance is not yet unanimous. (Aylward, 1985).

Just as with depressive phenomenon in adults, Mixed usages for the term "depression" are applied to children.

One usage refers to an internalized mood which a child describes as feeling sad. (Malmquist , 1971).

Second meaning sees depression as a symptom referring to its external manifestation which are then ticketed as part of a depressive complex.(Malmquist, 1971).

Yet a third meaning introduces the dimension of neurophysiological concomitants with a sad mood or depressed symptom. (Malmquist, 1971).

Angold, (1988) suggests that the following distinctions in the use of the term 'depression' can be made:

'Depression' as a description of the low end of the ordinary fluctuations of normal mood. That is, as the miserable side of every day of emotional life.

'Depression' as a discription of the unhappiness, sadness or psychic pain felt as a response to some unpleasant

situation or event-when the event is regarded as a normal. Cause of such a response, for instance, bereavement or failure in some important enterprise.

'Depression' as a trait-referring to a continuing, relatively stable, anhedonic state characterising an individual, as in the concept of (depressive personality disorder) (World Health Organization, 1978).

'Depression' as an individual symptom-referring to a pathological Low or Sad mood.

'Depression' as a syndrome-that is, a constellation of symptoms that are regularly found to occur together, this usage of the term 'depressive syndrome' is identical to that Carlson & Cantwell (1980).

'Depression' as a disorder or illness.

Depressive disorder may occur in the setting of other psychopathology or alone.

'Depression' as a disease · when the disorder is relatively well defined and has been shown to have regularly recurring psychopathological correlates, a clear genetic basis, distinctive aetiology, physical pathology, particular prognosis or specific treatment response. This usage Corresponds to Carlson & Cantwell's (1980).

A further point of considerable importance is raised by pearce (1977) in his suggestion that depressive disorder or syndrom is required to be the cause of handicap to be recognised as such.

According to Okasha (1988), the term affective disorder is used for a group of psychiatric symptoms characterised by:

- 1) Primary disturbance of mood from which all the other symptoms seem more or less directly derived.
- 2) Periodicity in typical cases, elevation or depression of mood alternate with free intervals, in which there is complete return to the normal state in the majority of cases.
- 3) The capacity for recovery from the single attack without impairment of mental integrity.

It has long been recognized that children can experience moods of depression, but the occurrence in childhood of major depressive illnesses of the type encountered in adult patients has, until recently, been less generally accepted. It is now clear, however, that children can suffer from major depressive conditions, though