Can individuals with Down syndrome who have depression get better?

Yes! In general, once depression has been identified, teens with DS can make improvements with the right treatment and support. The quality of life for individuals with DS and depression can be greatly improved with proper treatment:

- Antidepressant medications, such as selective serotonin reuptake inhibitors (SSRIs), are often used with good effect.
- Psychotherapies such as behavior-change oriented therapeutic approaches (e.g., cognitive behavior therapy or “CBT”) can help teenagers with Down syndrome re-engage and return to their normal functioning.
- Increasing social activities and supports is often very helpful.

I am concerned that my family member may be struggling with depression. What should I do?

- Consult with a healthcare professional such as a pediatrician, primary care physician, or psychologist who has expertise in Down syndrome.
- Most health plans offer mental health treatment. If you call the health plan, they can usually direct you to providers in your area.

Resources

Mental Wellness in Adults with Down syndrome, by Maguire and Chiccoine
www.ndss.org/Resources/Health-Care/Associated-Conditions/Mental-Health-Issues--Down-Syndrome/

857.218.4329
www.childrenshospital.org/dowsnsyndrome
www.facebook.com/bostondsp
www.twitter.com/downsyndromebch
What is depression?
Depression is a mood disorder that is characterized by a sad mood and/or decreased interest in things that an individual previously enjoyed. In the United States, depression is one of the most common mental health problems. People with Down syndrome (DS) have an increased risk of mood problems, and depression is a specific concern during adolescence and the transition to adulthood. This guide will help you better recognize and understand depression in individuals with DS and will guide you toward seeking appropriate treatment and support.

How common is depression in individuals with Down syndrome?
Up to 1 in 5 people with Down syndrome (20%) may develop depression at some point during their life. People with DS have higher rates of mental health challenges compared to the general population, and the risk for depression increases with age. Depression in children with DS is less common, but symptoms of depression may often appear during adolescence. Adults are at the greatest risk for depression. The earlier depression occurs, the more at risk the person is for future depressive episodes, so recognizing the signs and symptoms early on is important for improving long-term outcomes.

What are the signs & symptoms of depression in teenagers with DS?
Key features of depression observed in people (especially teenagers) with DS include:
- Lack of liveliness
- Decreased interest in people and/or once enjoyable activities
- Appearing withdrawn, self-absorbed, and unresponsive
- Loss of self-care skills
- Increased moodiness/expressing emotions (e.g., crying) at unusual times or in inappropriate contexts
- Changes in weight (e.g., weight loss) and/or sleep habits (e.g., insomnia)
- Reduced energy level (e.g., physical slowness, fatigue)

What are causes of depression in teenagers with DS?
Depression in DS is often caused by a combination of factors:
- Differences in brain functioning and brain chemicals may increase the risk for depression.
- Medical conditions such as obesity, hypothyroidism, sleep apnea, and dementia are associated with depression.
- Family history of mood disorders or other mental health problems can also increase risk for depression.
- Major life changes such as the death of a loved one, changing care providers, entering puberty, and moving can all contribute to the onset of depression.
- Issues at school or work, physical health problems, and decreased engagement in social activities can lead to depression.
- Individuals with DS may also have less effective coping and problem-solving skills to manage stressors and challenges, and may have difficulty communicating emotions.

How is depression diagnosed in teenagers with DS?
• If you have noticed some of the symptoms in a loved one with Down syndrome, you should start by discussing this with a professional. A pediatrician, a primary care physician, or a specialist such as a neurologist, psychiatrist, or psychologist with expertise in DS can help to determine the diagnosis.
• While there is no standard tool for diagnosing depression in those with DS, a professional may use resources such as the DSM-5, or measures such as the Aberrant Behavior Checklist and the Reiss Scales for Children’s Dual Diagnosis.