Depression in adolescent health: A history and physical evaluation.

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Introduction

Adolescents that suffer from unipolar depression are widespread yet frequently go undiagnosed. After puberty, the incidence climbs significantly, especially in girls, and by the end of adolescence, the 1-year prevalence rate approaches 4%. In low-income and middle-income nations, the burden is greatest. Depression increases the risk of suicide and is linked to significant current and future morbidity. A family history of depression and exposure to psychosocial stress are the two biggest risk factors for depression in teenagers. Sexual hormones, developmental variables, psychosocial stress, and inherited hazards all work together to raise risk via hormonal factors and related disrupted brain pathways [1].

Although there are many similarities between teenage and adult depression, there are concerns concerning antidepressant use in adolescents, and there are differing views on clinical therapy. Effective therapies are accessible, but choices depend on the degree of the depression and the resources that are available. Prevention tactics aimed at high-risk populations show promise [2].

However, the majority of the study on this subject has only focused on adult and ageing populations, and the health effects of adolescent depression have received little attention. Given that depression is as common in teenagers as it is in adults, this discrepancy in the research is remarkable. A third of teens battle with potentially life-altering medical disorders like asthma, chronic headaches, and allergy-related respiratory discomfort, despite the general belief that adolescence is a time of robust health [3].

Although there is little study on the relationship between teenage health and depression, there is preliminary data that suggests that adolescent depression may have negative effects on one's health. Although not all research looking at chronically unwell teenagers have supported that finding, cross-sectional epidemiological surveys have revealed that significant depression over the previous 12 months is linked to chronic illness and poor self-reported health among older adolescents. Cross-sectional research alone cannot determine whether depression plays a causal role in the development of disease because stress associated with managing a chronic illness may potentially contribute to the development of depression [4].

Despite the prevalence of adolescent depression worldwide, there are still many knowledge gaps. Given the lack of resources, it is crucial to continue developing practical, affordable techniques for diagnosing, evaluating, and treating teenage depression in non-specialist settings and low- and middle-income nations. There is also a clear knowledge gap in the area of relapse prevention. Finally, given the difficulties and expense of treating adolescent depression, preventative strategies seem crucial. But it's not yet apparent what the main tenets of these programmes and policies should be. Determining cost effectiveness is also necessary. Future studies should prioritise such tactics [5].

References

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