

소아·청소년 우울증의 진단 및 치료 영년 우울증 진단 및 치료

Depressive Disorders in Children and Adolescents

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Abstract

Child and adolescent major depressive disorder(MDD) and dysthymic disorder(DD) are common, chronic, familial, and recurrent conditions that usually persist into adulthood. These are not only accompanied by several comorbid disorders(i.e., anxiety disorders and conduct disorders), but also increased risk for suicide, substance abuse, delinquency, school failure, and behavioral problems. Additionally, children and adolescents with MDD and/or DD frequently have poor family, academic, and interpersonal functioning. Thus the importance of early identification, comprehensive diagnosis, and proper treatment of the disorders has been emphasized. The treatment of MDD may be divided into three phases : acute, maintenance, and continuation. In acute phase, psychosocial treatment may be the first - line option for most depressive youth ; however, pharmacotherapy should be considered for a high - risk group. Currently, SSRIs antidepressants are efficacious for the treatment of adolescents with MDD, and have a relatively less side effects. Most clinicians favor the SSRIs as first - line medications for the depressive youth. Because of the high rate of relapse and recurrence of depression, all patients need continuation treatment for at least 6 to 12 months and some patients may require maintenance therapy from 1 year to life - long. All clinicians who are involved with the treatment of depressive youth should foster the effective therapeutic alliance and educate the patient and family about the disorder and its treatment to maintain proper treatment. Finally further research is needed on the several facets of child and adolescent depressive disorders.

Keywords : Child; Adolescent; Depression

가

(sadness)

(unhappiness)

가

(depressive mood)

가

가

(; DD) 0.6~1.7%,
1.6~8.0% .
() 가 1:1
, “ 가 2:1 (3).
가 ”, “ 가 .
가 ”, “ 가 .
가 ” 가 (4) 2,203
. 20 CES - D
. 25
, 21.4%, 23.8% “ ”
. 가 가 (5)
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” CES - D(24)
- (CBCL - YSR),
가 .
“ ” - 6.58% .
“ 가 가 가 2, 3 700
” 3 (1, 2 , 3)
가 가 - 15
. (2.01% (6).
)가 (40~70%) .
, , 2%
. .
. 40~70% 가
, , 20~50% 2 . 가
. (DD) ()
(MDD) 2%, 30~80%), (10~80%), (20~30%)
4~8% , ,

2.	(7)
(absence of MDD)	≤ 1
(subsyndromal depression)	2~3
(response)	2
(remission)	2 ~2
(recovery)	2
(relapse)	
(recurrence)	

* 50% , BDI(Beck Depression Inventory) ≤ 9 ; HDRS(Hamilton Depression Rating Scale) ≤ 7 ; CDRS(Children Depression Rating Scale) ≤ 28 : 가 , GAF(Global Assessment of Function Scale) C - GAS(Children's Global Assessment Scale) ≤ 70

가, 가

가가

DSM - IV, ICD - 10

가 가

K - SADS “ , , , 가 , 가 ?”, “ , 가 가 ?”, “ 가 , , 3 (3, 11). (acute phase) 6~12 가 (remission) 가 (continuation phase) 4~12 , (relapse) (9). Beck Depression Inventory(BDI), (Children's Depression Inventory, CDI) phase) 1 , (recurrence) 가 가 (screening), 가, 가 2) (10) 6~12

1 2 (33%)
 , , , 가
 , 가
 , 가
 가 가
 , (tricyclic antidepressants ; TCAs)
 (open trials)
 60~80%
 (controlled double-blind trials)
 (placebo) 가
 가
 가 가
 2 , (MAOI)
 , 가
 가
 (selective serotonin reuptake inhibitors, SSRIs) 가
 가
 70~90%, 56%

(33%)
 가
 ,
 ,
 SSRIs (fluoxetine, paroxetine)가
 bupropion, venlafaxine
 mirtazapine, trazodone

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 10 가
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 fluoxetine(Prozac) 10 mg, alprazolam 0.25 mg bid 3 ,
 가가

fluoxetine 20 mg bid , 4
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 TV , ,
 alprazolam
 fluoxetine 20 mg bid

3)

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(11).
 40~60%
 10~20% (11).
 가
 (6)
 가 .

4)
 가 6~12 ()
 (recurrence)
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syndromal symptoms), , , (therapeutic alliance)
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 (2) 가?
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 (psychosocial therapies)가 ,
 (11), , , , 가
 (3) 가? ,가 .
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 가 , ,
 (3). (3, 11).
 , (interpersonal
 5) psychotherapy ; ITP), (cognitive - be-
 (1) havioral therapy ; CBT), , 가 ,
 가 ,

8. Hammen C, Rudolph KD. Childhood mood disorders. in : Mash EJ, Barkley RA, eds. Child Psychopathology, 2nd ed. New York : Guilford Press, 2003 : 233 - 78
9. K - SADS workshop : , 2003
10. 가. 1994 ; 5 : 12 - 27
11. American Psychiatric Association. Practice for the treatment of patients with major depressive disorder [revision] Am J Psychiatry 2000 ; 157(Suppl) : 1 - 45

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