Depression in Adolescent Headache Patients

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SYNOPSIS

A study of 28 patients aged between 13-18 years with chronic daily headache revealed that 86% of them were diagnosed as depressed based upon psychological evaluation. Instruments that were best able to evaluate depression in this population were identified. These tended to be more projective in nature since teenagers typically did not readily admit to being depressed. A treatment model utilizing antidepressant medication prophylactically, biofeedback, and psychotherapy is proposed in order to alleviate depression and help achieve normal functioning as quickly as possible.

Key words: Depression, adolescence, headache.

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INTRODUCTION

More patients seek treatment from mental health professionals for depression than for any other disorder[1]. In addition many patients who present themselves to physicians with physical complaints also suffer from depression[2,3], particularly if they have chronic pain[3,4]. The correlation between headache and depression has been well-recognized by headache specialists, but there has been controversy over whether this relationship reflects pathology which pre-existed the headache disorder[5], the consequences of living with chronic pain[6], or the contribution to both pain and depression resulting from deficient levels of brain serotonin and/or other neurotransmitters[4,7].

While the affective component of depression obviously limits the patient's ability to enjoy life, the cognitive processes involved cannot be ignored by the practitioner whose potential for successful headache treatment depends upon patient compliance with treatment regimens. Depressed individuals display a number of beliefs including: the belief that they are unworthy and/or to blame for their own or others' plight; the belief that there is nothing they can do to change an unhappy situation; and the belief that things will not get better in the future[8,9,10]. Thus, the potential for noncompliance exists in a situation that a patient considers powerless to change. Since successful headache treatment often requires adherence to protocols for medication, diet, and behavioral techniques, the depressed patient may thus actually be cognitively sabotaging the chances for a successful treatment outcome.

The documented increase in the number of headache sufferers during adolescence [11] raises concerns about the possible concomitant role of depression. In fact, research demonstrates that depression increases during adolescence in comparison with earlier childhood[12,13]. Furthermore, grief reactions become longer and more intense during adolescence[14,15,16], and there is a tremendous increase in suicide, attempted suicide, and suicidal ideation after puberty[9]. Thus, the headache specialist who sees adolescents in his/her practice may in fact be involved in saving a patient's life—not just enhancing the quality of it.

The importance of attending to the emotional well-being of adolescent headache patients is further highlighted by a review of recent research related to the emotional functioning of young adult headache sufferers. Merikangas et al.[17], and Breslau et al.[18] found significantly higher incidences of both depression and anxiety among migraine patients than other young adults in their 20's. Similar findings were reported by Brandt et al.[19] who also included teenagers who were age 16 or older. Furthermore, the work of Breslau et. al.[18] demonstrates an increased risk of suicide among headache patients who are in their 20's.

The present study represented one multidisciplinary headache center's attempt to quantify observations that a relationship exists between adolescent headache and the clinical diagnosis of depression[20]. Furthermore, the study offered an examination of which tools can most efficiently aid in diagnosing depression in an adolescent headache population.

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