

Depression in children and young people: identification and management in primary, community and secondary care

Author's objectives

To evaluate the efficacy of psychological and pharmacological therapies for the treatment of depression in children and young people.

Author's conclusions

The authors seem to conclude that therapists trained in child and mental healthcare should provide psychological therapies; multi-modal treatments should address co-morbidity and complexity of childhood depression; tricyclic antidepressants should not be used; fluoxetine is the only pharmacological therapy where evidence of clinical effectiveness is available; and the addition of CBT to fluoxetine therapy may be beneficial.

Bibliographic details

National Collaborating Centre for Mental Health. Depression in children and young people: identification and management in primary, community and secondary care. , 2005; National Clinical Practice Guideline; 28: 233

Status

This record is a structured abstract written by CRD reviewers. The original has met a set of quality criteria.

CRD commentary

The systematic review was conducted as part of a larger clinical guideline. Those questions deemed reasonable to address using systematic review were clearly defined in terms of the interventions, population, outcomes and study design. The criteria for the population stated that participants between the ages of 5 and 18 years were eligible, however, one study included participants up to the age of 20 years. Several relevant sources were searched for published and unpublished studies, thus helping to reduce the potential for publication bias. The authors stated that they investigated publication bias but did not report the results. The review was restricted to studies in English, therefore language bias may be an issue. It was stated that the studies were selected by at least one reviewer, thereby increasing the potential for error and bias where only one reviewer was involved. The data extraction and the quality assessment were conducted in duplicate, therefore reducing the potential for reviewer error. Relevant criteria were used to assess study quality. Appropriate measures of effect were calculated, although the pooled estimates were mainly based on the results of either 2 or 3 studies, and a large number of intervention/outcome combinations were assessed by only single studies. Overall, this was a well-conducted review, although the results may have been weakened by the exclusion of foreign language papers and the potential for selection bias.

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