Discussion Week 12

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**Response 1**

One in every 5 children and adolescents suffer from severe depression. This asks for an immediate understanding of physiological it's symptoms and subsequent treatments. Each year 6.5 per cent of America's population suffers from depression among which only one-third seek out to the treatment (“Yuzu: Julien’s Primer of Drug Action,” n.d.). Use of Antidepressants is particularly considered as a major treatment for depression which contributes to the reduction of its clinical symptoms. It was conducted that on average, more than 5,200 children and adolescents take antidepressants during a period of 8 weeks.

 Antidepressants are only considered as effective if they are combined with the psychotherapy. They may be prescribed by the doctor in case of severe symptoms because they effectively minimize a patient's suicidal thoughts as suicide is identified as the most significant outcome of depression along with self-harm. However, the doctor may be hesitant to provide antidepressant to some age groups because they may have adverse effects such as weight gain, severe headaches, insomnia and some cases it may result in gastrointestinal symptoms. Studies have shown that in some cases, they can contribute to the development of suicidal thoughts. (“Teen Depression,” n.d.).

**Response 2**

 STAR\*D study suggests that antidepressant treatment may not be as effective as it is thought to be. The study devised the effectiveness of treatment based on 4 levels. In each level different antidepressant was given to the Patients. It was concluded that only half the people reached remission after two levels. After 4 levels, 70% of the patients were identified to reach remission. (“NIMH » Questions and Answers about the NIMH Sequenced Treatment Alternatives to Relieve Depression (STAR\*D) Study—All Medication Levels,” n.d.).

Initially, I would recommend a combination of low doses of “Fluoxetine” and psychotherapy. The patient's symptoms would be monitored during the period of six to eight weeks. If the patient becomes symptom-free after this period, he or she would be prescribed to continue this treatment for 12 months under observation.

However, if a patient doesn't respond to the treatment, the doses of fluoxetine would be increased to 30-40 mg based upon the patient's tolerance. If the patient's symptoms still don't seem to improve, they may be switched to “tranylcypromine” which is thought be most effective for patients not recovering from other antidepressants.

**References**

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