**Case study: African child suffering from the Major Depression**

In this case study I have worked on studying and providing the best possible therapy to the African child suffering from the depression I-e pediatric mood disorder and extreme anxiety. Patient came with his mom and was exhibiting the signs of sadness, decrease in taking appetite, frequently gets irritated and hot flashes etc. the present state and the examination of mental state helped me in forming my treatment plan.

Alert & focused X 3, transparent, consistent, vigorous, goal-oriented. It is "unfortunate" self-reported attitude. Affect somewhat weakened, but at multiple stages throughout the clinical session the kid properly smiled. He rejects hallucinations verbal or auditory. No narcissistic or paranoid procedures of thoughts were observed. Judgment and knowledge seem to be appropriate in terms of age. My client showed no causal medical conditions, no co-morbidity nor inherited abnormality that could result in adverse effects of the pharmacokinetics so it was safe to prescribe the genetic analysis for the CYP 450 enzymes at this instant while if observed further warranted treatment can be altered at that time.

**Decision number 1**

On the basis of my observation and research findings cited in Stahl’s Essential Psychopharmacology Prozac-Fluoxetine is the best antidepressant for the children above 8 years (Stahl, 2019). It is also approved by the FDA (Tracy, N, 2012, January 4). Some assemblies challenge the treatment of Children by antidepressants, with the feasible exemption of children and fluoxetine (Prozac), which appears to have been considered beneficial in several medical circles. In December 2003, the UK Medicines and Healthcare Products Regulatory Agency (MHRA) approved a directive that most SSRIs are not optimal for children under the age of 18 to treat depression. After the detailed conversation about benefits and the side effects of the Prozac with the parents they agreed to a treatment According to the strong recommendation from the MHRA and FDA there reside a strong effectiveness between the medication Prozac and major depressive order.

On the basis of the hope for achieving positive improvements in depressive symptoms of sporadic periods of anxiety and impatience within four weeks child was given the decided treatment of 10mg once a day.

**Decision number 2**

After four weeks child was again presented for diagnosis but contrary to my expectations there was not much change in the symptoms and no major side effects were seen. Again a thorough assessment was conducted which resulted in the conclusion of increasing the medicine dosage to 25mg per once a day. The prescribed treatment was again discussed with the parents and upon their agreement it was documented. The goals of the treatment remained the same with the increase of the dosage.

Improvement of symptoms is the key benchmark by which clinicians titrate dosage demands and continue to be one of the guiding principles in the treatment strategy of this client.

**Decision number 3**

After another four weeks there was a visible difference in the symptoms of the child. But unfortunately some of the side effects like continuous mild headaches were reported but there was a decrease of 70 percent in getting suddenly exasperated and anxiety, also the appetite was improved. So considering above rationale Prozac dosage was reduced to 15mg orally for the maintenance phase foe additional four weeks.

The long-term plan includes gathering and formulating data from multiple clinical and educational sources in order to assess healing or establish maintenance therapy. The client's mom is dedicated to sessions for monthly follow-ups.

**Ethical considerations**

My first most priority to undergo this treatment was a thorough psychiatric assessment and careful assessment of the background of the child (including previous signs and therapy reaction) are crucial before a child is given a psychotropic medication. It is essential to learn what the child's and their parent hopes, concerns and motivations are to develop a suitable therapeutic strategy that may include the use of psychopharmacological agents. Other than that it was the ethical consideration to warn the parents about all the side effects of the medicine and start the treatment with their permission and maintain a proper check on the child progress after prescribing such the treatment.

**Cited sources**

Tracy, N. (2012, January 4). Antidepressants for Children: Important Information for Parents, HealthyPlace. Retrieved on 2019, September 28 from https://www.healthyplace.com/depression/children/antidepressants-for-children-important-information-for-parents

Stahl, S. (2019). Stahl Online. Retrieved 29 September 2019, from <https://stahlonline.cambridge.org/prescribers_drug.jsf?page=9781316618134c47.html.therapeutics&name=Fluoxetine&title=Therapeutics>