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Original Research Paper

Psychiatry

DEPRESSION IN YOUNG CHILD PRESENTED AS OBESITY

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KEYWORDS :

Background:
Major Depressive disorder in children is not uncommon, it's prevalence is 2-3% worldwide among this population. It has long term adverse effect on individual's cognitive, social & psychological development.[1] Therefore, it is considered to be one of major mental illnesses of children. Its diagnosis could be problematic as it often depends on observation of children's dysfunction.[2]Childhood depression presentation is mostly atypical compared to adult depression. It usually presents as Easy Irritability rather than depressed mood, loss of interest or pleasure in activities, deterioration in school performance, failure to make expected weight gain, decreased sleep. Depressive Equivalent is a triad of symptoms- truancy, alcohol abuse and sexual promiscuity which is usually seen in depressive adolescents.

Here, we present case of Childhood Depression presented as Increased appetite, Weight gain that improved on treatment with SSRI.

Case History:
10-year-old, female child was presented to Pediatric outpatient department for complaint of Excessive oral intake & excessive weight gain since 6 years of age. Her initial evaluation showed her Weight – 63.74 kg, Waist circumference- 93.5 cm and BMI of 27.64 kg/m^2. BMI percentile was 98.6 which is > 95 and falls under Obesity. Patient was referred to Endocrinology department for evaluation of Obesity. She underwent extensive endocrine work up to rule out underlying cause which came to be normal. Patient underwent investigations like Expert USG Abdomen- NAD, S. Cholesterol- 170 [N: Less than or equal to 170), FBS-81 [N: 70-110], Growth hormone- <0.05 [N:0-8], Serum Cortisol- 10.47 [N: 4.3-22.4], IGF-1 : 132 [N: 88-452], Serum TSH- 3.94[.49-4.50], Serum ACTH-24.7 [N: 3.6-60.05]. Then patient was referred to Psychiatry OPD for further evaluation.
On evaluation, patient reported to have severe urge of hunger multiple times in a day. She also reported low mood, not having interest in studies or playing with peers, occasional sleep disturbances. Mother reported that her behavior had been changed ever since the birth of a sibling. She had been clinging more to her mother and demanding for various kinds of food multiple times and when demands are not fulfilled patient would get angry easily over mother, throwing things towards her and crying spells. Also, her interaction drastically decreased with family members and her peers.

Patient's Hamilton Scale for Depression (HAM-D) was done which came to 16 showing Moderate depression as per its interpretation. Patient was also advised Children Apperception Test (CAT) by Clinical Psychologist. The Results showed feelings of sibling rivalry and depression.

As per DSM-5 criteria, patient was diagnosed as Major depressive disorder with atypical features.

Parent Education and counselling was done. Patient was also given diet chart and she was started on syrup Fluoxetine 20mg/5ml, 2.5 ml every morning after breakfast which was increased to 5ml subsequently. In follow up gradually patient improved in terms of depression and behavioral changes. Her appetite decreased compared to time of presentation. Her weight also decreased to 61.5 kg after one-month treatment and came to 56.5 kg on 3 months of treatment. Her waist circumference also decreased to 85 cm. Currently patient is symptom free in terms of depression on treatment.

Conclusion:
Childhood Depression can present in many different ways, one has to be cautious and vigilant to find it out, as it is a treatable condition and significantly improves the Quality Of Life of not only patient but the entire family. It can be treated with SSRI effectively as in this case.

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