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Successful depression treatment of mothers has long-term effects on offspring, UT Southwestern researchers find

DALLAS – May 10, 2011 – Children whose mothers are successfully treated for depression show progressive and marked improvement in their own behaviors even a year after their moms discontinue treatment, new UT Southwestern Medical Center-led research shows.

Additionally, the faster mothers got better, the faster their kids improved – and the greater the degree of improvement experienced.

“If you treat the mother when she is depressed and don’t even go through the process of treating the children of these mothers, they still get better as their mothers get better,” said Dr. Madhukar Trivedi, professor of psychiatry at UT Southwestern and a co-author of the study, recently published in the *American Journal of Psychiatry*. “It is very rare to treat a patient and have an impact on people around the patient that is this significant.

“While the effect in the short term is clearly robust, the bigger issue is that this effect is long-lasting,” he said. “One year after their mothers’ remissions, these children continued to show further improvement. This is almost unbelievable.”

The study is the final in a series of analyses documenting the negative effects depressed moms have on their children. Moms and their children were followed as part of the nation’s largest multisite clinical trial on treatments for depression, begun in fall 1999. UT Southwestern served as the national coordinating center for the \$35 million, four-year study called STAR*D (Sequenced Treatment Alternatives to Relieve Depression) and funded by the National Institute of Mental Health (NIMH).

About 2.5 percent of children and up to 8.3 percent of adolescents in the U.S. suffer from depression, according to figures compiled by the NIMH. Research also indicates that depression onset occurs earlier in life today than in past decades. Depression in young people is often accompanied by physical illnesses and other mental disorders such as anxiety, disruptive behavior or substance abuse.

“Depression should not be taken lightly,” Dr. Trivedi said. “For kids’ sakes, we should be very aggressive in treating patients, particularly mothers. The more improved care we can provide to depressed mothers, the greater extent we can positively benefit their children.”

The latest findings also showed that children’s improvement, in terms of both depressive symptoms and social functioning, was related to the time it took their mothers to get better. Children

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whose mothers remitted – or recovered from all depressive symptoms – early within the first three months of treatment continued to show improvements in both symptoms and social functioning more than a year later. If their mothers' remission took longer than three months, children a year later showed improvement in depressive symptoms, but not as much in social functioning.

Children whose mothers did not respond to treatment did not show improvement at all. Instead, their depressive symptoms increased.

"The take-home message is this: The faster we can get mothers better, the greater impact on their children," Dr. Trivedi said. "When we see a patient/mother with depression, we need to treat them aggressively and fast and get them as close to remission as possible. In the long term, children will have a better outcome than if you take more time to get their mothers better."

Additionally, a significant association was seen between a mother's remission time and her household income and marital status. Mothers who remitted earlier had the highest household incomes and were more likely to be married.

The STAR*D-Child study recruited 824 women ages 25 to 60 at seven of the 14 regional centers participating in STAR*D. Of those, more than 150 mothers and their children, ages 7 to 17, were eligible and agreed to participate in the child study.

Children participating in STAR*D-Child were evaluated for depression at the beginning of the study and then reassessed after their mothers had been on antidepressant medications for three months. They were followed and reassessed at three-month intervals for up to two years. Many kids came into the study with significant problems, with more than one-third showing psychiatric disorders including anxiety, depression and/or other disruptive behavior disorders. Almost half had a previous psychiatric disorder.

Also participating in the study from UT Southwestern was Dr. Carroll W. Hughes, professor of psychiatry and rehabilitation counseling. Investigators from other institutions around the country also participated.

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