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Risk factors for child depression

Factores de riesgo de depresión infantil

Fatores de risco para a depressão infantil

ABSTRACT

Depression is a condition associated with lowering mood, which lasts for more than two weeks. Objective: To investigate through the literature the risk factors that promote the development of depression in children. Method: This is an Integrative Review, carried out with 6 articles, with the following descriptors: Depression. Kid. Risk factors, articulated with the Boolean operator AND, at LILACS, with a time cut of the last five years. Results: The main specific contents are related to the symptoms of childhood depression and the factors that cause the disease. In view of this, two categories were identified based on the content, thus organized: Depression in childhood and the factors and Environments that predispose its development and Habitual symptoms in children with depressive disorder. Conclusion: Despite the limited amount of articles found in the literature, the research managed to achieve the desired purpose, providing a discussion about the risk factors and symptoms of depression in children.

DESCRIPTORS: Depression; Children; Risk factors.

RESUMEN

La depresión es una condición asociada a la disminución del estado de ánimo, que dura más de dos semanas. Objetivo: Investigar a través de la literatura los factores de riesgo que favorecen el desarrollo de la depresión en los niños. Método: Se trata de una Revisión Integrativa, realizada con 6 artículos, con los siguientes descriptores: Depresión. Niño. Factores de riesgo, articulados con el operador booleano AND, en LILACS, con un corte de tiempo de los últimos cinco años. Resultados: Los principales contenidos específicos están relacionados con los síntomas de la depresión infantil y los factores causantes de la enfermedad. Ante esto, se identificaron dos categorías en función del contenido, así organizado: Depresión en la infancia y los factores y Ambientes que predisponen su desarrollo y Síntomas habituales en niños con trastorno depresivo. Conclusión: A pesar de la limitada cantidad de artículos encontrados en la literatura, la investigación logró alcanzar el propósito deseado, proporcionando una discusión sobre los factores de riesgo y síntomas de depresión en los niños.

DESCRIPTORES: Depresión; Niño; Factores de riesgo.

RESUMO

Depressão é uma condição associada à rebaixamento de humor, que tenha duração maior que duas semanas. Objetivo: Investigar através da literatura os fatores de risco que promovem o desenvolvimento de depressão em crianças. Método: Trata-se de uma Revisão Integrativa, realizada com 6 artigos, com os seguintes descritores: Depressão. Criança. Fatores de risco, articulado com o operador booleano AND, na LILACS, com corte temporal dos últimos cinco anos. Resultados: Os principais conteúdos abordados estão relacionados aos sintomas da depressão infantil e aos fatores causais da doença. À vista disso, identificou-se duas categorias baseadas nesses conteúdos, assim organizadas: Depressão na infância e os fatores e Ambientes que predis põem seu desenvolvimento e Sintomatologia habitual em crianças com transtorno depressivo. Conclusão: Apesar da quantidade limitada de artigos encontrados na literatura, a pesquisa conseguiu alcançar o propósito almejado, proporcionando uma discussão acerca dos fatores de riscos e dos sintomas da depressão no público infantil.

DESCRITORES: Depressão; Criança; Fatores de risco.

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INTRODUCTION

Depression is a unipolar disorder, its only pole being sadness, it affects both adults, children and adolescents. This disorder comes from numerous causes, so it is important to investigate the family context, involving genetic factors, the social environment in which the individual is inserted and also related medical conditions.¹

The prevalence of children with mental disorders is 1% to 20,3% in Brazil, and that one in five children and adolescents develops this type of disorder in the world population. According to information collected, of twenty children under 10 years of age, one evolves with depression and this can harm them in the school environment and in several other environments in which it is inserted.^{2,1}

Depression is difficult to diagnose in childhood, as the symptoms of this disorder

in adults differ in children and some of its characteristics are atypical and individual. The child may have mood swings, develop eating disorders, difficulties with concentration and learning in school tasks, may isolate and refuse to play with other children, will probably have changes in sleep, will show lack of interest when performing leisure activities and in some cases it is possible that she will have physical symptoms such as headache and stomach pain.³

It is of utmost importance that the diagnosis is made early, so as soon as the treatment starts, as it reduces the risk of the child developing damage in his maturation. In order to make the diagnosis, it is necessary to thoroughly investigate the entire history of the disease, such as the duration of symptoms and the degree of psychosocial impairment, and in addition to this information, conducting an examination of the child's mental state is paramount.

Treatment consists of psychotherapy and pharmacotherapy in more severe cases.⁴

Thus, it is essential to be able to identify symptoms in children and mainly to detect what causes the onset of these symptoms, in order to regress the uncontrolled expansion of the disease. Thus, it is possible to prevent the child affected by the disorder from worsening and practicing self-mutilation or suicide attempts in the future. Given the above, the following question arises to guide the research: What are the risk factors that can promote the development of depressive disorder in children?

The present study aims to investigate through the literature the risk factors that promote the development of depressive symptoms in children.

METHODS

It is an Integrative Literature Review,

therefore, the study is exploratory, descriptive and bibliographic in nature. This integrative literature review was obtained by results of research involving the subject of the study, being constituted in a broad, orderly and systematic way. It offers more holistic information in accordance with the problem, thus establishing a wide knowledge.⁵

A search was made for articles that address the risk factors that promote the development of depression in children. The study preparation period started in January 2021 and extended until the beginning of February of the current year, with scientific articles published in databases being analyzed. After collecting the articles, the selection was made through six steps, and at the end of each step, articles that did not meet the criteria required in the research were excluded.

The articles selected for the present study were searched in a paired way in Latin American and Caribbean Literature in Health Sciences (LILACS). The following descriptors were used: “Fatores de risco”, “Depressão” and “Criança”, the combinations between the descriptors were crossed with the Boolean operator “AND”. As inclusion criteria, it was opted for articles in full, online, published in Portuguese, English and Spanish, free of charge published in the last 5 years (2016

to 2021) and that discussed the proposed theme in the most varied study methods. Studies of a bibliographic nature, theses, Course Conclusion Papers, dissertations, dossiers or letters to the author and those whose method of hand was strictly described were excluded.

Based on Mendes, Silveira and Galvão (2008), six steps were followed to build the Integrative Literature Review: 1st stage: The title and abstract will be read; 2nd stage: The guiding question of the theme will be identified, the hypotheses being selected; 3rd stage: The reading of the methodology and the result of the articles will be carried out; 4th stage: An in-depth reading of the result will be made; 5th stage: Delimit the data to be used from the selected studies; 6th stage: There will be a review of the articles for the synthesis of knowledge, where a summary of the main result will be prepared.

After completing the steps for data collection of the articles, a table was set up presenting specific topics, in order to expose the most important and classifying data for each selected article. This table presents articles that contain the following items: authors, year of publication, objective of the study, type of study, population or sample studied and main result.

As an integrative literature review, this study contains only secondary data, with

no involvement of human beings, therefore, there is no need for approval by the Ethics and Research Committee. The information obtained in the study was verified, respecting the origin of the authors and their respective data.

RESULTS

In the data collection period, descriptors extracted from the Health Sciences Descriptors (DeCS) were used, obtaining a total of 1306 articles, applying the time and language filters, a total of 198 articles were acquired, however, 192 were excluded, among them 165 by title and summary, 15 literature review, 7 duplicates and 5 were not in line with the proposed theme.

For the organization and presentation of the evidence found, the data were displayed in a table, with the distribution of articles according to the authors, year of publication, type of study, objective and results.

According to the analysis made in the literature, there were difficulties in finding articles with the criteria required for the research, as there is a small amount of published works that address the proposed theme, making the current study limited, but even with this difficulty it was possible to continue the research, where the type of study prevalent was the cross-sectional. The main contents covered are related to the symptoms of childhood depression and the causal factors of the disease.

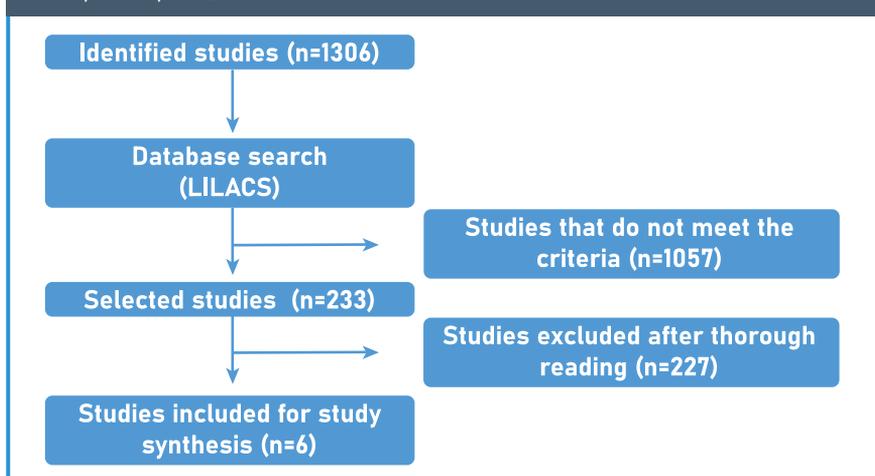
In view of this, two categories were identified based on these contents, organized as follows: Depression in childhood and the factors that predispose its development and habitual symptoms in children with depressive disorder.

DISCUSSION

Category I: Depression in childhood and the factors and environments that predispose its development

In the 1970s, childhood depression was unknown to most individuals and considered a rare disease. Later, in 1975,

Figure 1: Flowchart representing the data collection process, Juazeiro do Norte, Ceará, Brazil.⁶



Source: Own preparation, 2020 based on GALVÃO; SILVEIRA; GALVÃO (2008).

the National Institute of Mental Health of the United States (NIMH) officially recognized the disorder, and from then on, there was a greater interest in the subject among health professionals and researchers. However, despite much research

related to the disorder, the concept of it is still somewhat vague, due to the manifestation of the disease being different in children and varying its symptoms according to each stage of childhood.⁷

The family and the school have fun-

damental duties in child development. Both together share educational, social and political attributions, where one has the role of complementing the other, since, at school, learning becomes more structured and systematized, and in the

Chart I: Organization of articles found according to year, authors, type of study, objective and results, Juazeiro do Norte, Ceará, Brazil, 2021.

Nº	AUTHORS/ YEAR	STUDY TYPE	OBJECTIVE	RESULTS
1	Lima; Pacheco, 2018	Exploratory study	Investigate the association between indicators of depression, emotional self-regulation and perception of family support	Research suggests that children with depression do not efficiently employ affective regulation strategies and that the greater the symptoms of depression, the lower the perceived family support.
2	Aguiar et al, 2018	Quantitative study with a comparative descriptive approach	Identify and compare the sociodemographic characteristics of families who sought care in a Psychology school service and in a Child Psychiatry outpatient clinic.	The children seen in Psychiatry obtained more clinical scores for somatic complaints, thinking problems and externalizing problems. The comparison of the profile of the guardians indicated that the choice of child treatment modality may be related to maternal variables, with mothers with greater adversity and depression opting for drug treatment.
3	Órgiles et al, 2018	Cross-sectional study	Examine the relationship between somatic complaints and depressive symptoms in Spanish children, taking into account the participants' sex and age.	It was found that pseudoneurological symptoms, pain and gastrointestinal symptoms are more common in children with depressive symptoms, with joint pain, headache and fatigue being the most prevalent symptoms.
4	Baptista; Borges; Serpa, 2017	Cross-sectional study	Evaluate the differences in the expression of depressive symptoms by gender and age group.	It was evident that the children were more afraid of separation and had greater feelings of loneliness.
5	Oliveira; Resende, 2016	Field research, descriptive and comparative	To investigate depressive and behavioral symptoms in children in institutional care, through the CDI and CBCL.	The results show that the children of the GI (Institution Group) presented in the CBCL (Child Behavior Checklist between 6 to 18 years old) an average score significantly higher in the scale of externalizing problems (M= 88,78; SD= 19,71) and in the CDI (Childhood Depression Inventory), mean scores significantly higher for depressive symptoms (M= 12,61; SD= 6,28).
6	Antunes et al, 2016	Study case	Analyze the processes and motivations that led parents and guardians to the perception of depression in their children and the consequent search for specialized care. It also seeks to understand the influence of health beliefs and cultural habits in seeking treatment in these cases.	It was noted that there is a directly proportional link between depression and psychological causes experienced from intra-family experiences. It is also noted that the educators are professionals who accompany these children daily in their pedagogical activities, being able to perceive apparent changes in behavior or school performance that would signal more serious problems.

Source: Own authorship, based on research data, 2021.

family the knowledge passed on is more informal, thus, promoting group and individual learning. “The family is the child’s first formation”, as it is where he learns the first concepts of life, so this environment must be one of rights, affection and security. Parents must be participative in their children’s lives, which will make them feel valued. As a result, their self-confidence and self-esteem develop, which will reflect in adulthood, becoming a safe, self-confident and knowing how to live in society.⁸

The interaction and the bonds of the family with the child are of great importance, since the family context is the referential source of the child, it is in this environment where the beginning of its development will be intensified, and it will absorb its first teachings, therefore, the first affective bonds are defined. Parents need to be attentive to the signals that their children show, and intervene according to the child’s needs.⁹

On the other hand, it is essential that the individual has a good childhood education, as it is a phase of many discoveries and skills evolution, in which, it will guarantee its full development.¹⁶ And for a good education for children it is necessary the presence of professionals trained for the position. The teacher, in his work with the child audience, needs to know the history of each of his students, interact with their families, maintain a dialogue with them, observe the entire educational process, and the people who involve him, thus, possessing training in the technical, political, ethical, aesthetic and psychological areas.¹⁰

É essencial dar atenção nesses ambientes em que a criança está inserida, pois eles irão definir o desenvolvimento adequado ou deficiente da mesma. Portanto se a criança vive em um ambiente desfavorável e deficiente para seu desenvolvimento, ela tem grandes probabilidades de desenvolver qualquer doença, e uma delas pode ser a depressão.¹¹

Any type of instability, trauma, neglect, weaknesses, imbalances, can be a risk factor to hinder the progress of its

evolution, and thus, be able to intensify pre-existing conditions or trigger new disorders.¹²

The child may develop depressive disorder after events of grief or loss, such as separation from parents or death from loved ones. Subsequently, she begins to show changes in her behavior, and the worsening of the pathology is due to the parents’ misunderstanding in relation to the child’s situation, as they are unaware of the symptoms of the disease.¹³

The level of education of parents is linked to their financial condition, and research indicates that the lower the level of education of parents, the less will be their ability to instruct and relate to their children, bringing risks for the child to develop disorder.¹⁴

Category II: Usual symptoms in children with depressive disorder

Depressive disorder has the power to cause degradation of the child’s social and psychological maturity process and dramatically compromise its development. Children do not present characteristic symptoms equal to those of the adult individual, in it, they will manifest themselves according to each child stage, as an example, she may present an increase in sensitivity or pessimism, which in turn, is considered by some researchers as symptoms “Masked”, therefore, the disorder can be confused with other pathologies such as Attention Deficit and/ or Hyperactivity (ADHD).¹⁵

The patient who presents symptoms of depression, can manifest manic and depressive episodes. In the occurrence of depressive episodes, the child presents an exaggerated self-judgment, feels guilty, ashamed and does not consider himself worthy of being happy. Already in the manifestation of mania, the patient becomes agitated, restless, and, in most cases, presents great psychomotor agitation.¹⁶

There is a type of mild depression and a type of deeper illness. In mild syndrome, the individual still manages to carry out his daily activities, however, he feels fatigued, unhappy, discouraged,

with pessimistic feelings and always bored, showing no reaction. In the deepest type, the child feels desperate, anguished, mental pain, deep feelings of fear and anger, criticizes his existence and shows a desire for death.¹⁷

One of the main symptoms of the presence of depressive symptoms in the child is something essential for detecting this disorder, it is the setback in school performance, as the child begins to lack interest and difficulty in concentrating on the contents. Thus, in conjunction with other aggravating factors, such as physical pain and specific phobias, the child may isolate himself, refuse to go to school and have difficulties with his peers.⁷

The main clinical manifestation in children up to 6 years of age are somatic symptoms, such as abdominal pain, fatigue, headache and dizziness, and these complaints, in most cases, are accompanied by decreased appetite, weight loss, irritability, sleep disorders and psychomotor agitation. Some atypical symptoms include enuresis, encopresis, poor communication, aggressiveness and repetitive movements.¹⁸

Regarding child suicide, there are few published studies on the subject, however, data from the Ministry of Health confirm that the rates of this phenomenon are increasing more and more in Brazil, 40% of this rate increased from 2002 to 2012 in children and preadolescents with 10 to 14 years old. It is important to observe the main symptoms and try to listen to the child, to always be watching the use of the internet, not to be prejudiced against hospitalizations, as this way, one can prevent childhood suicide.¹⁹

CONCLUSION

Despite the limited number of articles found in the literature, the research achieved its intended purpose, providing a discussion about the risk factors and symptoms of depression in children. Note the importance of working together with the family and the school, both

to identify possible symptoms of depression and to prevent the disease, as diagnosis in children is extremely complicated due to unspecific symptoms and also because the child does not know how to

report your feelings. In addition to these environments being essential, especially in the treatment of the child affected by the disorder, since being a favorable environment, there is the possibility of

improvement of the disease or even cure, and being an unfavorable environment, there may be irreversible consequences and lead to a more severe condition of this disturb. ■

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