

# MANAGING ADOLESCENT MAJOR DEPRESSIVE DISORDER AT THE PRIMARY CARE – A MULTIDISCIPLINARY TEAM APPROACH AND CHALLENGES ENCOUNTERED.



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## INTRODUCTION

Major depressive disorder (MDD) in adolescents is a major health issue. It is increasing in trend, which might lead to high-risk activity and suicide. It is crucial to recognize and intervene early. The multidisciplinary team approach to managing major depressive illness comprises the biopsychosocial components, which play a significant role in obtaining optimum recovery. The purpose of this case report is to acknowledge the importance of the biopsychosocial aspect and to determine the challenges faced in managing depression among adolescents in a primary care setting.

## METHODOLOGY AND CASE DETAILS

We present a case of major depressive disorder in an adolescent in primary care who has been managed primarily by a family medicine specialist and co-managed with an adolescent psychiatrist. A 16-year-old female student in boarding school who had multiple frequent clinic visits for different unrelated acute somatic complaints. A comprehensive assessment was done using the Health Status Screening Form for Adolescents (BSSK-Remaja) and was able to identify the risk for mental illness. Subsequently, a thorough evaluation was done using the acronym HEADSS, which is able to illicit symptoms of depression such as anhedonia, insomnia, fatigue, reduced academic focus, and a feeling of worthlessness. Further exploration of patient's biopsychosocial components was able to identify different stressors and contributing factors to her mental health issue.

## RESULT AND FOLLOW UP

She was diagnosed as major depressive disorder, and was managed accordingly. She was arranged for 2-weekly follow up visits initially for monitoring of her condition, as well as for suicidal risk assessment. She participated in at least 4 counselling sessions as part of interventional mental health programs, involving cognitive behavioural therapies, stress coping mechanisms and stress diaries. Regular discussions among

parents, teachers and healthcare providers was arranged to establish mentor-mentee program as part of proper monitoring mechanism for her during and after school hour. She was started on oral Sertraline 50mg daily, with additional monitoring and evaluation from adolescent psychiatrist.

After 20th week of regular follow up at primary care clinic, there was slight clinical improvement seen in her mental health condition. Objective assessment via PHQ-9 showed improvement from moderately severe score to moderate score for depression. Her academic performance and social interaction were also improved.

## DISCUSSION

This case highlights the challenge of diagnosing and managing MDD in adolescents. We found four key challenges for discussion and room for improvement :

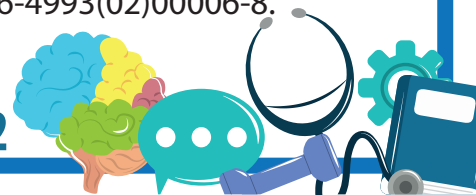
1. Difficult and delayed diagnosis of MDD, especially among adolescents.
2. Poor compliance and defaulter towards treatment and follow-up.
3. Psychosocial issues related to mental illness, such as personal and societal stigma, lead to shame and despair, thus restricting management.
4. Poor family and school support with high expectations from parents and inadequate monitoring from school official as a temporary guardian.

## CONCLUSION

This case underlined the importance of multidisciplinary team collaboration and psychosocial support, principally parental-care, school officials' assistance, and peer-support, to overcome challenges in managing mental health illness among adolescents for optimum care and recovery.

## REFERENCES

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**ABSTRACT BOOK**

## PC119

**MANAGING ADOLESCENT MAJOR DEPRESSIVE DISORDER AT THE PRIMARY CARE -  
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**Introduction:** Major Depression Disorder (MDD) in adolescents is an increasing trend that leads to high-risk behaviour and suicide. It is essential to identify and intervene early. **Objectives:** The purpose of this case report is to acknowledge the importance of the biopsychosocial aspect and to determine the challenges faced in managing adolescent depression in a primary care setting. **Case report:** We reported a case of depression in a female adolescent aged 16 years old who have been managed at the primary care and co-managed under the adolescent psychiatry clinic HTAA. A comprehensive assessment revealed depressive symptoms in her, who already had multiple visits to primary care for acute problems. Her initial management for major depression included two weekly clinic follow-up visits for clinical monitoring and counselling sessions with trivial improvement. Following an intensive approach comprising patient-family counselling, frequent school visits and peer group guidance, patient self-empowerment, and regular follow-up hospital psychiatric clinic for psychotherapy sessions, medication and suicidal risk prevention has shown healthier improvement in her mental health condition. Her mood is alleviated, she shows interest in her daily activities and is able to concentrate in class. This case highlights the diagnostic challenge of diagnosing MDD in adolescents. We found four key challenges in managing adolescent depression: 1) Delayed diagnosis of MDD; 2) Poor compliance and defaulter towards treatment and follow-up; 3) Psychosocial issues related to the illness, such as personal and societal stigma, lead to shame and despair, thus restricting management; 4) Poor family and school support with high expectations and inadequate school monitoring. **Conclusion:** This case underlined the importance of multidisciplinary team collaboration and psychosocial support, principally parental-care, school officials' assistance, and peer-support, to overcome challenges in managing mental health illness among adolescents for optimum care and recovery.