

DEPRESSION IN ADOLESCENTS WITH AUTISM SPECTRUM DISORDER

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Autism Spectrum Disorder (ASD) is a form of neurodevelopmental disorder defined by limited and repetitive patterns of behaviour, interests, or activities, as well as limitations in social interaction and communication. Globally, 1 out of every 100 children has autism. Although early childhood may show signs, autism is frequently not diagnosed until much later. People living with autism have varying needs and capabilities, and they change with time. While some autistic individuals may live independently, others have significant difficulties and need care and support for the rest of their lives.

Depression, often known as depressive disorder, is a prevalent mental health condition. It is not the same as regular mood changes or how one feels about daily life. Every element of life, including relationships with friends, family, and the community, may be affected. It may contribute to issues in the classroom in the case of adolescents. Depression is more likely to affect those who have experienced abuse, significant losses, or other stressful situations. (WHO website) In the overall population, depression affects 12% of teenagers, making it a reasonably prevalent diagnosis for young people. The majority of young people who just have a depressive episode are likely to relapse throughout adolescence or early adulthood. People who are depressed and have ASD may become more fixated on rituals and obsessions, or they may completely lose interest in prior activities they once enjoyed. Increased agitation, stereotypical behaviors, and self-harm have all been linked to depression. (DeFilippis, 2018) Depression is a fairly common comorbid diagnosis in children and adolescents with autism. Due to difficulties with communication in this patient group, it might be more difficult to identify, and depressive symptoms may worsen the interpersonal

challenges encountered by young people with ASD. It can be challenging to make an accurate diagnosis, particularly for kids and teenagers with poor verbal abilities. In these situations, relying on parental reports and modifying baseline behaviours is crucial. (DeFilippis, 2018)

Using a well-characterised sample of young people with Autism Spectrum Disorders and their siblings, a study examined co-occurring psychiatric illnesses as reported independently by parents and educators. Parents of almost 25% of the children and adolescents with ASD in the research stated that their children had serious mood problems, particularly in relation to symptoms of anxiety and depression. Furthermore, an additional 25% of the children and adolescents in the group had notable signs of behavioural and attentional dysregulation, which are frequently linked to Attention Deficit Hyperactivity Disorder (ADHD). (Kanne et al., 2009) Studies on multi-informant reports have revealed a variety of themes related to depression and ASD. Children with ASD had greater rates of anxiety and depression symptoms than youth in the general population, according to data from the CBCL's Revised Ontario Child Health Study (OCHS-R). (*Evaluation of the Revised Ontario Child Health Study Scales, Boyle, 1993, Journal of Child Psychology and Psychiatry, Wiley Online Library, n.d.*) In a study of 260 teenagers between the ages of 11 and 17, who were examined for comorbid psychiatric symptoms, 43 of them had been diagnosed with autism or Asperger syndrome, and the children with ASD had greater rates of anxiety and depression symptoms. (Hurtig et al., 2009)

Despite concerns regarding side effects and a lack of evidence to support its usage in the patient population, antidepressants remain the most widely prescribed psychiatric medicine for patients with ASD. (DeFilippis, 2018)

Studies demonstrate that the implementation of evidence-based psychosocial interventions can improve social and communication skills, thus improving the overall quality of life and well-being of individuals with autism and their caregivers. In order to promote greater accessibility, inclusivity, and support, the community must go hand in hand with the care provided to individuals with autism.

REF:

DeFilippis, M. (2018). Depression in Children and Adolescents with Autism Spectrum Disorder. *Children*, 5(9), 112. <https://doi.org/10.3390/children5090112>

Evaluation of the Revised Ontario Child Health Study Scales—Boyle—1993—Journal of Child Psychology and Psychiatry—Wiley Online Library. (n.d.). Retrieved January 9, 2024, from <https://acamh.onlinelibrary.wiley.com/doi/10.1111/j.1469-7610.1993.tb00979.x>

Hurtig, T., Kuusikko, S., Mattila, M.-L., Haapsamo, H., Ebeling, H., Jussila, K., Joskitt, L., Pauls, D., & Moilanen, I. (2009). Multi-informant reports of psychiatric symptoms among high-functioning adolescents with Asperger syndrome or autism. *Autism*, 13(6), 583–598.

<https://doi.org/10.1177/1362361309335719>

Kanne, S. M., Abbacchi, A. M., & Constantino, J. N. (2009). Multi-informant Ratings of Psychiatric Symptom Severity in Children with Autism Spectrum Disorders: The Importance of Environmental Context. *Journal of Autism and Developmental Disorders*, 39(6), 856–864.

<https://doi.org/10.1007/s10803-009-0694-7>

Zeidan, J., Fombonne, E., Scolah, J., Ibrahim, A., Durkin, M. S., Saxena, S., Yusuf, A., Shih, A., & Elsabbagh, M. (2022). Global prevalence of autism: A systematic review update. *Autism Research: Official Journal of the International Society for Autism Research*, 15(5), 778–790.

<https://doi.org/10.1002/aur.2696>

Zhou, W., Liu, D., Xiong, X., & Xu, H. (2019). Emotional problems in mothers of autistic children and their correlation with socioeconomic status and the children's core symptoms. *Medicine*, 98(32), e16794. <https://doi.org/10.1097/MD.0000000000016794>

<https://youtu.be/J0HoDBqAH-A>

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