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## *Depression in Children Decision Tree*

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According to Rao (2013), depression entails a heterogeneous disorder characterized by a combination of biomarkers that significantly aggregate in some patients compared to others. This widespread characteristic may be associated with the etiology of a depression subtype, leading to relatively effective etiologically-based treatments for patients in specific subgroups. The author further postulates that most of the biomarkers identified in adults tend to have a similar effect on children with depression. More precisely, the authors mention that the contributing factors associated with depression among adults include sleep deprivation that leads to unregulated moods. These are followed closely by neuroendocrine systems related to the increase in the release of the basal corticotrophin hormone and cortisol secretion, which serve as a compensation mechanism that responds to decreased glucocorticoid receptor function and brain expression.

Moreover, inflammation among depressed individuals involves the activation of cytokine the produces sickness behaviors similar to depression. On the other hand, metabolic dysregulation has been associated with depression through low levels of leptin that emanate from chronic exposure to stress and lead to depressive behaviors.

Similarly, exposure to chronic stress has been associated with the precipitation and exacerbation of depressive disorders by altering the expression of growth or neurotrophic factors. At the same time, depression occurs due to alteration in the frontolimbic and frontostriatal circuits (Rao, 2013).

In this case, the client is an 8-year-old African American who exhibited signs of depression through complaints of a sadness feeling. Besides, the client's mother expressed that his teacher had noticed a tendency to withdraw from his peer in class alongside decreased appetite and occasional irritation periods. These manifestations are coupled with the client's referral to the psychiatric nurse practitioner despite an unremarkable physical

examination and within normal limits in his lab studies. Besides, the client had reached all developmental landmarks at the appropriate age. However, the client's mental status examination revealed several areas that indicated a depressive disorder based on inflammation, metabolic, and neurotrophic factors. More precisely, the client has self-expressed sadness, blunted affect, and reported thoughts about him being dead. Despite these clinical manifestations, the client appeared alert and oriented, had clear speech, was oriented on goals, and smiled throughout the interview. Besides, his insight and judgment seemed appropriate to his age, had no suicidal ideations, paranoia, or delusions. Regardless, the client had a score of 30 in the children's depression rating chart administered by the PMHNP, indicating a significant depressive disorder (Dowd & Stovall, 2001).

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### *Decision 1*

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Based on the results obtained from the mental and physical exams, the decision selected entails that the client should commence taking Zoloft orally at 25 mg daily. The selection of this decision is based on the finding that the client has significant depression due to his mental status affirmed by the score in the children's depression rating chart. Besides, the client's depressive behaviors are alarming as he has portrayed thoughts of his death, which may explain the constant sadness and withdrawal from his peers (Dwyer & Bloch, 2019). As a result, taking 25 mg of Zoloft daily would foster the desired patient outcomes due to its effectiveness compared to other medications. Specifically, Zoloft has been associated with a significant improvement in a patient's mood at a faster pace within the first few weeks of ingestion, leading to the disappearance of his anxiety levels. Zoloft is associated with minimal to no side effects and can effectively eradicate the client's evasive thoughts, allowing him to regain standard functionality. I did not select the other decision options because, at his age, he would be predisposed to the side effects and contraindications associated with pharmacological solutions, such as Paxil and Wellbutrin, or increasing the dosage for Zoloft. Moreover, I took into account the fact that the client is a student and the necessary duration for recovery (Dwyer & Bloch, 2019; Rao, 2013).

Other treatments using medicines such as Paxil may be ineffective for this case as it is associated with several side effects and further requires at least four weeks of recovery, which may interfere with his school work. Therefore, prescribing Zoloft at 25 mg daily would improve the client's appetite, mood, and sleep and further contribute to restoring his interests in life (Dwyer & Bloch, 2019).

The ethical considerations likely to impact my treatment plan and communication with the patient include beneficence, maleficence, and confidentiality. On the other hand, confidentiality would necessitate protecting the patient's information. At the same time, beneficence and maleficence may interfere with the treatment as the client's patients may seek a different care approach that would intensify his vulnerability to the recurrence of the health issue (Rao, 2013; Dwyer & Bloch, 2019).

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## *Decision 2*

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Based on the client's return to the facility after four weeks, I selected to increase his Zoloft dosage to 50 mg daily, an adults' prescription based on the severity of the health issues. The selection of this option seems better than the first one and would foster addressing the issue at hand at a relatively higher level. As determined in Decision 1, Zoloft is associated with several benefits compared to other medications used in treating depression (Dwyer & Bloch, 2019). Therefore, choosing Decision 2 leads to a 50% decrease in depressive symptoms. Since the contributing factors associated with depressive disorders tend to be similar to those of children, increasing the client's dosage to the effectiveness of the former group would suffice to address the symptoms adequately. Rao (2013) pointed out that biomarkers such as neuroendocrine functionality inhibit inflammation. Still, through an increased dosage of Zoloft (50 mg daily), the various depressive symptoms would be

addressed, allowing the client to resume school. It would further bolster the client's appetite, eradicate his fears and anxiety, and get rid of undesired thoughts of death, allowing him to interact with his peers.

Similarly, some of the ethical considerations that may impact the treatment plan developed and communication with the patient include informed consent and debriefing. On the one hand, informed consent would guarantee determining the parents' understanding of the change implemented in increasing the dosage and the outcome that would be attained. On the other hand, debriefing would guarantee that the parents and the client receive the necessary information on the areas that would improve after taking the medication (Dwyer & Bloch, 2019).

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### *Decision 3*

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The rationale behind the decision to keep the patient on the same amount of medication is based on the client's depiction of his ability to tolerate the dosage and the positive response identified after it was increased to 50 mg daily. As the most effective dosage, 50 mg per day, Zoloft would facilitate maintaining the client's condition in the current status or improve his quality of life by reducing the symptoms and acquiring the desired patient outcomes. His symptoms have significantly improved by the gradual improvement in the client's well-being since he started taking Zoloft. His anxiety level has reduced, hence the reason to continue taking the medication in the recommended dosage. As a result, the client could express his fears, causes of anxiety, and other contributing factors that lead to the development of the depressive disorder. Since the client started taking the medication, some of the changes likely to be identified include a significant improvement in appetite, energy, and sleep, which could occur during the first few weeks. However, since the client returned after four weeks, which prompted the decision to increase his dosage to 50 mg per day, maintaining him at this amount would guarantee a significant reduction in his depressed feeling and regaining interest in daily life. These changes may occur after six to eight weeks of taking the medication.

So far, the client has not portrayed any side effects to the medication, hence the reason for selecting this decision over the previous two. The client's tolerance indication, coupled with improvement in the various areas

highlighted, suggests that substantial differences and eventually no symptoms would be noticed (Dwyer & Bloch, 2019). At his age, depression may have occurred through several contributing factors, including genetics, family issues, and bullying at school, among others that intensified the client's anxiety levels to the point of death thoughts. However, after the various symptoms have been addressed, maintaining the dosage at the same amount would help the client overcome the anxiety and eventually share the cause of his anxiety and express the death thoughts. In this decision, I sought to significantly reduce the client's clinical manifestation by helping him overcome the situation and restore his mood to the levels that he can interact with his peers.

Nonetheless, the ethical consideration likely to impact this treatment plan includes confidentiality that hinders releasing information regarding the patient without his approval or consent. Anonymity entails the second ethical consideration likely to impact communication with the patient. It may impede the acquisition of the relevant information about the specific issue or event that led to his development depressive state (Howland, 2008; Dwyer & Bloch, 2019).

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## *Conclusion*

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Indeed, depression occurs through various factors that adversely affect an individual's well-being, social behavior, cognition, and dietary aspects. As a result, developing a treatment plan that focuses on addressing the symptoms in these areas necessitates taking into account the patient's response and tolerance in each intervention applied. The various treatment steps employed range from pharmacological interventions to therapeutic approaches that reduce the remission rates, boost tolerance, and manage or eradicate the symptoms. In this case, the treatment steps included using a pharmacological approach at the recommended dosage and based on its effectiveness. However, since the client returned after four weeks, the subsequent treatment step involved increasing the dosage to the recommended adult level with minimal changes or tolerance. Consequently, the increase in the dosage played an integral role as it boosted the client's tolerance and

addressed the various symptoms. However, to prevent the condition's recurrence, therapy was added in the third treatment step to help the client regain his affect, boost his mood, and express himself.

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## *References*

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