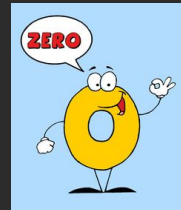


# Depression, Anxiety, and the Adolescent Athlete: Introduction to Identification and Treatment

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## Conflict of Interest Statement

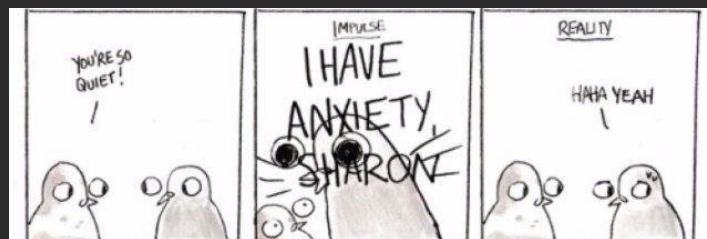
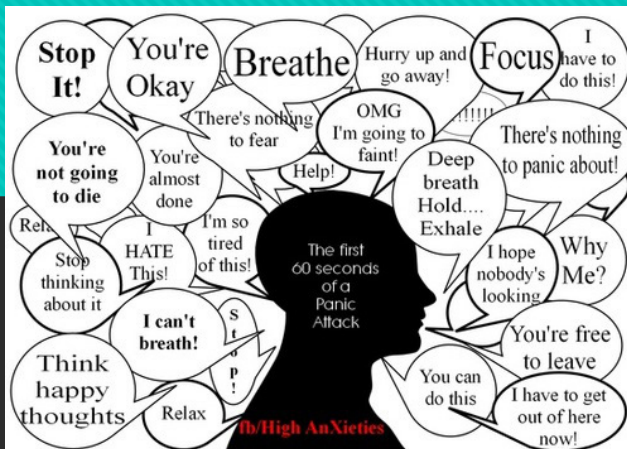


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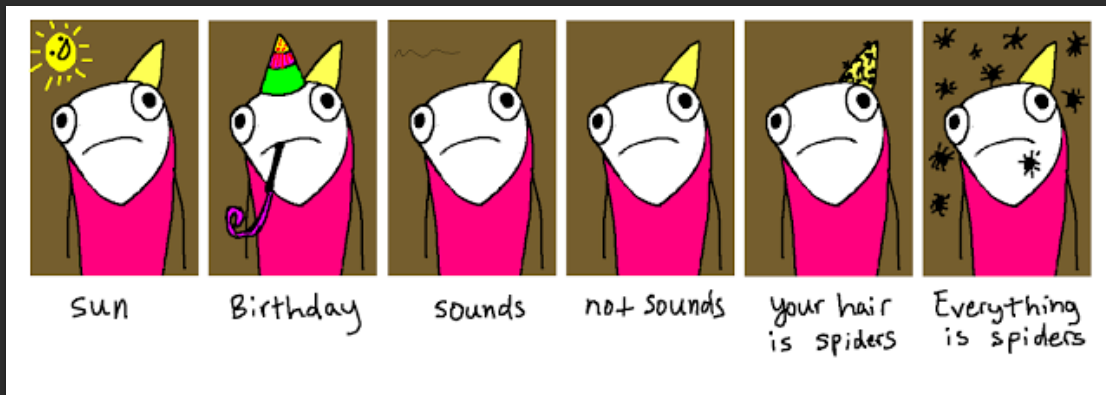
# What is a Mood Disorder?



- ▶ Occurs when one's general emotional state or mood is distorted or inconsistent with circumstances and interferes with functional abilities.
- ▶ "Causes clinically significant distress or impairment in social, occupational, or other important areas of function."



## Depression



## Major Depressive Disorder Diagnostic Criteria

- At least 5 of 9 symptoms for a 2-week period, representing a change in previous functioning
- At least one of the symptoms must be depressed mood (irritable in children) or loss of interest or pleasure in usual activities.

## Major Depressive Disorder Criteria

1. Depressed mood (feels sad or empty) by self-report or observation (irritability in children/adolescents)
2. Diminished interest or pleasure in most activities (nearly every day)
3. Weight gain or weight loss (change of 5% per month); change in appetite; in children, failure to make expected weight gain

## Major Depressive Disorder Criteria

4. Insomnia or hypersomnia nearly every day
5. Psychomotor agitation or retardation nearly every day, observable by others
6. Fatigue or loss of energy
7. Feelings of worthlessness or guilt (which may be delusional)
8. Inability to think or concentrate; indecisiveness
9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan

## Major Depressive Disorder Criteria

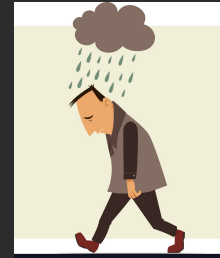
- The symptoms cause clinically significant distress or impairment in social, occupational, academic, or other important area of function.
- The symptoms are not better accounted for by bereavement.
- Symptoms not better accounted for by other medical or psychological disorder.

## Depression

- <https://www.youtube.com/watch?v=H25KR9qLT80>

# Persistent Depressive Disorder (dysthymia)

- A. Depressed mood for most of the day, for more days than not, by subjective account or observation from others, for at least **two years**. (In children, duration of 1 year and mood can be irritable).
- B. Presence of two or more of the following symptoms
  - Poor appetite or overeating
  - Insomnia or hypersomnia
  - Low energy or fatigue
  - Low self-esteem
  - Poor concentration or difficulty making decisions
  - Feelings of hopelessness
- Individual is not without symptoms for more than 2 months of the 2 year period
- **The symptoms cause clinically significant distress or impairment in social, occupational, academic, or other important area of function.**
- Symptoms not better accounted for by other medical or psychological disorder or effects of a substance.




**Leading Causes of Death in the United States (2016)**  
Data Courtesy of CDC

Rank	Select Age Groups							
	10-14	15-24	25-34	35-44	45-54	55-64	65+	All Ages
1	Unintentional Injury 847	Unintentional Injury 13,895	Unintentional Injury 23,984	Unintentional Injury 20,975	Malignant Neoplasms 41,291	Malignant Neoplasms 116,364	Heart Disease 507,118	Heart Disease 635,260
2	Suicide 436	Suicide 5,723	Suicide 7,366	Malignant Neoplasms 10,903	Heart Disease 34,027	Heart Disease 78,610	Malignant Neoplasms 422,927	Malignant Neoplasms 598,038
3	Malignant Neoplasms 431	Homicide 5,172	Homicide 5,376	Heart Disease 10,477	Unintentional Injury 23,377	Unintentional Injury 21,960	CLRD 131,002	Unintentional Injury 161,374
4	Homicide 147	Malignant Neoplasms 1,431	Malignant Neoplasms 3,791	Suicide 7,030	Suicide 8,437	CLRD 17,810	Cerebro-vascular 121,630	CLRD 154,596
5	Congenital Anomalies 146	Heart Disease 949	Heart Disease 3,445	Homicide 3,369	Liver Disease 8,364	Diabetes Mellitus 14,251	Alzheimer's Disease 114,883	Cerebro-vascular 142,142
6	Heart Disease 111	Congenital Anomalies 388	Liver Disease 925	Liver Disease 2,851	Diabetes Mellitus 6,267	Liver Disease 13,448	Diabetes Mellitus 56,452	Alzheimer's Disease 116,103
7	CLRD 75	Diabetes Mellitus 211	Diabetes Mellitus 792	Diabetes Mellitus 2,049	Cerebro-vascular 5,353	Cerebro-vascular 12,310	Unintentional Injury 53,141	Diabetes Mellitus 80,058
8	Cerebro-vascular 50	CLRD 206	Cerebro-vascular 575	Cerebro-vascular 1,851	CLRD 4,307	Suicide 7,759	Influenza & Pneumonia 42,479	Influenza & Pneumonia 51,537
9	Influenza & Pneumonia 39	Influenza & Pneumonia 189	HIV 546	HIV 971	Septicemia 2,472	Septicemia 5,941	Nephritis 41,095	Nephritis 50,046
10	Septicemia 31	Complicated Pregnancy 184	Complicated Pregnancy 472	Septicemia 897	Homicide 2,152	Nephritis 5,650	Septicemia 30,405	Suicide 44,965

## Suicide

○ Tenth leading cause of death in the US (45K people)

# Should I ask? Does that just put the idea in their head?



**ACT.**

**ASK - CARE - TREAT**

**ASK** if someone is thinking about suicide.

Let them know you **CARE**.

Get them assistance (**TREATment**) as soon as possible.

**Life counts.**

# Anxiety

Anxiety: "What if this happens?"  
Me: "But it won't."  
Anxiety: "But what if it does?"  
Me:

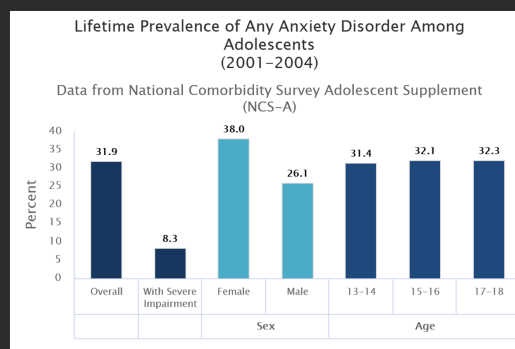


I've got 99 problems and 86 of them are completely made up scenarios in my head that I'm stressing about for absolutely no reason



## Anxiety Disorders

- Differ from normal anxiety by being excessive or persistent beyond developmentally appropriate periods
- Many anxiety disorders develop in childhood and persist if untreated
- Most occur more frequently in females (2:1- DSM-5; 38% to 26% NIMH)
- Life time prevalence of anxiety disorders in children and adolescents is estimated at 31.9% (2001-2004).



## Normal Anxiety?

### Normal Anxiety

- Stress over finances, relationships tied to situation
- Awkwardness or embarrassment after a certain event
- Worry about big event like test, presentation, date
- Fear for life in a realistically dangerous situation
- Ensuring environment and social background are safe
- Anxiety or insomnia after a stressful event, occasion, or new of such event

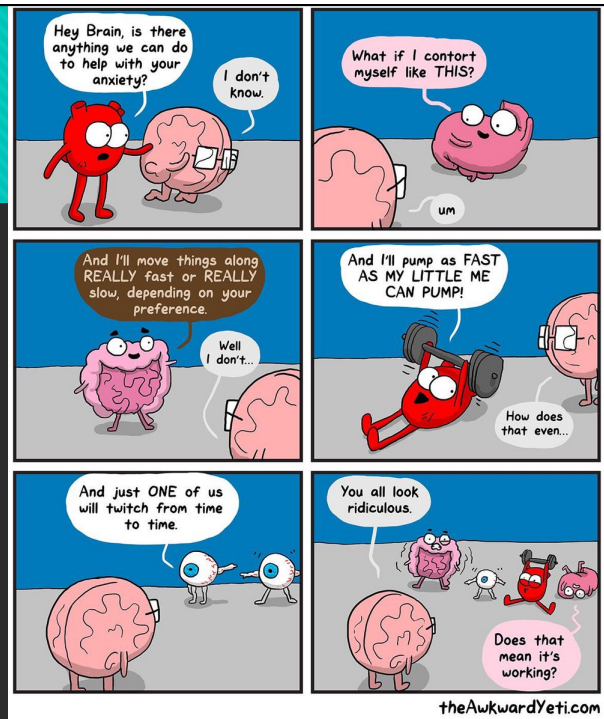
### Anxiety Disorder

- Constant baseless worry something bad will happen
- Avoid social interactions to avoid embarrassment
- Panic attacks, fear of next panic attack
- Avoid places, people that you incorrectly perceive may pose a threat
- Uncontrollable repetitive actions to control environment
- Repetitive nightmares, flashbacks, painful memories months/years after trauma



## Anxiety Symptoms

- Physical complaints; headache, stomachache, dramatic pain
- Difficulty falling asleep; nighttime awakening
- Overeating when mild; under-eating when severe
- Avoiding outside activities or social gatherings
- Poor school/ work performance
- Inattention; being distracted
- Excessive need for reassurance
- Sweating/trembling
- Feel short of breath
- Numbness, tingling, dizziness
- Fear of losing control
- Restlessness
- Fatigue
- Irritability
- Muscle Tension



## Generalized Anxiety Disorder

- ▶ Excessive anxiety or worry that is difficult to control, lasts at least 6 months and creates impairment in functioning
- ▶ Difficult to control the worry
- ▶ Accompanied by at least one of the following (3 in adults): **restlessness**, fatigue, **difficulty concentrating**, irritability, muscle tension, sleep disturbance
- ▶ Mean age of adolescent onset between 10-13 years of age; Prevalence peaks in middle age
- ▶ Adolescent worry themes: Academics, sports natural disasters, social life
- ▶ Females more common (2:1)

## Panic Disorder

- Recurrent unexpected panic attacks, which are sudden periods of intense fear that may include palpitations, pounding heart, or accelerated heart rate; sweating; trembling or shaking; sensations of shortness of breath, smothering, or choking; and feeling of impending doom.
- Panic disorder symptoms include:
  - Sudden and repeated attacks of intense fear
  - Feelings of being out of control during a panic attack
  - Intense worries about when the next attack will happen
  - Fear or avoidance of places where panic attacks have occurred in the past

### ANATOMY OF A PANIC ATTACK



- <https://www.today.com/video/nba-star-kevin-love-opens-up-about-his-panic-attacks-1178923075818>

## Athletes and mood disorders

- Mood disorder can arise from home stressor, trauma, injury, illness, etc.
- Injury is a common trigger for onset of mood difficulties in student athletes.
  - Change in function, pain, limitations to activity
  - Change in social status
  - Altered identity
  - Fear of reinjury once recovered
- Mood changes can be accompanied by comorbid difficulties with substance use/abuse
- Look for bullying, other signs of relational aggression

## What is the Role of the ATC?

- Help athlete, coaches, and others recognize the importance of the well being of the WHOLE athlete, including mental health.
  - NCAA has stated that mental health should be treated as having equivalent importance to physical health.
- ATC may be the FIRST person to whom the athlete discloses his/her feelings.

○ IDENTIFY, SUPPORT, REFER

## Identify, Support, Refer

- Know common signs and symptoms of mental health disorders.
- An article by the BOC (Ostrovecky, 2017) suggests incorporating mental health assessment into pre-participation physicals.
- Educate athletes/staff about mental health and the importance of treating mental health difficulties.
- If an athlete discloses emotional difficulties, listen. Try to understand what they are experiencing, how long they have been experiencing the difficulties, and how the symptoms may be affecting their lives.
- Encourage the athlete to seek appropriate help and help them communicate their feelings/difficulties to important others (e.g., parents, counselors, coaches, etc.)
- Be aware of resources in your community for mental health treatment.
- Identify team members within the school/ school district to assist with referral for mental health treatment, monitoring student progress, implementing academic accommodations (e.g., nurse, team physician, school counselor, school psychologist).

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### consensus statement

## Interassociation Recommendations for Developing a Plan to Recognize and Refer Student-Athletes With Psychological Concerns at the Secondary School Level: A Consensus Statement

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**Table 9. Approaching the Student-Athlete With a Potential Mental Health Concern: Questions to Ask<sup>99</sup>**

- "How are things going for you?"
- "Tell me what is going on."
- "Your behavior [mention the incident or incidents] has me concerned for you. Can you tell me what is going on, or is there something I need to know to understand why this incident happened?"
- "Tell me more [about the incident]."
- "How do you feel about this [the incident or the facts presented]?"
- "Tell me how those cuts [or other wounds] got there."
- "Perhaps you would like to talk to someone about this issue?"
- "I want to help you, but this type of issue is beyond my scope as [coach, athletic trainer, administrator]. I know how to refer you to someone who can help."

Adapted with permission from the National Collegiate Athletic Association.

## BEST PRACTICES:

The interassociation "Best Practices" address the following key components for understanding and supporting student-athlete mental wellness on the college campus:

1. Clinical Licensure of Practitioners Providing Mental Health Care
2. Procedures for Identification and Referral of Student-Athletes to Qualified Practitioners
3. Pre-Participation Mental Health Screening
4. Health-Promoting Environments that Support Mental Well-Being and Resilience

Interassociation Consensus Document:

## MENTAL HEALTH BEST PRACTICES


Understanding and Supporting Student-Athlete Mental Wellness

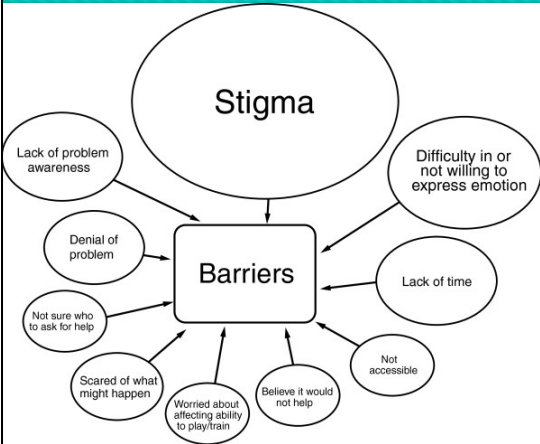


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# Treatment of Mood Disorders





**Past Year Treatment Received Among Adolescents with Major Depressive Episode (2016)**  
Data Courtesy of SAMHSA

Treatment Type	Percentage
Medication Only	2%
Health Professional AND Medication	19%
Health Professional Only	19%
No Treatment	60%

**Past Year Treatment Received Among Adults with Major Depressive Episode (2016)**  
Data Courtesy of SAMHSA

Treatment Type	Percentage
Medication Only	6%
Health Professional AND Medication	44%
Health Professional Only	13%
No Treatment	37%

# Treatment for Depression/Anxiety

- Medication
  - can help ease the symptoms of depression/ anxiety.
  - Many different types and classes of medications can treat anxiety and depression symptoms.



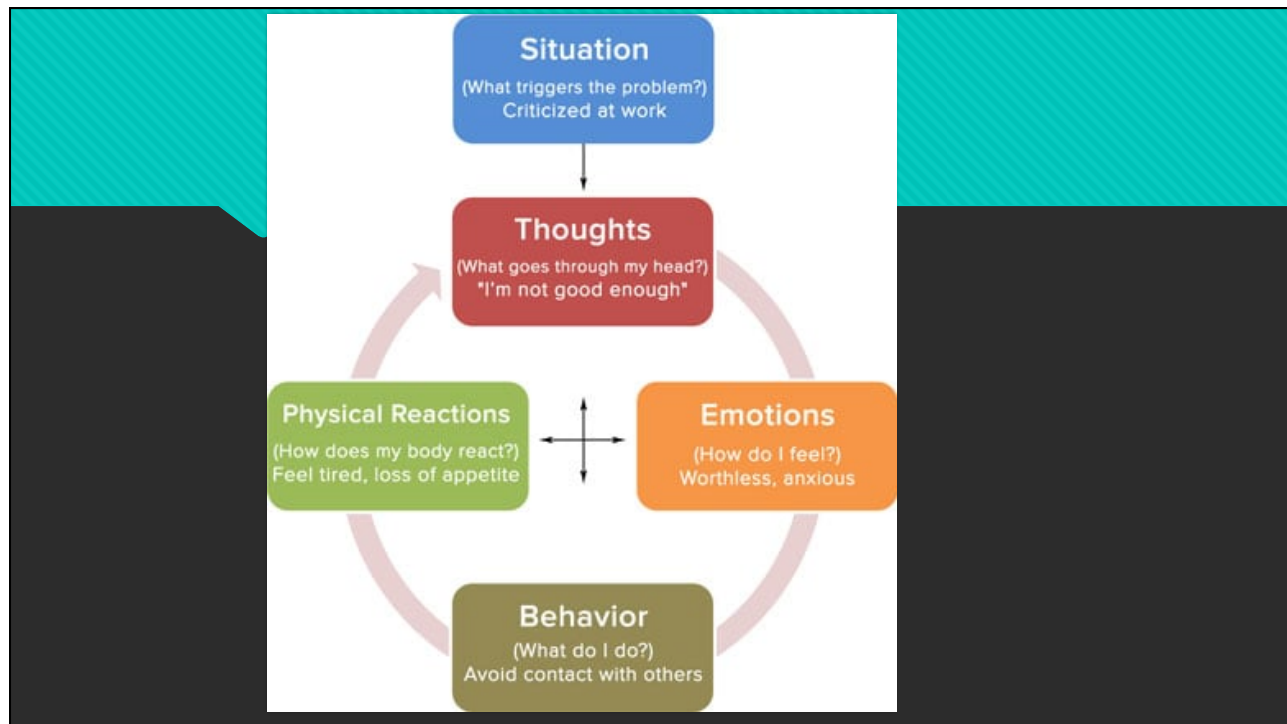
## Psychotherapy



- This can help people understand themselves and cope with problems and adjust to changes. Also provides an additional source of emotional support.
  - Individual psychotherapy is typically weekly for at least 12 weeks
  - Family psychotherapy can be useful in improving communication and adjusting the system/ environment to change
- In the case of injury, adjustment to injury, processing trauma, getting out of the injured or caretaker role, overcoming fear of returning to activities
- Coping techniques

## Cognitive Behavioral Therapy

- ▶ Teaches patient to react differently to situations and bodily sensations that trigger mood symptoms
- ▶ Teaches patient to understand how thinking patterns contribute to symptoms
- ▶ Patients learn that symptoms can be reduced by changing how they perceive feelings of anxiety or depression
- ▶ Examples: Deep breathing, progressive muscle relaxation, imagery, hyperventilating, addressing fears, journaling and evaluating thoughts and experiences, meditation



## Other healthy strategies

- Reduce or eliminate the use of alcohol or drugs
- Exercise or engage in some form of physical activity
- Eat a proper, well-balanced diet
- Obtain an adequate amount of sleep
- Seek emotional support from family and friends
- Focus on positive aspects of your life
- Increase pleasant events
- Pace yourself, modify your schedule, and set realistic goals



## Anxiety Dog says Thanks!



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