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Depression in At-Risk Adolescents and Their Parents

Myrna M. Weissman, PhD and Ardesheer Talati, PhD

Department of Psychiatry, Columbia University, New York, New York

Myrna M. Weissman: mmw3@columbia.edu

To the Editor

In their randomized controlled trial, Dr Garber and colleagues¹ provided important information on the successful prevention of adolescent-onset depression using an evidence-based psychotherapy in high-risk adolescents. In their study, if a parent was currently depressed the adolescent did not benefit from treatment. This observation is consistent with other data suggesting that if a currently depressed mother is successfully treated, her children's symptoms are more likely to improve.

An ancillary study of children of parents receiving treatment as part of the Sequenced Treatment Alternatives to Relieve Depression (STAR*D) found that remission of maternal depression after 3 months of medication was significantly associated with reductions in the children's diagnoses and symptoms.² Conversely, a failure to remit was associated with worsening in child outcomes, paralleling observations by Garber et al that cognitive behavioral therapy did not confer a protective effect among the offspring of currently depressed parents. The STAR*D findings were sustained in offspring of mothers who remitted later after the first 3 months of treatment³ and were supported by consistent findings in an independent randomized controlled trial covering 9 months and using another evidence-based psychotherapy for the depressed mothers.⁴

The combined findings of these studies suggest that a range of efficacious treatments can be recommended to prevent adolescent-onset major depression, targeting both high-risk adolescents and currently depressed parents.

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