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Study Clarifies a Depression Risk

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Teenagers whose parents have a history of [depression](#) are at particularly high risk of becoming depressed themselves. Now, a large clinical trial has found that a group cognitive behavioral program that teaches coping and problem-solving skills to such high-risk teenagers can reduce the risk.

But, the study also found, the success rate of the prevention program varied greatly depending on the [mental health](#) status of the teenagers' parents at the time they began intervention. The program was much more effective than standard care if the parents were also not depressed when the intervention began.

The study was published in this week's Journal of the American Medical Association.

"Were we surprised?" said Judy Garber, a professor of [psychology](#) and human development at [Vanderbilt University](#). "No. There is evidence in the literature that kids don't respond as well to treatment if the parent is depressed."

John R. Weisz, a professor of psychology at Harvard University and president and C.E.O. of Judge Baker Children's Center, who was not involved in the trial, said the results might help identify the best candidates for the prevention program.

He said there were several reasons why the treatment may be less effective when a parent is depressed. "It may be the biological risk for depression is greater in these adolescents — that if the parents were once depressed but aren't depressed any longer, the biological risk isn't as great," he said.

Another possibility is that living in a home with a depressed parent is difficult for a child, he added, while a third possibility is that the teenagers model their parents' behavior.

The study was a randomized controlled clinical trial conducted in four cities: Nashville; Boston; Pittsburgh; and Portland, Ore. It included 316 teenagers between the ages of 13 and 17, all of whom had parents who were either depressed or had been depressed at some earlier point in the child's life.

The teenagers were randomly assigned to either the prevention program, which consisted of eight weekly 90-minute group sessions followed by six monthly sessions, or to receive only the usual care.

While almost one-third of the teens who got the usual care developed depression during the study period, only 21 percent of teens who participated in the prevention program became depressed.

But among teens whose parents were not depressed when the intervention started, the impact of the program was more dramatic. Only 11.7 percent of those teens became depressed, compared to 40.5 percent of teens with healthy parents who received the usual care.

Among teens whose parents actively suffered depression, however, the prevention program was less effective, with 31.2 percent becoming depressed compared with 24.3 percent among those who received the usual care. That difference was not statistically significant.