

Depression and its characteristics in childhood and adolescence

Depressão e suas características na infância e na adolescência

La depresión y sus características en la infancia y la adolescencia

Received: 09/22/2020 | Reviewed: 09/29/2020 | Accept: 09/30/2020 | Published: 10/03/2020

Ana Paula Alves Guilherme

ORCID: <https://orcid.org/0000-0003-1503-5874>

Paranaense University, Brazil

E-mail: ana.guilherme@edu.unipar.br

Mônica Micheli Alexandre

ORCID: <https://orcid.org/0000-0003-3578-6931>

Paranaense University, Brazil

E-mail: monica.ale@edu.unipar.br

Mariana Moraes Pinc

ORCID: <https://orcid.org/0000-0003-1004-3680>

Paranaense University, Brazil

E-mail: mariana.pinc@edu.unipar.br

Joice Karina Otênio

ORCID: <https://orcid.org/0000-0001-9488-0456>

Paranaense University, Brazil

E-mail: joice.otenio@edu.unipar.br

Guilherme Donadel

ORCID: <https://orcid.org/0000-0001-7485-8016>

Paranaense University, Brazil

E-mail: g.donadel@edu.unipar.br

Débora Gafuri Teixeira

ORCID: <https://orcid.org/0000-0002-9554-2632>

Ingá de Maringá Faculty, Brazil

E-mail: gafuri_debora@hotmail.com

Renan Almeida de Jesus

ORCID: <https://orcid.org/0000-0003-2245-0742>

Faculty of Health Sciences of Unaf, Brazil

E-mail: renanaj1988@gmail.com

Juliana Cogo

ORCID: <https://orcid.org/0000-0002-3956-4044>

Cesumar University, Brazil

E-mail: julicogo@gmail.com

Odair Alberton

ORCID: <https://orcid.org/0000-0002-4819-6669>

Paranaense University, Brazil

E-mail: odair@prof.unipar.br

Daniela de Cassia Fagioni Boleta Ceranto

ORCID: <https://orcid.org/0000-0002-6654-951X>

Paranaense University, Brazil

E-mail: dcholeta@prof.unipar.br

Emerson Luiz Botelho Lourenço

ORCID: <https://orcid.org/0000-0002-1798-7871>

Paranaense University, Brazil

E-mail: emerson@prof.unipar.br

Giuliana Zardeto Sabec

ORCID: <https://orcid.org/0000-0003-1640-0714>

Paranaense University, Brazil

E-mail: giulianazardeto@unipar.br

Abstract

Currently the accelerated and troubled routine ends up also affecting children and adolescents, who are still unable to develop, express and assimilate what happens to them, internally and externally, understand their pains and suffering; thus, they end up developing mental disorders, such as depression. Given the importance of seeking more information about depression, this study aimed to produce a bibliographic review article on depression in childhood and adolescence and its characteristics. The databases Pubmed (US National Library of Medicine), Scielo (Scientific Electronic Library Online), and Google Scholar[®] were used in the present study, using the descriptors: depression, psychotropic drugs, mental disorders and psychotherapy. The articles analyzed were written in Portuguese, English and Spanish, for the past 22 years. For the diagnosis of children or adolescents, the clinical investigation has its particularities, the anamnesis must be more in-depth and it must go

beyond the parents' complaint and the history of the child or adolescent. During treatments, psychopharmaceuticals can be used, as well as alternative therapies, such as supportive psychotherapy, interpersonal therapy, brief dynamic psychotherapy, behavioral therapy, among others. However, according to studies carried out recently, the use of psychotropic drugs in children and adolescents brings worrying revelations. It is concluded, through the study, that care must be taken both in the diagnosis and in the treatment of depression in children and adolescents.

Keywords: Depression; Psychotropic drugs; Psychotherapy; Pediatrics; Antidepressants.

Resumo

Atualmente a rotina acelerada e conturbada acaba por afetar também as crianças e adolescentes, os quais, muitos ainda não conseguem desenvolver, expressar e assimilar seus acontecimentos internos e externos, entender suas dores e sofrimentos, e acabam que desenvolvem doenças psíquicas, como por exemplo, a depressão. Diante da importância da busca por mais informações sobre a depressão, esse trabalho teve como objetivo produzir um artigo de revisão bibliográfica sobre o tema na infância e adolescência e suas características. Foram utilizados as bases de dados Pubmed (US National Library of Medicine National Institutes of Health), Scielo (Scientific Electronic Library Online), e Google Acadêmico® com os descritores depressão, psicofármacos, transtornos mentais, psicoterapia, pediatria e analisando artigos em português, inglês e espanhol dos últimos 22 anos. Para o diagnóstico com crianças ou adolescentes, a investigação clínica tem suas particularidades, a anamnese deve ser mais aprofundada, deve ir além da queixa dos pais e da história da criança ou adolescente. Nos tratamentos podem ser utilizados psicofármacos, como também o uso de terapias alternativas, como psicoterapia de apoio, terapia interpessoal, psicoterapia breve dinâmica, terapia comportamental, entre outros. Porém, de acordo com estudos realizados recentemente a utilização de psicofármacos em crianças e adolescentes trazem revelações preocupantes. Conclui-se através do estudo que se deve ter cautela tanto no diagnóstico como no tratamento da depressão em crianças e adolescentes.

Palavras-chaves: Psicofármacos; Psicoterapia; Pediatria; Antidepressivos.

Resumen

Actualmente, la rutina acelerada y conflictiva también afecta a niños y adolescentes, quienes a su vez, muchos aún son incapaces de desarrollar, expresar y asimilar sus eventos internos y externos, comprender su dolor y sufrimiento, y terminan desarrollando enfermedades

psicológicas, como ejemplo, depresión. Dada la importancia de buscar más información sobre la depresión, este estudio tuvo como objetivo producir un artículo de revisión bibliográfica sobre la depresión en la infancia y la adolescencia y sus características. Las bases de datos Pubmed (US National Library of Medicine National Institutes of Health), Scielo (Scientific Electronic Library Online), y Google Scholar[®] se utilizaron para el presente estudio utilizando los descriptores depresión, psicofármacos, trastornos mentales, psicoterapia, pediatría y análisis artículos en portugués, inglés y español durante los últimos 22 años. Para el diagnóstico con niños o adolescentes, la investigación clínica tiene sus particularidades, la anamnesis debe ser más completa, debe ir más allá de la denuncia de los padres y la historia del niño o adolescente. En los tratamientos se pueden utilizar psicofármacos, así como el uso de terapias alternativas, como psicoterapia de apoyo, terapia interpersonal, psicoterapia dinámica breve, terapia conductual, entre otras. Sin embargo, según estudios realizados recientemente, el uso de psicofármacos en niños y adolescentes trae revelaciones preocupantes. Se concluye a través del estudio que se debe tener precaución tanto en el diagnóstico como en el tratamiento de la depresión en niños y adolescentes.

Palabras clave: Psicotrópicos; Psicoterapia; Pediatría; Antidepresivos.

1. Introduction

It is currently observed that people find themselves increasingly without time to establish affection and exchange with others - through human contact. Their inner life is empty, the necessary time to reevaluate their own experiences is not allowed, hindering their process of elaborating and resolving their conflicts and to mature (Domingues & Próchno, 2004). Based on this perspective, individuals cannot describe their history and suffering, relying on medical discourse to expose their sufferings (Domingues & Próchno, 2004).

According to the characteristics of the reality we live in, such as consumerism, the search for immediate satisfaction, the lack of charity, among other aspects, produce our pathologies, as Sigal (2009) points out. It contributes to attack our intellectual and creative processes, transforming us into objects.

Aldous Huxley with a futuristic perspective, anticipated the reality of an emerging dehumanized society and exposed the idea that with the advance that medicine is experiencing, no human being will be considered healthy (Pundik, 2009). Some researchers suggest that the experiences lived during life and aspects of personality development

influence the current causes of a patient's psychological problems, especially in relation to depression scores (Wajnsztejn, 2006).

Thus, we were able to understand why the number of people with mental illnesses is increasing more and more. A worrying fact is that mental disorders affect not only adults, but also children and adolescents. Unfortunately, the number of cases in children and adolescents is also increasing; moreover, since mental disorders bring a significant emotional burden to the child's family, the treatment of these diseases is quite complicated and limited (Pinheiro et al., 2019).

Some of the mental disorders that can affect children and adolescents aged 5 to 14 years are: anxiety, depression, schizophrenia, suicide, brief psychotic disorder, and eating disorders, such as anorexia nervosa and bulimia (Moreira et al., 2014). According to the Pan American Health Organization (PAHO) (2018), about 800 thousand people die by suicide each year in Brazil, being this the second leading cause of death among people aged between 15 and 29 years. According to 2019 data from the United Nations (2020), up to 20% of adolescents worldwide suffer from mental disorders in Brazil; thus, the most common problems are self-mutilation, suicide and depression. Suicide is the second leading cause of death among people aged 15 to 19 years (United Nations, 2020).

These situations can happen because children, sometimes, are unable to develop, express and assimilate their internal and external events, regarding their suffering and pain; they are deprived of a psychic confrontation with multifactorial problems. The incorrect and improper use of psychotherapy can bring many harms to children, due to its various side effects; in addition to physical problems, children may develop a complicated relationship with their own bodies (Silva, Schäfer & Bonfiglio, 2013).

It is important to note that the psychiatric drugs prescriptions in pediatrics mostly do not have an indication for children; consequently, they are “not approved” or “not indicated”. This fact does not classify this practice as inappropriate or illegal. However, it is precautions on the part of the prescriber to inform the family about these issues and indicate evidence of safety and efficacy present in the literature (Freitas & Catelan-Mainardes, 2013).

Brazil (2000) states that treatment should not be restricted to just one type of intervention, especially in cases of children and adolescents; however, they should be a combination of them, such as psychosocial, pharmacological and psychotherapeutic interventions. Thus, psychotropic drugs should not be seen as “treatment of the child”, however, they should complement a more comprehensive treatment plan. Therefore, this study aims to conduct a literature review to understand behavioral mood disorders in

childhood and adolescence, with an emphasis on depressive disorder, exposing possible drug, psychotherapeutic and psychosocial interventions, their symptoms, and diagnostic criteria.

2. Methodology

The present study is a systematic qualitative review, where articles were searched in portuguese, english and spanish from the last 22 years. As it is a relevant subject, it was necessary to explore the articles published in the years before those commonly used.

The databases used for this research were: Pubmed (*US National Library of Medicine*), Scielo (*Scientific Electronic Library Online*) and Google Scholar®.

In the research, it was used 29 scientific materials on mental disorders and depression in childhood and adolescence, among articles, abstracts, thesis and books. The keywords used were: depression, psychotropic drugs, mental disorders, psychotherapy, pediatrics.

3. Results and Discussion

3.1. Depression

According to data from the United Nations of Brazil (2020), about 20% of adolescents worldwide suffer from mental health disorders. As reported by Moreira et al. (2014), these adolescents present irritability, apathy and discouragement-symptoms that lead to the diagnosis of depression. In Brazil, according to psychiatrist Salvador Célia, president of the Department of Mental Health of the Brazilian Society of Pediatrics, this percentage is approximately 10%. He also states that if there is no medical monitoring of these children and adolescents, there is a great chance that they become depressive adults (Moreira et al., 2014).

Studies carried out by Caetano (2009) on childhood depression, reported that for every 100 girls and boys, 8 develop depression. With the great increase in the number of cases, depression is already being called the disease of the 21st century, causing a lack of enthusiasm in people's lives (Pinheiro et al., 2019). Some genetic and environmental factors can be cited as agents that cause the onset of the disease, such as living in the midst of conflicts, violence, adaptation difficulties, among others aspects (Caetano, 2009).

Depression, when left untreated, can compromise and hinder people's development, cognitive capacity and personality structure (Caetano, 2009). From the mother's womb until the age of three, children develop all the basic elements such as feelings, language, affections,

habits and motivations, elements that will build their lives. The attachment between mother and child is the child's instrument for an appropriate social and personal integration. In cases of unsafe attachments, they cause difficulties of conduct and even depression in the child; therefore, the family has great importance in the child's development (American Psychiatric Association, 2014).

Despite the description of some symptoms, diagnoses and some characteristics, childhood depression does not have a consensual definition; therefore, it is important to highlight that depression is an organic disorder that encompasses biological, psychological, and social variables (Andriola & Cavalcante, 1999).

Depression can be classified as an endogenous disease, since it is genetically transmitted. By psychological and social variables, it is classified as an exogenous disease as it is considered the result of psychological and environmental problems (Andriola & Cavalcante, 1999).

Adolescents are often trying to find their own identities. In order to achieve that, they search for examples in people who are close to them to build their character and behavior; thus, during this phase, conflicts may occur between adolescents and their parents. In this panorama of conflicts and resolutions that occur during adolescence, a good evaluation of behavior is important before diagnosing the existence of a mental (American Psychiatric Association, 2014).

3.2. Signs and symptoms

Children of all ages can be affected by mood disorders, such as depression. This condition consists of persistent mood changes, reduced pleasure in performing activities and sports, making new friends, going to school, in addition to the feeling of general devaluation (Sadock & Sadock, 2007).

The American Psychological Association (APA) describes that depression in adults and children are similar and the same diagnostic criteria are used to assess the disease in both cases. According to APA the symptoms of depression are: low mood for much of the day, lack of interest in daily activities, altered appetite and sleep, lack of energy, altered motor activity, feeling of uselessness, lack of concentration, thinking about suicide or suicide attempts (American Psychiatric Association, 2014).

From the biological panorama, depression is seen as a possible neurotransmitter disorder due to genetic inheritance, imbalances and/or flaws in specific areas of the brain. In

the perspective of psychology, depression can be the result of aspects that compromise the personality, such as low self-esteem. Finally, from a social point of view, depression can be seen as a difficulty in adaptation, or a call for help that something is not right; it can also be a consequence after some violence in the cultural, familiar or school contexts, among others (Schwan & Ramires, 2011).

3.3. Treatment

For the treatment of depression in childhood and adolescence, it is necessary to plan for prevention and intervention in interpersonal and social contexts, as well as correct interpretation and adequate management of health professionals and expanding access to specialized mental health services (Pasini et al., 2020).

It is important to emphasize that each treatment, psychotherapy and/or medication, have their particularities, since both treatments have different mechanisms of action and different pharmacological effects. To exemplify these differences, the actions of medications occur in the formation of symptoms and in affective-emotional changes, whereas psychotherapy acts directly on interpersonal relationships and social adjustment; therefore, medications have a faster effect, while psychotherapy has late and prolonged effects (Frey, Mabilde & Eizirik, 2004).

Psychoanalysis and psychotropic drugs act in opposition. However, it does not mean that psychoanalysis disregards the importance and effectiveness of medicines. In fact, psychoanalysis aims not only to eliminate symptoms, but to reflect on what symptoms trigger in the subject's psychic organization. The use of drug therapy is important to complement psychoanalysis, because it is understood that psychotropic drugs provide calm and encouragement to the patient; therefore, it improves the patient's speech, since the analysis proceeds in a more satisfactory way, generating better conditions for the elaboration of conflicts (Frey, Mabilde & Eizirik, 2004).

In the introduction of psychotherapeutic interventions, there are several possibilities, such as the use of supportive psychotherapy, interpersonal therapy, dynamic brief psychotherapy, behavioral therapy, cognitive-behavioral group therapy, in addition to couple and family therapy (Souza, 1999).

In their studies, Sadock & Sadock (2007) reported that psychotherapy with children and adolescents is usually more direct and active in comparison to adults. Children tend to have some difficulty in synthesizing their own life experiences; on the other hand, they are

excellent narrators of their current emotional conditions. Psychotherapy for children is indicated only in cases where the emotional disorders that affect them are permanent enough to impair their maturation and development.

Behavioral therapy is very important, since depressed people have difficulties regarding social skills. Therapy assists in the pursuit of pleasurable activities and social interactions that elevate mood as they help to improve depressed people's mood (Moreira et al., 2014). The concept of treatment focuses on the idea that people who are depressed can learn to develop their social skills better and be more present in enjoyable activities. When people begin to awaken the desire to practice pleasant activities and relate better with other people, it shows an increasing social reinforcement, and their depression softens (Tolman, 2009).

The execution of pleasurable activities is a great mood lift; however, depressed people usually have some difficulty to perform such activities, because of their reduced social skills. Therefore, behavioral therapy aims to increase pleasurable activities, as well as interactions that elevate mood. In addition to psychotherapy and behavioral therapies, it is usually essential to use psychotherapeutic drugs to treat mental disorders, in order to obtain satisfactory results (Moreira et al., 2014).

Psychotropic drugs, at the beginning did not have a good acceptance by some psychoanalysts. They claimed that these drugs could cause the suppression of psychological symptoms, and the favoring of resistance, being seen as an unwanted intrusion in the treatment. Pharmacologists, who defended the use of psychotropic drugs, affirmed the psychotherapy was harmful to the patient and unnecessary, because it brought patients constant concerns about their conflicts (Frey, Mabilde & Eizirik, 2004). Even with all the controversy generated between pharmacologists and psychoanalysts, psychotropic drugs became the main resource in psychiatric treatment, because they brought the patient an idea of "cure by itself" (Montero, 1994).

According to reports by Rodrigues (2004), psychological monitoring brings joy, peace and productive capacity to the patient. Thus, psychological services have assumed an unnecessary character in relation to medication and physicians are driven to prescribe psychotropic drugs to a larger number of patients (Kimura, 2005). In addition, people prefer to the use medications rather than talking about their problems, difficulties and sufferings (Rodrigues, 2004).

Physicians who use psychopharmacology in the clinic of children and adolescents need to have a satisfactory knowledge for the diagnoses, the use of psychotherapy, knowledge

of available medications, new drugs and also the ability to organize a pharmacotherapeutic system (Sadock & Sadock, 2007).

Medications cause a sensation of disappearance of the disease in the individual and, consequently, they camouflage the pain, suffering and symptoms of the disease; however, even with this illusory feeling of healing, the symptoms continue (Silva, Schäfer & Bonfiglio, 2013). The use of antidepressants is effective in various forms of depression, since they remarkably improve depressive mood. Briefly, they have specific action on the pathophysiological mechanisms of depression (Moreira et al., 2014).

The list of drugs available for the treatment of depression is quite extensive; however, most prescribed class is the selective serotonin reuptake inhibitors, which mainly cover paroxetine, fluoxetine, sertraline, citalopram and escitalopram (Brunton, Chabner & Knollmann, 2012).

3.4. Adverse effects

According to Demarchi et al. (2020) an effective clinical approach is essential in order to check the correct diagnosis and treatment of depression, in order to avoid side effects as well as abandonment or inadequate treatment. Souza (1999) mentions some of these side effects of antidepressants in general. Tricyclic antidepressants, monoamine oxidase inhibitors (MAOIs) and lithium can induce weight gain. About 5 to 20% of patients with depression treated with antidepressants are affected by hypomania. Even with a slight risk, less than 1%, some antidepressants may induce seizures; however, with an increase of the dose, the risk increases. Tricyclic antidepressants, trazodone and MAO inhibitors, as the main cardiovascular effect, cause orthostatic hypotension. In order to minimize such undesirable effects, the dose should be increased slowly. Finally, fluoxetine can exacerbate sleep disorder and anxiety, as well as desipramine and bupropion can cause increased anxiety (Souza, 1999).

In the search to potentiate effects, the simultaneous use of various psychotropic drugs has been frequent, and this is a worrying fact, since they can cause both the decrease in the action of the drugs involved, as well as increase their toxicity potential. Therefore, extra care must be taken regarding this practice, especially with children and adolescents, not only in relation to psychotropic drugs, but also with their association with other medications for clinical problems, such as for acne, candidiasis, respiratory problems, among others (Brasil, 2000). Therefore, it is prudent on the part of the prescriber to inform the patient clearly why this drug combination strategy is used, its risks, and benefits (Sadock & Sadock, 2007).

Evidence shows that some of the psychotropic drugs induce suicide, and interfere in the infant brain, in their process of development and maturation. These drugs provide relief from the disease in the short term; nonetheless, in the long term, children who make use of psychotropic drugs may develop other psychic problems (Raeburn, 2009).

The use of monoamine oxidase inhibitors (MAOIs) along with foods such as cheeses, chocolates, smoked foods, raisins, and drugs such as cold and asthma medicines, stimulants, caffeine and tricyclics can result in serious adverse effects, such as hypertension crises and seizures (Rocha et al., 2004).

4. Conclusion

During childhood and adolescence, there are numerous possibilities of mental disorders. Before closing a diagnosis, all situations should be well evaluated, because in addition to their personal difficulties, especially adolescents, they are facing a body and mental transition. This transition can cause feelings of disproportion, and it may reflect on family problems.

Choosing medications and psychotherapeutic actions requires attention. A careful and thorough review of all problems and resources of the patient are of great importance, because failing to diagnose any condition, or not indicating the correct treatment can bring unsatisfactory clinical results.

Therefore, further studies on the subject are needed in order to have more information about the improvements regarding pharmacological measures or not, for the treatment of depression in children and adolescents.

References

- Andriola, W. B., & Cavalcante, L. R. (1999). Avaliação da depressão infantil em alunos da pré-escola. *Psicologia: Reflexão e Crítica*, 12(2), 419-428.
- American Psychiatric Association. (2014). *DSM-5: Manual diagnóstico e estatístico de transtornos mentais*. Artmed Editora, 5º ed. 948 p.
- Brasil, H. H. A. (2000). Princípios gerais do emprego de psicofármacos. *Brazilian Journal of Psychiatry*, 22, s.2, 40-41.

Brunton, L. L., Chabner, B. A., & Knollmann, B. C. (2012). *As Bases Farmacológicas da Terapêutica de Goodman & Gilman*. 12ª ed. Porto Alegre: AMGH. 2112 p.

Caetano, S. C. (2009). Tristeza sem fim. *Revista COOP*, 29(317).

Demarchi, M. E., Casselli, D. D. N., Figueira, G. M., de Sousa Martins, E., & Souza, J. C. (2020). Inibidores seletivos de recaptção de serotonina no tratamento da depressão: síndrome de descontinuação e/ou de dependência?. *Research, Society and Development*, 9(9), e815998035-e815998035.

Domingues, E. M., & Próchno, C. C. S. (2004). Corpo e novas formas de subjetividade. *Psychê*, 8(14), 147-156.

Freitas, M. A. L. F., & Catelan-Mainardes, S. C. (2013). Transtornos de humor na infância e adolescência. In: VIII EPCC - Encontro Internacional de Produção Científica Cesumar, Maringá. *Anais Eletrônico*. Maringá: CESUMAR.

Frey, B. N., Mabilde, L. C., & Eizirik, C. L. (2004). A integração da psicofarmacoterapia e psicoterapia de orientação analítica: uma revisão crítica. *Brazilian Journal of Psychiatry*, 26(2), 118-123.

Kimura, A. M. (2005). *Psicofármacos e Psicoterapia: a visão de psicólogos sobre medicação no tratamento*. (Trabalho de Conclusão de Curso) Faculdade de Ciências Humanas e Sociais, Universidade São Judas Tadeu, São Paulo.

Montero, F. (1994). Uso racional de psicofármacos y papel de la comunicación social. *Acta Psiquiátr. Psicología para América Latina*, 40(2) 127-37.

Moreira, M. S., Morais, R. G., Moreira, E. A., Leite, S. F., Teixeira, C. C., Silva, M. E., & Freitas, D. F. (2014). Uso de psicofármacos em crianças e adolescentes. *Revista da Universidade Vale do Rio Verde*, 12(2), 1013-1049.

Nações Unidas do Brasil. (2020). Agências da ONU discutem como reduzir transtornos de saúde mental em crianças e adolescentes. Recuperado de <https://nacoesunidas.org/agencias-da-onu-discutem-como-reduzir-transtornos-de-saude-mental-em-criancas-e-adolescentes/>.

Organização Pan-Americana de Saúde. (2018). Folha informativa - Depressão. Recuperado de https://www.paho.org/bra/index.php?option=com_content&view=article&id=5635:folha-informativa-depressao&Itemid=1095.

Pasini, A. L. W., Silveira, F. L. da, Silveira, G. B. da, Busatto, J. H., Pinheiro, J. M., Leal, T. G., Laguna, T. F. dos S., Jaeger, F. P., Guazina, F. M. N., & Carlesso, J. P. P. (2020). Suicídio e depressão na adolescência: fatores de risco e estratégias de prevenção. *Research, Society and Development*, 9(4), e36942767-e36942767.

Pinheiro, M. H. N. O., Moreira, M. D. G. O., Moreira, I. V. S., & Barros, K. B. N. T. (2019). Aumento de comportamento suicida em crianças e adolescentes com o uso de antidepressivos: revisão de literatura. *Mostra Científica da Farmácia*, 6(1).

Pundik, J. (2009). La medicalización en la infancia.¿ Cada vez más frecuente?. *FMC: Formación Médica Continuada en Atención Primaria*, 16(4), 213-218.

Raeburn, P. (2009). Entre riscos e benefícios. *Mente & Cérebro*, 68-75.

Rocha, G. P., Batista, B. H., & Nunes, M. L. (2004). Orientações ao pediatra sobre o manejo das drogas psicoativas e antiepilépticas. *Jornal de Pediatria*, 80(2), 45-55.

Rodrigues, M. A. P. (2004). *Modificações no Padrão de Consumo de Psicofármacos em uma cidade do Sul do Brasil*. (Dissertação). Mestrado em Epidemiologia. Faculdade de Medicina. Universidade Federal de Pelotas, Pelotas.

Sadock, B. J., & Sadock, V. A. (2007). *Compêndio de Psiquiatria: Ciência do Comportamento e Psiquiatria Clínica*. Artmed Editora, (9º ed.), 1584 p.

Schwan, S., & Ramires, V. R. R. (2011). Depressão em crianças: Uma breve revisão de literatura. *Psicologia Argumento*, 29(67), 457-468.

Sigal, A. M. (2009). Desatenção na infância: Um estudo sobre a síndrome de desatenção (ADD). *AM Sigal. Escritos metapsicológicos e clínicos*, 307-323.

Silva, J. C., Schäfer, C., & Bonfiglio, M. S. (2013). A medicalização da infância e o processo psicoterápico. *Barbaroi*, (39), 70-86.

Souza, F. G. M. (1999). Tratamento da depressão. *Brazilian Journal of Psychiatry*, 21, s.1, 18-23.

Tolman, A. (2009). *Depressão em adultos*. Porto Alegre: Artmed, (3° ed.), 120 p.

Wajnsztein, A. B. C. (2006). Dificuldade de atenção e hiperatividade: uma realidade presente na sala de aula. *CRIAR, Revista de Educação Infantil*, 2(8), 8-12.

Percentage of contribution of each author in the manuscript

Ana Paula Alves Guilherme – 12%

Mônica Micheli Alexandre – 7%

Mariana Moraes Pinc – 7%

Guilherme Donadel – 7%

Joice Karina Otênio – 7%

Débora Gafuri Teixeira – 7%

Renan Almeida de Jesus – 7%

Juliana Cogo – 8%

Odair Alberton – 9%

Emerson Luiz Botelho Lourenço – 9%

Daniela de Cassia Faglioni Boleta Ceranto – 9%

Giuliana Zardeto-Sabec – 11%