

GRAND ROUNDS

There are no Grand Rounds scheduled for July. Grand Rounds will resume Sept. 2.

CONTINUING MEDICAL EDUCATION

July 23

Maternal Fetal Medicine Journal Club/Lecture Series: **Ultrasound — First Trimester Genetic Screening**
Robyn Horsager, M.D., associate professor, Obstetrics & Gynecology, UT Southwestern.
6 p.m., Ambulatory Care Pavilion conference center at Children's at Legacy campus in Plano.
RSVP to 469-303-3593 or email leah.lawrence@childrens.com.

MEDICAL UPDATE: Escitalopram approved for adolescent depression

Depression occurs in around 2 million adolescents each year. It can be a debilitating disorder that leads to impairments in school and social functioning, substance abuse and suicidal behavior.

Often, it is difficult for people to accept that clinical depression can occur in this age group except in extraordinary circumstances (e.g., abuse, neglect, bereavement, etc.). Yet it is clear that depression in young people, as in adults, is a result of both environmental and genetic factors.

Treatment of depression ranges from supportive management and crisis intervention to specific therapies and antidepressants. Treatment choice depends on multiple factors, such as severity, stressors, patient and parent preference, and course of illness.

Use of antidepressants in children and adolescents with moderate to severe clinical depression has raised concerns about safety and efficacy. Recent FDA approval of a second antidepressant for treatment of adolescents provides some assurance to clinicians and families about the use of these drugs in young people.

Fluoxetine was approved for children and adolescents in 2001 based on three randomized controlled trials. Recently, escitalopram was approved for adolescents (12-17 years) with major depression.

The pivotal study for the approval was published in the July 2009 *Journal of the American Academy of Child and Adolescent Psychiatry* (Emslie et al.) and involved 334 adolescents with major depressive disorder from multiple sites across the U.S., including UT Southwestern Medical Center and Children's Medical Center. Doses of escitalopram in the study were 10-20 mg/day. This study, along with data from an earlier citalopram study and an earlier escitalopram study of children and adolescents led to the FDA approval.

Guidelines for treatment of pediatric depression have been recently published for pediatricians and child psychiatrists in North America and psychiatrists in the U.K. Common factors in all guidelines are adequate assessment (diagnosis), prospective monitoring of symptom improvement and safety, brief active monitoring before initiating specific treatments, and antidepressants and/or specific therapies for moderate to severe depression.

For more information contact Graham Emslie, M.D., Chief of Service, Child and Adolescent Psychiatry at UT Southwestern Medical Center, at graham.emslie@utsouthwestern.edu or 214-456-5921.

CHILDREN'S MEDICAL CENTER

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SERVICE UPDATE: Children's listed among top 10 pediatric hospitals

Children's Medical Center was one of only ten pediatric hospitals in the nation named to the 2009 Honor Roll in this year's "America's Best Hospitals" survey published by *U.S. News & World Report*.

Of the more than 215 hospitals that serve children, 56 were ranked, but only ten were ranked in every specialty measured in the report, earning the Honor Roll designation. The specialties include cancer, diabetes and endocrine disorders, digestive

disorders, heart/heart surgery, kidney disorders, neonatal care, neurology/neurosurgery, orthopedics, respiratory disorders and urology.

Children's achieved its highest individual marks for orthopedics (rank: 2) and urology (rank: 10). Specialty rankings included scores for reputation, outcome and care-related measures such as nursing MagnetTM status, patients and family services, advanced technology and credentialing.