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Childhood depression and neuroanatomical changes: Systematic review

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Introduction: The depressive disorder in children is a common condition that affects the physical, emotional, social development and often persists into adulthood. Childhood depression is a public health problem affecting, in the world, 2.8% of children under 13 years old. In Brazil, the prevalence of depression in childhood is 0.2% and 7.5% for children under 14 years old. However, the theoretical contributions about the neuroanatomical changes in patients with childhood depression are quite inconsistent. Therefore, the purpose is a systematic review about the neuroanatomical changes present in patients with childhood depression. Methods: Systematic review of the literature January 1, 2010 to January 16, 2014 to the descriptors "Depression" (MeSH), "Child" (MeSH), "Anatomy" (MeSH) and their respective terms in English on the basis data: MEDLINE and SciELO. Results: Neuroimaging studies have shown that the hippocampus is about 4-5% lower in patients with major depression than in healthy controls, and this reduction in hippocampal volume constantly noted in children with a family history of major depressive disorder. In addition, the orbitofrontal cortex, cingulate gyrus, and the basal ganglia were also found reduced in patients with major depression. Conclusion: Taking into account the possible influences and structural and functional brain changes over depressive disorder, longitudinal studies are necessary from the use of neuroimaging methods, in order to understand what the possible variations in the cytoarchitecture of the nervous system that best indicate and /or that are pathognomonic in childhood depression.

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Behaviour change to improve individual health outcomes

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Behaviour change to improve individual health outcomes are all too often reliant upon self-change with growing concerns regarding the moral, social and economic implications of behaviours which are often deemed to be 'lifestyle choices'. In the UK interventions which target behaviour change to improve health outcomes for substance misuse take a variety of forms. Modes of delivery can be based upon voluntary participation or in some instances be part of coercive treatment community orders instituted by the criminal justice system and delivered by health practitioners. Participation in treatment more generally assumes voluntary participation; with protagonists already entered into narrative scripts that prescribe roles and types of engagement. How are these relationships changed when the 'client' is coerced into treatment? Using primary research the nature of coercive treatment in the community will be explored resulting in questions regarding how practice draws upon social cognitive models and the implications for behaviour change interventions when operating within the boundaries of abstinence based rehabilitation programmes. Notably, coercive treatment for substance misuse often relies heavily upon the 'transtheoretical model' of self-change yet the notion of 'readiness to change' seems at odds with the coercive nature of entering treatment. It is important to consider and investigate these theoretical and practical incongruities if we are to understand better the complex and challenging nature of substance misuse and supported change.

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