

# Follow-up care low among adolescents with new depression symptoms

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While most adolescents with newly identified depression symptoms received some treatment within three months, some of them did not receive any follow-up care and 40 percent of adolescents prescribed antidepressant medication did not have any documented follow-up care for three months, according to an article published online by *JAMA Pediatrics*.

Major depression is a chronic and disabling condition that affects 12 percent of [adolescents](#), with as many as 26 percent of young people experiencing at least mildly depressive symptoms. The timely start of effective treatment is critical because failing to achieve remission of depression is associated with a higher likelihood of recurrent depression and more impaired long-term functioning.

The study by Briannon C. O'Connor, Ph.D., who completed the work while at New York University School of Medicine, New York, and who is now with Coordinated Care Services Inc., of Rochester, N.Y., and coauthors examined routine care in three large health care systems. They assessed whether adolescents with newly identified [depression symptoms](#) received appropriate care in the three months following identification of the symptoms. Elements of the appropriate follow-up care included initiating antidepressant or psychotherapy treatment, having at least one follow-up visit, and symptom monitoring with a questionnaire.

The authors report that among 4,612 participants (average age 16 at the initial event and 66 percent female), treatment was initiated for 2,934

participants and most of them received psychotherapy alone or in conjunction with medications.

However, in the three months after [symptoms](#) were identified, 36 percent of adolescents received no [treatment](#) (n=1,678), 68 percent did not have a follow-up symptom assessment (n=3,136) and 19 percent did not receive any follow-up care (n=854), according to the results. Additionally, 40 percent of adolescents prescribed [antidepressant medication](#) did not have follow-up care documented for three months (n=356).

The authors note differences in rates of follow-up care among the three sites in the study. The primary study limitation was its reliance on medical record data from electronic health records because conclusions depend on how information was gathered and recorded. It remains unclear how generalizable the study findings are beyond the settings where the data were collected.

"These results raise concerns about the quality of care for adolescent [depression](#)," the study concludes.

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