

# For children, depression increases hospital use and mortality, study finds

May 2 2019

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Children with depression admitted to the hospital for other illnesses like pneumonia, appendicitis or seizure disorders, stay longer, pay more and are at greater risk of death, a Rutgers New Jersey Medical School study

finds.

The study, which appears in the *Journal of Affective Disorders*, may be the first to look specifically at [children](#) diagnosed with [depression](#) and another illness, how the care is being provided and coordinated, and the number of children who die while hospitalized.

"Depression is one of the leading causes of morbidity and mortality in the United States, with one in five children reporting episodes of major depression before the age of 18," said Mayowa Olusunmade, lead author and a psychiatry resident at Rutgers New Jersey Medical School. "While many studies have recognized the impact of mental health conditions, little is known about the impact of depression, specifically, on hospital utilization and cost. Even more, we discovered there is little research on how much it actually costs to implement prevention strategies."

The researchers found that depressed children had fewer procedures when admitted for non-mental health reasons. Researchers are not sure exactly why this occurs but Olusunmade said it may be because depressed patients are less willing to undergo procedures or that the providers attributed the health-related symptoms to the depression and were less likely to perform diagnostic procedure they thought were unnecessary.

The findings suggest that routine screening, improved mental health programs, [early diagnosis](#) and prompt referral or treatment of depression in hospitalized children could be beneficial. These could also reduce the burden on hospital resources.

"From a practical point of view, [health care providers](#) should expect [better outcomes](#) if they screen more aggressively for depression, detect depression earlier in their patients and manage it appropriately in affected children," said Olusunmade.

The study used data from the Kids' Inpatient Database (KID) for 2012, a nationally representative database of all inpatient admissions in the United States for patients younger than 21. The database used a nationwide sample of all pediatric admissions, using about 670,000 discharges from the database.

The children were aged 6-20 years old. A disproportionate number of the children were older teens, with the average age being about 17 years old. This is likely because depression is more difficult to diagnose/detect in younger children, Olusunmade said.

**More information:** Mayowa Olusunmade et al, Incremental hospital utilization and mortality associated with co-morbid depression in pediatric hospitalizations, *Journal of Affective Disorders* (2019). [DOI: 10.1016/j.jad.2019.03.073](https://doi.org/10.1016/j.jad.2019.03.073)

Provided by Rutgers University

Citation: For children, depression increases hospital use and mortality, study finds (2019, May 2) retrieved 6 May 2024 from <https://medicalxpress.com/news/2019-05-children-depression-hospital-mortality.html>

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