ANY CHILDREN ARE EXPOSED TO DEPRESSION in their mothers and fathers. Between 6% and 17% of women experience a major depressive episode,\(^3\) and rates of subsyndromal depression are even higher.\(^2\) Rates in men are considerably lower but still substantial. Further, owing to depression being a highly recurrent disorder,\(^3\) many children are exposed multiple times.

Well-documented outcomes in children include not only elevated rates and earlier onset of depression but also children’s other disorders and problems in affective, cognitive, interpersonal, neuroendocrine, and brain functioning.\(^4\) Although depression in both mothers and fathers has been shown to affect children’s psychological functioning, problems are more strongly associated with depression in mothers relative to depression in fathers.\(^3\)

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One of the greatest challenges to studies of depression in parents and its effects on children is that sources of information on depression in adults (parents) and in children are generally disconnected. Few are able to generate data on rates of depression in adults who are parents given that parental status is rarely recorded in adult treatment settings and certainly not in the detail required to describe children’s full spectrum of exposure (eg, first exposure, onsets, offsets, recurrences) during their childhoods. This problem was strongly noted as an impediment to progress in this area of study by a report issued by the National Research Council and Institute of Medicine.\(^6\)

The article by Dave et al in this month’s Archives made good use of data available in primary care databases to explore ways of identifying depression in men and women who are parents of children aged up to 12 years, and then determining incidence rates for parents’ depression and sociodemographic correlates. In these ways, they addressed this important need. The methods were generally very strong. The authors were able to use unique family identification numbers, followed with checks to make sure that birth dates and delivery dates matched. Identification of fathers was a bit more tenuous but the researchers took all of the reasonable precautions to increase the likelihood that the identified man was the father. The approach to identifying depression in the parents was conservative and well justified, although readers may want more information on criteria used to assign a diagnosis of unipolar depression (routine screens relative to self-identification). The identification of subsequent episodes of depression relied on records that failed to show an entry for depression or antidepressants, which likely...

References:

could occur for multiple reasons other than there being no depression (eg, the topic did not come up during the physician visit). Finally, the deprivation index was tied to the community in which families resided and may not accurately reflect the individual household.

Major strengths of this work are the knowledge generated on children’s exposure to depression in their parents. These findings reflect depression’s qualities of being recurrent as well as the commonality of a spouse/partner also being depressed.8 The study stands in sharp contrast to many studies of children of depressed parents, which relied on a single measure of depression, capturing depression symptom levels only at that time. The work also responds to the call for a more developmentally sensitive approach to describing children’s exposure to parenthood status of adults being screened or treated for depression and reducing obstacles toward coordinated care that takes a developmentally sensitive approach to assessing and addressing the needs of the children.

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REFERENCES


Correction

Error in Figure. In the article titled “Shortened Nighttime Sleep Duration in Early Life and Subsequent Childhood Obesity” by Bell and Zimmerman, published in the September issue of the Archives (2010;164(9):840-845), an error occurred in Figure 2 on page 843. The solid line should have indicated 1997 nighttime sleep, and the dashed line should have indicated 2002 nighttime sleep.