

EDITORIAL

Treatment Resistant Depression: A Clinical Conundrum

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Treatment-resistant conditions are not new to medicine, and the best course of action for clinicians is a major challenge. Child and adolescent psychiatrists also, not uncommonly, face the clinical dilemma of treatment resistance in the management of conditions such as depressive disorders. It is estimated that 20% to 40% of patients with major depressive disorder do not respond to treatment with first line antidepressants [1]. Treatment-resistant depression, defined as failure of two antidepressant trials at adequate doses and durations [2], has profound clinical, personal, and socio-economic consequences for youth, the health care system, and society, including increased suicidality [3].

Furthermore, adolescence is a critical period for identity formation and development of relationship skills. Symptoms associated with depressive disorders, such as anhedonia, impact a youth's ability to engage in social activities, impeding the development of healthy relationships, and depression related impairment of concentration and academic success also has social consequences. These adverse psychosocial sequelae of depressive disorders may persist for years, and into adulthood [4].

Considering the importance of effective depression treatment in youths, the Psychopharmacology Challenge of this JACAP issue, "Psychopharmacological approaches to a case of treatment resistant adolescent depression", provides a welcome and timely discussion. Invited respondents including Lauren Riggan & Darren Courtney from the Centre for Addictions and Mental Health, Aldrich Leung from BC Children's Hospital, and Iliana Ortega & Jennifer Woo from the University of Calgary, provide diverse perspectives on managing a hypothetical case of treatment resistant depression. I invite the JACAP readership to further contribute

to this conversation on depressive disorder through letters to the editor.

In addition to these clinical perspectives on treatment resistant depression, this issue of JACAP also features original articles highlighting sleep disturbance in youth with bipolar disorder, emergency room use by children in the child welfare system, trajectories of youth with substance use problems, and age and sex patterns in internalizing disorders. Also, see suggested readings related to child mental health and the emergency room in our Recommended Academic Reading column, a diverse selection of more literary recommendations in our Arts, Literature and Nature (ALAN) column, and a note from the outgoing CACAP president, Claire de Souza, in the Update from the CACAP Executive.

Finally, in *Apercevoir*, it has been my pleasure to interview Louise Gallagher, the recently appointed Chief of the Child and Youth Mental Health Collaborative at the Hospital for Sick Children (SickKids), Toronto.

References

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