

Theme: Adolescent Pediatrics **Trajectories of Functioning into Emerging Adulthood following Treatment for Adolescent Depression** (*J Adolesc Health*. 2016;58:253-9)

Adolescent-onset major depressive disorder (MDD) can adversely affect development. This longitudinal study examines whether empirically supported treatments of adolescent depression lead to sustained improvement in adult psychosocial functioning. Global functioning was assessed in the Survey of Outcomes following Treatment of Adolescent Depression (SOFTAD), an open naturalistic 3.5 years follow up of 196 adolescents, who were initially treated in the Treatment of Adolescent Depression Study (TADS) randomized clinical trial. TADS had randomized the sample into four treatment groups: placebo, fluoxetine, cognitive behaviour therapy (CBT) and a combination of fluoxetine and CBT. Results reveal that global functioning in 3 groups receiving treatment improve linearly over time while those in placebo group decline. Multiple comorbidities (anxiety, behavioural and substance use) and recurrence of MDD predict lower global functioning. This study emphasises the need for early treatment of adolescent depression and close follow up of those with comorbidities and recurrence. A delay in treatment of adolescent MDD impairs adult psychosocial functioning.

 **Screening for Underage Drinking and Alcohol Use Disorder** (*J Pediatr*. 2016;173:214-20)

Alcohol use disorders (AUD) amongst adolescents are increasing. Primary care physicians often cite inadequate training and time to screen for AUD. This study examines validity of a single question screening test for adolescent AUD. Computer-aided self-report data were collected from 1193 rural adolescents regarding past year frequency and quantity of alcohol use and 'Diagnostic and Statistical Manual of Mental Disorders, 5th Edition' (DSM-5) AUD symptoms. The results indicate that for adolescents aged 12 to 17 years, a threshold of ≥ 3 days of consuming at least one standard drink in past year is an optimal screening question for DSM-5 AUD. For 12-14 years age group, sensitivity of test was 89%, specificity 95%, PPV 37%, NPV 100%; and for 15-17 years, sensitivity was 91%, specificity 89%, PPV 50%, NPV 99%. For 18-20 years, threshold of ≥ 12 days of drinking in past year had a sensitivity of 92%, specificity 75%, PPV 31% and NPV

99%. It seems that adolescent AUD can be easily screened by a single question on frequency of alcohol use.

 **Teen Clinics: Missing the Mark?** (*Int J Equity Health*. 2016;19:95-105)

Adolescents are at a risk for unhealthy sexual behaviour and need confidential developmentally appropriate teen clinics to cater to their health needs. This population-based study involved 181 444 adolescents aged 14-19 years. The sample was categorized into three groups: those enrolled in schools with a teen clinic (SC), those enrolled in schools without a clinic (NSC), and those not enrolled in schools. The rates of pregnancy in non enrolled was 2.1-times higher than SC and 2.8-times higher than NSC. Sexually transmitted infections (STI) were highest in the non enrolled group. The adjusted rate of STI in non enrolled was 3.5-times higher in males and 2.3 times higher in females compared to NSC. Due to differences in outcome measures, it could not be concluded whether school clinics would significantly impact pregnancy and STI rates.

India has a large population of out of school adolescents. This study highlights the importance of planning special outreach health services, including screening for STI and pregnancy along with preventive and curative services for this vulnerable group.

 **Effect of Mindfulness Meditation on Working Memory Capacity in Adolescents** (*J Adolesc Health*. 2016;58:489-96)

Globally there has been a spurt in research on clinical usefulness of mindfulness meditation. This is the first ever study to assess its effect on working memory capacity (WMC) in adolescents compared to *hatha* yoga and wait list. Series of mixed variance design was used to analyse its effects on WMC, stress and anxiety in 198 adolescents aged 12-17 years. Results revealed that mindfulness meditation had a significant effect on improving WMC compared to *hatha* yoga and wait list. Though all the three groups showed post-intervention reduction in stress and anxiety, it was not statistically significant by time interaction effect. WMC, a component of cognition that is essential for academic achievement, can be enhanced by mindfulness meditation.

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