

Some Demographic, Physiological, and Personality Correlates of Recurrence of Major Depression

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Introduction: The risk of recurrence in major depressive disorder is high and increases with the number of episodes. We investigated whether patients with a history of recurrent depression differ from those with a single episode, as regards risk-related variables in three different fields of depression research.

Patients and Methods: Patients with major depressive disorder remitted from an episode (46 recurrent, 32 non recurrent). We assessed the demographic data, neuroticism, and 24-h urinary cortisol.

Results: The recurrent group had significantly higher mean neuroticism and cortisol level than the non recurrent group. While demographic variables did not > t show any significant difference between the two groups.

Conclusions: Remitted patients with recurrent depression differ from remitted patients with single episode depression as regards personality and physiological correlates, in a way that may increase their risk for subsequent episodes. The results may have implications for future prophylactic and treatment strategies.

Keywords: Depression, demography, physiology, personality

Abbreviations:

CNS: Central Nervous System.

HPA: Hypothalamic Pituitary Adrenal.

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INTRODUCTION

Major depressive disorder is one of the most common forms of psychopathology, one that will affect approximately one in six men and one in four women in their life time (Kessler, et al. 1994). Depression is a highly recurrent disorder with significant personal and public health consequences (Burcusa and Iacono, 2007).

Fifty percent of those who recover from a first episode of depression have one or more additional episodes in their lifetime, and approximately 80% of those with history of two episodes have another recurrence. After a third episode, risk for recurrence approaches 90% (American psychiatric Association 2000, Mueller, et al. 1999; Kupfer, et al. 1996).

On average individuals with a history of depression will have five to nine separate depressive episodes in their life time (Kessler and Walters, 1998; Kessler, et al. 1997). Wittchen et al. (1998) found that 90% of those with recurrent depression reported "very much" impairment, limiting work productivity and social interactions.

Prevention of recurrence would be extremely desirable, and thus researchers have begun to identify risk factors that are specific to recurrence, which may be different from risk factors for first onset of depression (Bockting, et al. 2006; Birmaher, et al. 2004).

(Burcusa and Iacono, 2007); Birmaher, et al. (2004) and Kuehner (2003) concluded that demographic

variables does not appear to be a significant risk factor for recurrence of depression.

Duggan et al. (1995) suggest that raised neuroticism may be a vulnerability marker for major depression. Neuroticism is associated with a higher risk of onset of depression, with more severer episodes, and with a more unfavorable outcome (Ormel, et al. 2001; Klein, et al. 2002).

Berlanga et al. (1999) and Duggan et al. (1995), found significantly higher neuroticism scores in those with history of recurrent depression compared to those with only one past episode.

Patients with major depression had significantly higher 24^h urinary cortisol than normal controls. As a result of an over active hypothalamic pituitary adrenal (HPA) axis (Otte, et al. 2004; Thase and Howland, 1995). Also patients with recurrent depressive episodes had significantly higher cortisol level than those with only one past episode (Bos, et al. 2005; Post, 1992).

AIM OF THE WORK

The aim of the present study is to detect any difference between remitted, major depressive patients with single episode and those remitted with recurrent episodes as regards risk related variables in demographic, physiological and personality, in order to support our future prophylactic and treatment strategies.