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Research report

The role of spousal loss in the development of depressive symptoms in the elderly — Implications for diagnostic systems

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ABSTRACT

Background: In the revised version of the Diagnostic and Statistical Manual of Mental Disorders (DSM) the Mood Disorder Workgroup for DSM-V the bereavement exclusion criterion for the diagnosis of major depression has been eliminated.
Aim: To investigate the impact of bereavement on the incidence of depression and depressive symptoms in the elderly.
Method: Participants over 75 years from the longitudinal German Study on Ageing, Cognition, and Dementia in Primary Care Patients (AgeCoDe) that were still married at baseline were investigated ($n=1{,}193$). Data from four follow-ups (time frame: 6 years) were investigated. The response rate at baseline was 50.3%. Three clinical endpoints were analyzed: depressive symptoms according to Geriatric Depression Scale (1) GDS ≥ 6, (2) GDS ≥ 10, and (3) Major Depression (MD). The effect of loss was investigated using random-effects regression models.
Results: Experiencing a loss of spouse was predictive of a higher incidence in GDS ≥ 6 (OR 4.52, 95% CI 2.6–7.9) and 10 (OR 5.59, 95% CI 1.8–17.0) even after adjusting for age, gender, impairment at baseline, and GDS score at baseline. Associations with MD were not significant (OR 1.77, 96% CI 0.9–3.5).
Conclusions: Older adults experiencing the loss of their spouse are more likely to display elevated levels of depressive symptoms, that may reach a concerning level of severity.

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1. Introduction

With a lifetime prevalence of approximately 18% in Germany, depression is one of the most common psychiatric disorders (Jacobi et al., 2004). Bereavement is the only stressful life event that may lead to an exclusion of a diagnosis of Major Depression (MD) (American Psychiatric Association, 1994). So far, a diagnosis of depression is not be made if the symptomatology of the patient is based on a grief reaction after loss of a friend or relative two months prior to the date of the examination. Only if the depressive episode lasts longer than two months or includes symptoms of complicated grief, such as morbid preoccupation with worthlessness, suicidal ideation etc., a Major Depression diagnosis can be considered (Wakefield and First 2012).

For the revised version of the Diagnostic and Statistical Manual of Mental Disorders (DSM) the Mood Disorder Workgroup for DSM-V recommends the elimination of the bereavement exclusion criterion for the diagnosis of major depression (Kendler et al., 2008). In the new DSM-V, as soon as depressive symptoms occur over a period of two weeks even after loss, the episodes would not be excluded due to bereavement any longer and even mild forms of grief then qualify for MD episodes. There now is a relatively fierce debate on the validity of the bereavement exclusion criterion — some authors argue that depressive symptoms and risk of recurrent symptoms do not differ among those exempt from MD diagnosis due to bereavement and "regular" MD cases (Lamb et al., 2010; Zisook et al., 2007), while others challenge that assumption (Wakefield and First 2012). As the occurrence of bereavement experiences naturally rises with rising age (Edelstein et al., 2010), its effects on the incidence of depression need to be investigated.

While Major Depression according to diagnostic criteria as stated in the DSM-IV (American Psychiatric Association, 1994) has reported to be less prevalent in individuals aged 75 and over than in younger age groups (Luppa et al., 2012b); the relevance of depressive symptoms and minor depression seems to increase with rising age (Lavretsky and Kumar, 2002b). While the prevalence of major depression according to DSM-IV ranges from 4% to 11% in over 75-year-olds, depressive symptoms affect up to 37% (Luppa et al., 2012b). Even mild depressive symptoms may be associated with impaired function as well as a higher mortality from co-morbid medical conditions (Fiske et al., 2009; Wetterling and Schneider, 2012). Additionally, health care costs are significantly increased in depressed individuals (Luppa et al., 2012c). This study therefore aims at investigating the effect of bereavement, defined as the loss of spouse, on the incidence of different levels of depressive symptoms. The study provides novel findings on the role of bereavement in old age and adds knowledge to the validity of the bereavement exclusion criterion.

2. Methods

2.1. Study design and sample

The sample was derived from the longitudinal German Study on Ageing, Cognition, and Dementia in Primary Care Patients (AgeCoDe). Patients were recruited from 138 general practices in six German cities (Bonn, Düsseldorf, Hamburg, Leipzig, Mannheim, and Munich). The general practitioner (GP) was asked to prepare a list of patients that met the following inclusion criteria: age 75 and over, absence of dementia according to GP, and at least one contact with the GP within the last 12 months. Exclusion criteria were GP consultation within home visits, nursing home residency, severe illness with an anticipated fatal outcome within 3 months, German language insufficiency, deafness or blindness, and lack of ability to provide informed consent. Patients were then randomly selected and asked to participate in the study. Fig. 1 gives an overview of the proportions of patients excluded due to these reasons and provides a detailed overview on eligible patients and respondents. In total 3327 patients were interviewed at baseline. For these analyses, patients that had received a diagnosis of incident dementia at any follow-up assessment were excluded ($n=521$). Furthermore, respondents with a family status other than "married" were excluded from further analysis ($n=1613$). Fig. 2 shows the populations at risk with follow-up information available.

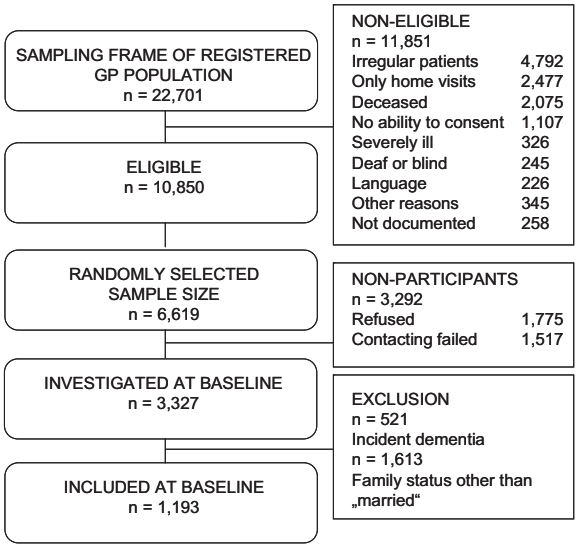

Fig. 1. Sample flow chart, total sample.

2.2. Ethical approval

The ethics committees of the participating centers approved the study. Written informed consent was obtained from all participants and/or from their respective guardian.

2.3. Assessment and instruments

The baseline assessment took place from January 2003 to November 2004 and patients were re-assessed every 1.5 years for four times. All respondents were interviewed personally in their homes by trained investigators, such as physicians, psychologists and gerontologists. The last follow-up (follow-up IV) was conducted in December 2009.

Within the personal interview, a variety of structural interviews were conducted. Socio-demographic information, such as birth date, family status and gender was routinely collected. Furthermore, the educational level of all respondents was assessed and then classified into low, medium and high attainment according to the international CASMIN classification (Brauns and Steinmann, 1999). Impairment in activities of daily living was assessed using the Instrumental Activities of Daily Living Scale (IADL) (Lawton and Brody 1969). It was classified in two groups (with and without impairment).

2.4. Definition of cases

We defined three clinical endpoints: (1) depressive symptoms according to GDS, cut-off 6 (dimensional), (2) depressive symptoms according to GDS, cut-off 10 (dimensional) and (3) categorical diagnosis of Major Depression according to the Composite International Diagnostic Interview (CIDI). For each, cases of defined