



Research report

Age at onset of recurrent major depression in Han Chinese women – A replication study



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ABSTRACT

Background: The relationship between age at onset (AAO) and major depression (MD) has been studied in US, European and Chinese populations. However, larger sample studies are needed to replicate and extend earlier findings.

Methods: We re-examined the relationship between AAO and the clinical features of recurrent MD in Han Chinese women by analyzing the phase I ($N=1848$), phase II ($N=4169$) and total combined data ($N=6017$) from the CONVERGE project. Linear, logistic, multiple linear and multinomial logistic regression models were used to determine the association of AAO with continuous, binary and categorical variables.

Results: The effect size of the association between AAO and clinical features of MD was quite similar in the phase I and phase II samples. These results confirmed that MD patients with earlier AAO tended to suffer more severe, recurrent and chronic illness and cases of MD with earlier AAO showed increased neuroticism, greater family history and psychiatric comorbidity. In addition, we showed that earlier AAO of MD in Han Chinese women was associated with premenstrual symptoms, postnatal depression, a highly authoritarian or cold childhood parental rearing style and a reduced probability for having melancholia.

Limitations: Data were collected retrospectively through interview and recall bias may have affected the results.

Conclusions: MD with earlier AAO in Han Chinese women shows a distinct set of clinical features which are similar to those reported in Western populations.

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1. Introduction

The age at onset (AAO) of major depression (MD) has drawn substantial attention from researchers since it was shown that it contributes meaningfully to the heterogeneity of MD (Jaffee et al., 2002; Korten et al., 2012; Weissman et al., 1986). Early onset MD may be more severe with a greater number of symptoms and increased recurrence, chronicity and disability (Gollan et al., 2005; Kendler et al., 2007; Korten et al., 2012; Zisook et al., 2007). MD with earlier AAO may show increased comorbidity with generalized anxiety disorder (GAD), panic disorder, dysthymia and phobia (Angst et al., 2009; Fernando et al., 2011; Zisook et al., 2007). Earlier AAO is an indication of higher genetic loading of MD, as it is associated with higher frequency of family history of MD in first degree relatives (Kendler et al., 2005, 2007; Nierenberg et al., 2007; Tozzi et al., 2008). However, most of the studies have focused on Western populations. Besides our previously published report (Yang et al., 2011), we know little about the associations between AAO and clinical characteristics of MD in Han Chinese women.

Previous research found that the environmental risk factors, including smoking and parental rearing styles of overprotectiveness and coldness, were associated with MD (Enns et al., 2000; Goodwin et al., 2013; Neale et al., 1994). Hormonal fluctuations may also be a risk factor for depressive episodes including premenstrual dysphoric disorder and postnatal depression in women (Halbreich and Kahn, 2001; Noble, 2005). MD has been interpreted as a multifactorial disorder, involving both genetic and environmental risk factors (Kendler et al., 1993a). Considering the evidence that the AAO of MD may reflect the genetic liability to depression (Kendler et al., 2005, 2007), we could expect that women with MD may differ in their exposure to different risk factors including smoking, negative childhood parental rearing style and hormonal fluctuation. We know little about the relationship between these risk factors and the AAO of MD. To the best of our knowledge, these relationships have not been examined in Han Chinese women with MD.

The China, Oxford and Virginia Commonwealth University Experimental Research on Genetic Epidemiology (CONVERGE) study of MD is by far the largest clinical sample on MD in Han Chinese women in China. CONVERGE data collection began in August 2008. Analysis of the phase I sample recruited from August 2008 through April 2010 ($N=1970$) found that earlier AAO was associated with fewer sleep and appetite/weight changes, more suicidal ideation/attempts, high neuroticism, chronic disease course, and higher comorbidity with

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