



Research report

Are childhood and adult life adversities differentially associated with specific symptom dimensions of depression and anxiety? Testing the tripartite model



T. van Veen^{a,*}, K.J. Wardenaar^{a,c}, I.V.E. Carlier^a, P. Spinhoven^{a,b},
B.W.J.H. Penninx^{a,c,d}, F.G. Zitman^a

^a Department of Psychiatry, Leiden University Medical Centre, The Netherlands

^b Institute of Psychology, Leiden University, The Netherlands

^c Department of Psychiatry, University Medical Centre Groningen, Groningen, The Netherlands

^d Department of Psychiatry, VU University Medical Centre, Amsterdam, The Netherlands

ARTICLE INFO

Article history:

Received 15 March 2012

Received in revised form

28 August 2012

Accepted 13 September 2012

Available online 18 October 2012

Keywords:

Depression

Anxiety

Symptom dimensions

Childhood trauma

Life event

Tripartite model

ABSTRACT

Background: Different types of adverse events may have general or specific effects on depression and anxiety symptomatology. We examined the effects of adversities on the dimensions of the tripartite model: general distress, anhedonic depression and anxious arousal.

Methods: Data were from 2615 individuals from the Netherlands Study for Depression and Anxiety (NESDA), with or without depressive or anxiety disorders. We analysed associations of childhood trauma, childhood life events (childhood trauma interview), and recent life events (List of Threatening Events Questionnaire, LTE-Q) with anhedonic depression, anxious arousal, and general distress (assessed by the adapted Mood and Anxiety Symptoms Questionnaire, MASQ-D30).

Results: We controlled for co-occurrence of adversities. Regarding childhood trauma, only emotional neglect was associated with all three symptom dimensions. Psychological and sexual abuse were associated with general distress and anxious arousal, whereas physical abuse was associated only with anxious arousal. Particularly strong associations were seen for emotional neglect with anhedonic depression and for sexual abuse with anxious arousal. Childhood life events showed no associations with symptom dimensions. The recent life events 'Serious problems with friend', 'Serious financial problems', and 'Becoming unemployed' were associated with all three dimensions. The recent life event 'death of parent/child/sibling' was associated with anxious arousal. Several associations remained significant when controlled for current diagnosis of depression or anxiety.

Limitations: Our cross-sectional analyses do not allow for causal interpretation.

Conclusions: Distinct childhood traumas had different effects on the symptom dimensions, whereas most recent adult life events were associated with all three symptom dimensions. Our observations help to understand the often reported associations of these adversities with depressive and anxiety symptomatology. In addition, symptom dimensions of the tripartite model were shown to capture effects of adverse events on top of those captured by diagnostic categories.

© 2012 Elsevier B.V. All rights reserved.

1. Introduction

It has been well established that adverse events occurring in childhood and adulthood, contribute to the onset and course of depression and anxiety (Friis et al., 2002; Kendler et al., 1999, 2000b; Middeldorp et al., 2005; Mundt et al., 2000). However, the specific consequences of such events remain unclear. Some theories propose specific pathways from adversities to psychopathology. For

example, the schema-based cognitive model of depression and anxiety states that the type of emotion experienced depends on the thought and belief content activated by life experiences (Beck, 2008). Whereas depressive cognition is thought to be characterized by loss and self-deprecation, anxious cognition is characterized by threat and danger (Beck, 1976; Beck et al., 2003). Maladaptive schematic representations of the self, world and future are activated by matching life experiences. Then, impairments of cognitive control lead to ineffective coping and avoidance, which in turn contribute to depressive and anxious symptoms. Thus, specific types of events would cause specific symptoms in individuals with specific vulnerabilities. However other theories suggest a more general pathway

* Corresponding author

E-mail address: T.van_veen@lumc.nl (T. van Veen).

from adversity to psychopathology. For instance, a general effect of childhood trauma is the sensitization of the stress response systems, including the HPA axis and the CRF system (Heim et al., 2008). This leads to an increased stress sensitivity, which would lower the threshold to develop depression and anxiety upon further stress. This model predicts that different types of (childhood) adverse events are associated with internalizing psychopathology in general.

Previous studies have mostly investigated either the effects of childhood life-events, childhood trauma or recent (adult) adversities on current or life time psychopathology. Regarding childhood life events, parental loss has been most studied. Effects of childhood parental loss on adult psychopathology were shown to vary by the type of loss (separation versus death) (Kendler et al., 1992; Kessler et al., 1997). In these studies, separation of parents contributed to major depressive disorder (MDD), whereas death of parents was associated with panic disorder. However, in previous studies our group found no associations of childhood adverse life events with depression, anxiety, or comorbid depression and anxiety (Hovens et al., 2010), or with specific diagnoses (Spinoven et al., 2010). Taken together, results on the role of childhood life-events in depression and anxiety have been varied.

Regarding childhood trauma, when analysed separately, all types of childhood trauma have been found to be associated with anxiety, depression and comorbid anxiety and depression, and a dose-response relationship was apparent (Hovens et al., 2010). However, when co-occurrence of different types of trauma was taken into account, effect sizes decreased (Spinoven et al., 2010). This indicates that the associations of some traumas were driven by co-occurrence of other traumas. Only two studies have analysed the associations of childhood psychological abuse, physical and sexual abuse with both depressive and anxiety disorders (Gibb et al., 2007; Spinoven et al., 2010). Spinoven et al. (2010) also included emotional neglect, which was associated with both depressive and anxiety disorders, and more specifically with dysthymia, depression and social phobia. Psychological abuse was associated with any depressive disorder (Gibb et al., 2007; Spinoven et al., 2010), and with MDD and social phobia in particular (Gibb et al., 2007). Physical abuse did not independently increase risk of depression or anxiety (Spinoven et al., 2010; Gibb et al., 2007). Sexual abuse was associated with any anxiety disorder, and with dysthymia (Spinoven et al., 2010). Using a looser definition of sexual abuse (all sexual contacts up to age 18), Gibb et al. found no association with depression or anxiety, although childhood sexual abuse clearly increased the risk of psychiatric disorders (Chen et al., 2010; Kendler et al., 2000a). Taken together, these results indicate that different childhood traumas are likely to have different effects on depression and anxiety.

Regarding recent adult life events, MDD was associated with events characterised by loss and humiliation, whereas anxiety was associated with events characterised by loss and danger (Kendler et al., 2003). Also, different types of adverse events were found to be associated with different symptoms of MDD (Keller et al., 2007) and with specific diagnoses of depression and anxiety (Spinoven et al., 2010). However, most of the latter effects diminished when recent adverse events and childhood adversities were analysed together. Taken together, these results indicate involvement of recent life-events in depression and anxiety aetiology, but the exact nature of these associations remains unclear.

The observed inconsistencies in the effects of life-events could be due to the reliance on diagnoses of depressive and anxiety disorders as distinct outcomes. These diagnoses exist together more often than as separate syndromes (Ballenger, 1999). This suggests that part of the pathogenesis is shared between MDD and anxiety disorders (Clark and Watson, 1991; Mineka et al., 1998). Furthermore, these diagnostic categories are overly

heterogeneous. Specific symptom dimensions could be used as alternative outcomes to detect more symptom-specific effects. Conveniently, because dimensions are continuous, they also provide more statistical power to detect these specific effects (MacCallum et al., 2002).

A well-known dimensional model of anxiety and depression is the tripartite model (Clark and Watson, 1991). In this model, a general distress dimension covers symptoms common to depression and anxiety (e.g., fear, anger, sadness, and disgust) and accounts for their co-morbidity. A dimension of anhedonic depression reflects lack of positive mood states (e.g., feeling happy, interested, or excited), more specific to depression. An anxious arousal dimension concerns symptoms like palpitations, sweating, trembling and difficulty breathing, which are specific to anxiety, and to panic disorder in particular. A few studies have used the tripartite model to identify specific effects of adverse events. General distress was associated with the number of adverse events, whereas anhedonic depression was associated with a lack of social engagement and satisfaction (Brown and Barlow, 2009; Watson, 2005; Watson et al., 2008). Furthermore, in individuals with low mastery, loss events showed effects on general distress and anxious arousal but not on anhedonic depression (de Beurs et al., 2005).

Previous research suggests that different types of adversities may have different effects on depression and anxiety symptomatology. We hypothesised that if this is true, these differences would be easier to detect by using the tripartite dimensions as outcome measures. General effects of life events could be detected on the dimension of general distress, whereas specific effects could be detected on anhedonic depression or anxious arousal. We investigated the associations between different childhood life events, childhood trauma, and recent life events on the one hand and symptom dimensions on the other hand. In addition, we analysed if symptom dimensions provided more information than diagnoses alone; i.e., if different types of adverse events were associated with symptom dimensions independent of diagnostic groups. We did the analysis with data from a large cross-sectional cohort study of both healthy individuals and psychiatric outpatients ($n=2615$), using multivariate statistical techniques.

2. Methods

2.1. Participants

Data were from the Netherlands Study of Depression and Anxiety (NESDA), an ongoing longitudinal cohort study of depressive and anxiety disorders. Respondents between 18 and 65 years of age were recruited from primary care, specialised mental health care and community. Subjects were healthy or had a lifetime anxiety and/or depressive disorder ($n=2981$; Penninx et al., 2008). The baseline assessment was conducted by trained research staff and included a structured diagnostic interview, assessment of demographic and personal information and a medical assessment. Exclusion criteria were: not being fluent in Dutch or the presence of a primary clinical diagnosis of psychotic disorder, obsessive compulsive disorder, bipolar disorder, or severe addiction disorder. The study protocol was approved centrally and by the Ethical Review Board of all participating institutes. Informed consent was obtained from all participants.

Of the 2981 participants, 355 did not return the required questionnaire, and for another five respondents, there were too many missing items to calculate dimensional scores. Thus, dimensional scores were available for 2621 participants. For another six respondents, data on childhood trauma, childhood life events or recent adult life events were missing. Our sample

Download English Version:

<https://daneshyari.com/en/article/4186270>

Download Persian Version:

<https://daneshyari.com/article/4186270>

[Daneshyari.com](https://daneshyari.com)