



Research report

An evaluation of an integrated model of relapse in depression

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ABSTRACT

Background and aim: The present study evaluated an integrated model of the role of psychosocial factors in the prediction of relapse of Major Depressive Disorder over a one-year follow-up period.

Methods and analyses: A range of established variables, including life stress, cognitive–personality vulnerability factors, social support, and coping responses, were simultaneously considered in a series of prediction models, in an adult female sample of remitted depressed individuals.

Results: It was determined that interpersonal marked difficulties, social support, and emotion-oriented and avoidance-oriented coping provided the best-fitting and most parsimonious predictive model for depressive relapse at one-year follow-up.

Conclusions: The examination of multifactorial models of risk represents a promising avenue for future research and theory development.

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1. Introduction

Depression is the most common problem seen in clinical practice (Beck, 1972), with women two times more likely to be affected than men (APA, 2000). Major Depressive Disorder (MDD) is characterized by a recurring course (Judd, 1997), as approximately 60% of remitted depressed persons develop at least one additional episode in their lifetime (APA, 2000). Moreover, depressed patients will experience an average of 4.3 major depressive episodes in their lifetime (Perris, 1992) with each additional episode increasing the future possibility of relapse (APA, 2000). Although continued antidepressant medication leads to reduced relapse rates (Melfi et al., 1998), up to 35% of medicated individuals will relapse within 12 months (Keller et al., 1992).

Given the high rates of recurrence in depression, researchers have recently directed their attention towards establishing what factors might predict relapse (e.g., Gollan

et al., 2006; Jarrett et al., 2008). Earlier studies have evaluated the roles of specific factors, however, few have sought to formulate and evaluate multivariate models of relapse. Advocates of multivariate models argue that the etiology of depression is multifaceted and contend that relapse also results from complex interactions of psychosocial and biological factors (Kendler et al., 2002). Consequently, complex psychosocial models have been regarded as more appropriate than univariate explanations of risk or vulnerability (Dobson and Dozois, 2008a). Such models could include diathesis–stress models (Clark et al., 1999), or could involve even more complex biopsychosocial models of risk and resilience. While such models will undoubtedly be more difficult to develop and complex to evaluate, they will likely provide a more comprehensive understanding of the relationship among psychosocial factors and vulnerability to depression, and may provide us with stronger predictive power than can be obtained by univariate models.

A number of psychosocial risk factors have been implicated in the development of depression (Dobson and Dozois, 2008a). Vulnerability has been related to coping responses (e.g., avoidant coping; Billings and Moos, 1984; Holahan et al.,

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2005), poor problem-solving skills (Nezu, 2004), dysfunctional attitudes (Spangler and Burns, 1999), predisposing personality traits (Boyce et al., 1991), negative life events and hassles (Kessler, 1997), marital discord (Whisman, 2007), and low social support (Paykel and Cooper, 1992). Psychosocial variables, including life events (Ormel et al., 2001), social support (Sherbourne et al., 1995), and cognitive–personality vulnerability factors (Segal et al., 1992) have been established as univariate contributory factors to relapse of MDD.

Relatively few studies have examined psychosocial variables using a multi-factor design. Although more complex research has been recommended for some time (Segal et al., 1992), the vast majority of research to date has examined either main effects models, or, at most, two-factor interactional models as is common in diathesis–stress research. Further, most research has employed depressive symptom severity rather than relapse as the dependent variable (e.g., Sherbourne et al., 1995). Thus, while the literature has demonstrated promising moves towards the development of complex models of depression, this literature remains in its infancy with respect to relapse (in Dobson and Dozois, 2008b).

The present study represents an effort to establish an integrated model of the role of psychosocial factors in relapse of MDD. The study used a prospective, longitudinal design to simultaneously evaluate the roles of life stress, cognitive–personality vulnerability factors of sociotropy and autonomy, social support, and coping responses in the prediction of relapse in a sample of female remitted depressed adults. Participants for the study consisted of women who had a history of depression but who were not diagnosable at the beginning of the study. They were broadly recruited from the community and were followed naturalistically for a one-year period to evaluate the predictors of relapse. A discriminant function analysis (DFA) was performed, which employed both main effects and interaction terms, to predict the membership of participants into either a stable remitted or a relapsed group.

2. Method

2.1. Participants

Two-hundred and fifty-eight adult female participants, aged 18 to 65, were recruited from a range of community services and locations, including mental health clinics, pharmacies, libraries, physician offices, and grocery store and library notice boards. Notices advised potential candidates of the research study, and they were invited to make contact with the study coordinator. On contact, the coordinator ensured informed consent and then evaluated inclusion and exclusion criteria. Inclusion criteria included a diagnosis of DSM-IV-TR current Major Depressive Episode (MDE) or MDE within the past 8 weeks. Participants who met criteria for a current MDE were followed until the point of remission. Participants were excluded from the study if they 1) had ever experienced a Manic or Mixed Episode, 2) met criteria for a psychotic disorder or had ever experienced two or more psychotic symptoms, 3) met criteria for MDE with psychotic features, or 4) met diagnostic criteria for substance abuse or

dependence. The inclusion and exclusion criteria were not met by 136 potential participants, leaving 122 participants to become involved in the study.

2.2. Measures

2.2.1. Current depression

The Structured Clinical Interview for Diagnosis SCID-I (SCID-I; First et al., 1996) is a structured clinical interview designed to gather the information necessary to make current or lifetime DSM-IV-TR Axis I diagnoses (APA, 2000). Interviews were conducted by trained interviewers, and a randomly chosen 20% of these audiotapes were rated by a trained diagnostician (KSD). An inter-rater reliability estimate of 1.00 (kappa coefficient), or perfect agreement, was found for the primary diagnosis of MDE.

2.2.2. Depressive symptoms

The Beck Depression Inventory-II (BDI-II; Beck et al., 1996) is a 21-item self-report scale that measures the presence and severity of current depressive symptomatology. In an outpatient psychiatric sample, the BDI-II demonstrated excellent internal consistency (Cronbach's $\alpha = 0.92$) and test–retest reliability ($r = 0.93$; Beck et al., 1996). The BDI-II evaluated depressive symptom severity in this study.

2.2.3. Life-stress assessment

The Short Life Events and Difficulties Scale (SLEDS; Smith and Oatley, 1997) is a shortened version of the Life Events and Difficulties Scale (LEDS; Brown and Harris, 1978). The LEDS is a semi-structured life stress interview typically used to collect information about stressful experiences over a one-year period before onset/ relapse of disorder, and is designed to ensure accurate dates of stressor onset and termination. The LEDS involves three steps: 1) the interview itself; 2) transcription of summaries of each life stressor after the interview; and 3) presentation of the life stressor summaries to a trained team for rating of the contextual threat of the life stressor. It distinguishes acute and ongoing stressors, and gathers contextual and subjective ratings of these experiences. The SLEDS has the same format as the original LEDS but was developed specifically to assess those events and difficulties thought to be of etiological significance for depression. The LEDS is proven to be a reliable and valid measure of life stress (Brown and Harris, 1989) and the SLEDS has been demonstrated to predict depression at a rate that is highly comparable to that of the original interview (Smith and Oatley, 1997).

For the present study, 6 individuals were trained by T. Harris to conduct and rate SLEDS interviews. Only severe difficulties (a threat lasting at least 4 weeks) and marked difficulties (a threat lasting at least 2 years, excluding purely health difficulties) were included in the data analysis. To evaluate the cognitive–personality congruency hypothesis, each event was classified as primarily interpersonal or related to achievement according to the model established by Hammen and colleagues (e.g., Hammen et al., 1989). As is typical with the SLEDS, the life events data was analyzed as the presence of, rather than the number of severe or marked difficulties, experienced in the prior year. Internal reliability

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