

Brief report

Prediction of the three-year course of recurrent depression in primary care patients: Different risk factors for different outcomes

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Abstract

Background: The objectives of this study are: (1) identification of predictors for the three-year course of recurrent depression in the rarely studied, but relevant sample of primary care patients, and (2) investigation whether different outcome indicators, time to recurrence, proportion depression-free time and mean severity of depressive symptoms during follow-up, are associated with different risk factors.

Methods: Depression course was established by assessing 110 patients three-monthly with the Composite International Diagnostic Interview and the BDI, during a three-year period. Eight (groups of) predictors, assessed at baseline, were examined: socio-demographics, parental depression, history and severity of depression, anxiety, coping potential, social dysfunctioning and physical functioning.

Results: Time to recurrence was predicted by number of previous episodes ($OR = 1.91$). Both proportion depressive disorder-free time and mean depression severity during follow-up were predicted by: severity of depression ($B = -.19$ and $.21$ respectively), anxiety ($B = -.32$ and $.33$), social dysfunctioning ($B = -.21$ and $.22$) and physical functioning ($B = .24$ and $-.39$). Mean severity was additionally predicted by: educational level ($B = -.21$), duration of the longest prior episode ($B = .32$), and coping potential ($B = -.40$). Coping potential and number of previous episodes were marginally significant predictors for *all* three outcomes.

Limitations: Although substantial, sample size was restricted.

Conclusion: Different outcome variables are predicted by different risk factors. Restriction to one outcome may lead to missing important determinants of the depression course. Number of prior episodes and coping potential seem to warrant special attention from the GP.

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Keywords: Prediction; Multiple outcomes; 3-year course; Recurrent depression; Primary care

1. Introduction

The alarmingly unfavorable course of recurrent depression (Solomon et al., 2000) urges for a better

understanding of its determinants in order to improve treatment. However, there are considerable inconsistencies in findings across prediction studies of depression due to variability in: (1) samples, (2) range of predictors and (3) outcome indicators (Solomon et al., 2004). Taking into account these problems, we conducted a new study.

First, prediction studies usually apply mixed samples of first episode *and* recurrent depressed patients, or

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outpatients and primary care patients (c.f. Bockting et al., 2006; Simon, 2000; Ronalds et al., 1997; Katon et al., 1994; Keller et al., 1992). In order to enhance interpretability of findings we studied risk factors in a homogeneous sample of recurrent depressed primary care patients; a clinically very relevant but rarely investigated group. Second, we evaluated a fairly broad range of known potential predictors for depression, including: socio-demographic characteristics, parental depression, depression history, severity of depression, coping potential, anxiety, social functioning and physical functioning (c.f. Solomon et al., 2004; Ormel et al., 2001; Bockting et al., 2006; Brown and Moran, 1994; Brugha et al., 1997; Barkow et al., 2003). Third, usually studies are limited to time to recurrence as single outcome indicator. We studied two additional course characteristics, proportion depression-free time and mean severity of depression, in order to examine whether different outcome indicators are associated with different risk factors.

2. Methods

2.1. Participants and procedure

Patients participated in a randomized clinical trial evaluating the effects of four treatments (for details see Conradi et al., 2007). We included patients referred by GPs who had a diagnosis of depression, were between 18 to 70 years old, and were not suffering from: a life threatening medical condition, psychotic disorder, bipolar disorder, dementia or primary alcohol or drug dependency. For the present study we selected patients with a DSM-IV recurrent depression, who received usual care (UC) by the GP, or UC plus the low intensity Psycho-Educational Prevention Program (PEP) consisting of three face-to-face sessions and short three-monthly telephone contacts thereafter. These two groups were pooled for the present analyses because they did not differ on the outcome indicators. At baseline 81% of the patients used antidepressants.

2.2. Study measures

We quarterly administered an adapted depression section of the CIDI, a structured psychiatric interview with good reliability and validity (Andrews and Peters, 1998; Wittchen, 1994), measuring the presence of each of nine DSM-IV depressive symptoms per week in the previous three months. Thus we established whether or not patients were meeting DSM-IV criteria for major depression per week during the entire follow-up

period. Two of our outcome indicators, proportion of depressive disorder-free time and time from remission of the index-episode to recurrence, were derived from these data. Recurrence was defined as a depressive episode starting after a period of at least eight weeks without depression (Frank et al., 1991). To measure the third outcome, mean severity of depressive symptoms, we used the three-monthly administered Beck Depression Inventory (BDI; Dutch version Luteijn and Bouman, 1988). Mean severity was calculated on basis of at least five of the twelve measurements during follow-up.

Predictor variables, assessed at baseline were: (1) socio-demographics (gender, educational level, income of the household, (un-)employment and living with(-out) a partner), (2) parental depression (considered to be present if patients reported one or both of the biological parents ever been diagnosed as being depressed or treated because of depression), (3) depression history (number of episodes prior to the index-episode, and duration of the longest depressive

Table 1
Demographic and clinical characteristics at baseline

	<i>n</i> = 123
Mean age (SD)	43.7 (10.9)
Female	68.3%
Marital status	
Married/cohabiting	71.5%
Not married	13.0%
Divorced	11.4%
Widowed	4.1%
Primary occupation	
Employed	58.5%
Homemaker	22.0%
Other	19.5%
Educational attainment	
Low	42.3%
Medium	39.8%
High	17.9%
Severity depression	
Mild	30.9%
Moderate	29.3%
Severe	39.8%
Mean age first onset (SD)	28.9 (11.7)
Suicide attempt ever	12.2%
Previous episodes	
Median	4.0
≥ 3 episodes	65.0%
AD usage	81.3%

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