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Brief report

Severe melancholic depression is more vulnerable than non-melancholic depression to minor precipitating life events

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Abstract

Background: The present study examines the moderating role of global depression severity on the relation of melancholic versus non-melancholic depression to severe and non-severe levels of stress.
Method: A community sample of 50 women with unipolar major depressive disorder, of which 54% met Research Diagnostic Criteria for melancholic depression, were interviewed regarding stressful life events experienced prior to onset. Events were coded as severe or non-severe based on the rigorous Bedford College contextual rating system.
Results: Greater severity of depression was related to a higher likelihood of a severely stressful event prior to onset only for women with non-melancholic major depression. By contrast, greater severity of depression was related to a higher likelihood of a *non*-severe, more minor, stressful event prior to onset only for women with melancholic major depression.
Limitations: The present study was limited by its use of a female volunteer sample, which might not be entirely representative of the population of individuals with major depression. In addition, the study employed a cross-sectional design, which limits conclusions relating to the causal relation of stress to melancholic versus non-melancholic depression.
Conclusions: Far from being autonomous of stress, individuals with severe melancholic depression may be especially sensitive to stress, such that their episodes are influenced by more minor stressors than those of individuals with non-melancholic depression.

Keywords: Melancholic depression; Stressful life events; Depression severity

1. Introduction

Theorists even before Kraepelin (1921) suggested that the neurovegetative symptoms of melancholia result from an "endogenous," biogenetic process. By contrast, the non-melancholic subtype was presumed to have a psychosocial etiology (Jackson, 1986). A distinction was made, then, between depression that is autonomous of the environment and depression that develops as a reaction to stress. However, while some studies have reported higher rates of severely stressful events preceding non-melancholic versus melancholic depression (e.g., Brown et al., 1994; Frank et al., 1994; Paykel et al., 1984), other equally rigorous studies have reported null findings (e.g., Bebbington et al., 1988; Benjaminsen, 1981; Brown et al., 1979; Mitchell et al., 2003; Zimmerman et al., 1986).

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The goal of the present report is to examine the relation between stress and depression subtype by considering two important issues that are germane to this question. First, controversy exists regarding the validity of melancholic depression, and the weight of the evidence to date suggests an "integrated threshold model" (Leventhal and Rehm, 2005). That is, melancholic depression is both a qualitatively distinct subtype of depression (e.g., Beach and Amir, 2003; Davidson et al., 1988; Grove et al., 1987) *and* is also more globally severe than non-melancholic depression.

However, applying the integrated threshold model to the results of studies investigating the role of stress in melancholic versus non-melancholic depression is challenging. Significant stress differences between subtypes could mean that stress is less strongly associated with the qualitatively distinct subtype of melancholic depression than with non-melancholic depression. Alternatively, stress may simply be related to a less severe form of depression, regardless of symptom profile. We include a measure of global severity scores in our models, and thus are able to examine differences in life events in relation to depression subtype, depression severity, and their potential interaction.

Second, studies examining the relation of stress to depression subtypes typically focus on *severely* stressful life events. A lower likelihood of such an event prior to onset in melancholic versus non-melancholic depression has suggested that stress is less important in the etiology of melancholic depression. However, a biogenetic *distal* etiology (e.g., strong genetic loading) is not incompatible with the need for proximal environmental triggers of episode onset. Indeed, recent studies have shown that individuals with a strong genetic liability to depression are especially sensitive to the depressogenic effects of stress (Caspi et al., 2003; Kendler et al., 1995). Therefore, perhaps individuals with melancholic depression are less likely to experience severe events prior to onset because they more frequently break down in the face of more common minor stressors due to their strong biological diathesis (see Monroe and Harkness, 2005; Monroe and Simons, 1991).

We address this possibility by assessing both severe and non-severe events in our models. If a purely endogenous process is operating in melancholic depression, then these individuals should be less likely than those with non-melancholic depression to experience both severe *and* non-severe events. However, if individuals with melancholic depression possess heightened sensitivity to life event triggers, then an *increase* in rates of *non*-severe events should be evident prior to onset.

2. Method

2.1. Participants

Women were recruited from a community in the Pacific Northwest by way of media advertisements. Participants all met Diagnostic and Statistical Manual of Mental Disorders (DSM-IV; APA, 1994) criteria for a current episode of nonpsychotic, nonchronic, unipolar major depressive disorder with a Hamilton Rating Scale for Depression (HRSD; Hamilton, 1960) score of greater than or equal to 15 ($M = 19.78$, SD = 3.14). Exclusion criteria included psychosis, substance abuse or dependence, concurrent medical disorder that could cause depression, or acute suicidality. Of the 245 women who responded to the advertisements, 90 women met initial criteria for the study based on a telephone screening. Nine women failed to attend the full interview and 31 participants failed to meet study criteria based on the complete diagnostic interview, leaving a final sample of 50.

Participants ranged in age from 18 to 70 ($M = 37.24$, SD = 11.64), 44% ($n = 22$) were married, 34% ($n = 17$) had a college education, 22% ($n = 16$) were employed outside the home, 34% ($n = 17$) worked in the home, and 34% ($n = 17$) were unemployed. Consistent with the ethnic distribution of this small city, 90% ($n = 45$) were White.

2.2. Procedure and measures

After complete description of the study, written informed consent was obtained. Following the study, all participants were paid $20 for their time and were provided with treatment referrals.

2.2.1. Diagnostic and symptom measures

Psychiatric diagnoses according to DSM-IV criteria were derived through a SCID-I/P (First et al., 1994) interview administered by the first author or an advanced graduate student who had been trained to gold standard reliability status (Grove et al., 1981). Research Diagnostic Criteria (RDC; Spitzer et al., 1978) for definite "endogenous" (melancholic) depression were also assessed, and the 17-item Hamilton Rating Scale for Depression (HRSD; Hamilton, 1960) was administered. The reliability and validity of these instruments have been well documented in the study of depression (e.g., Rehm and O'Hara, 1985; Williams et al., 1992).