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Brief report

Verbal memory performance of mildly to moderately depressed outpatient younger adults

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Abstract

Background: Memory impairment is associated with major depression. Studies on young adults are, however, rare and show inconsistent and contradictory results. The present study investigated the relationship between mild to moderate depression and verbal memory functioning in a relatively large sample of young, non-psychotic, mainly non-medicated outpatients.

Methods: Fifty-seven clinically depressed were compared to 42 previously depressed and 46 never depressed controls on the California Verbal Learning Test.

Results: No difference in verbal memory functioning appeared between the three groups, and no difference were obtained between first-episode depressed individuals and individuals with recurrent depression.

Limitations: The study was cross-sectional and prospective studies are needed to confirm our findings.

Conclusions: Our results suggest that relatively young, non-medicated outpatients with mild to moderate depression are not affected by verbal memory impairments.

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Keywords: Severity of depression; Recurrence; Memory impairment; CVLT

1. Introduction

Depression is associated with impairment of cognitive functions including attention, memory, psychomotor speed, and executive functions (Austin et al., 2001; Stordal et al., 2004; Biringer et al., 2005). However, the

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study of these relationships has to a large degree been based on relatively small sized patients samples that have been either inpatients (Austin et al., 1992), medicated, included psychotic individuals (Fossati et al., 1999, 2004) and/or patients of relatively old age (Fossati et al., 2002). The few studies on young adults show inconsistent and contradictory findings (Grant et al., 2001). Some studies have suggested that recurrent depression is associated with increased memory dysfunction relative to individuals experiencing their first episode of depression (Basso and Bornstein, 1999; McQueen et al., 2002).

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Table 1
Demographic and clinical characteristics of subjects

	Clinically depressed (n=57)		Previously depressed (<i>n</i> =42)		Never depressed $(n=46)$		
	\overline{M}	(SD)	M	(SD)	\overline{M}	(SD)	
Sex (f/m)	48/9		35/7		35/11		$\chi^2(2, N=145)=1.3$, n.s.
Age	31.0	(10.4)	27.0	(8.2)	26.9	(9.5)	F(2,142)=3.2, p=0.045
BDI	15.8	(8.6)	6.4	(4.0)	1.1	(1.7)	F(2,142)=85.6, p<0.001
Single/recurrent episodes	21/36		18/24				$\chi^2(1, N=99)=0.4$, n.s.
Medication							
Antidepressant		9		1			
Neuroleptics		1		1			n.s. (Fisher's exact probability test)

Different from most previous studies, we have investigated relationships between mild to moderate depression and verbal memory functioning in a relatively large sample of young, non-psychotic, mainly non-medicated outpatients. Three questions were addressed: (1) Do young mildly to moderately depressed non-medicated outpatients show impaired verbal memory? (2) Do formerly depressed individuals who are no more depressed show impaired verbal memory as compared to normal controls who have never been depressed? (3) Are there differences between first-episode depressed individuals and individuals with recurrent depression?

2. Material and methods

The subjects were undergraduate students at the University of Tromsø, and patients consulting their general practitioner, also in Tromsø, Norway. The subjects were diagnosed according to the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 1994). The sample consisted of 57 clinically depressed (CD), 42 previously depressed (PD) and 46 never depressed (ND) individuals. Subjects with bipolar or dysthymic disorder were excluded from the study, i.e. only CDs and PDs with a history of major depression were included. None of the participants were inpatients. For further description of the sampling and group-classification reliability, see Wang et al. (2005). Demographic and clinical characteristics of subjects are presented in Table 1.

The Beck Depression Inventory (BDI; Beck et al., 1979) was included in the study to measure the severity of depressive symptoms on the day of testing. BDI-scores are classified as follows: normal range, 0–9; mild-moderate depression, 10–18; moderate-severe depression, 19–29; and serious depression, 30–63 (Beck and Steer, 1987). The means and standard deviations for each group are presented in Table 1.

The California Verbal Learning Test (CVLT; Delis et al., 1987) provides an individually administered assessment of multiple strategies and processes involved in learning and remembering verbal material. For further description, see Table 2.

3. Results

To examine whether the three groups of participants differed with respect to the six categories of variables of the CVLT, separate multivariate analyses of variance (MANOVA) were performed with group as the between-group factor within each set of test measures. The analyses yielded no significant effect of group on the learning and memory measures (Table 2). Likewise, separate MANOVAs were also performed when excluding the subjects using antidepressant and neuroleptic, but no significant group effects were obtained.

To examine whether subjects with recurrent depression differed from subjects with a single depressive episode, separate multiple analyses of variance (MANOVA) were performed within each set of CVLT measures, with depression (CD or PD) and recurrence (recurrent or single) as the two independent factors. There were no significant differences between recurrent and first-episode subjects on any of the six CVLT-categories when controlling for whether subjects were currently depressed or not.

4. Discussion

The results show that young depressed adults exhibit no verbal memory deficits compared to non-depressed controls. Also, no difference in verbal memory was obtained between former-depressed individuals compared to normal controls, and no difference was obtained between first-episode depressed individuals and individuals with recurrent depression. Together, these findings indicate that major depression

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