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History of childhood trauma as risk factors to suicide risk in major depression

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ABSTRACT

The aim of this study was to compare childhood trauma scores domains between Major Depressive Disorder (MDD) patients with and without suicide risk. This is cross-sectional study including a clinical sample of adults (18–60 years) diagnosed with MDD through the Mini International Neuropsychiatric Interview Plus version (MINI Plus). The Childhood Trauma Questionnaire (CTQ) was also used to verify types of trauma scores: abuse (emotional, physical, and sexual) and neglect (emotional and physical). Adjusted analysis was performed by linear regression. The sample was composed to 473 patients, suicide risk was observed in 16.3% of them. Suicide risk was independently associated with emotional abuse and neglect and sexual abuse, but not with physical abuse and neglect. Different domains of childhood trauma are associated with suicide risk in MDD population and emotional trauma should be considered a risk factor for suicide risk in MDD patients.

1. Introduction

The lifetime prevalence of MDD in high-income countries is 14.6% while 12-month prevalence is 5.5% (Kessler and Bromet, 2013). Despite MDD not being the only cause of suicide behavior, depression is the most predominant diagnosis associated with suicide (Hawton et al., 2013) and 14.5% of MDD patients attempt suicide at least once in a five-year period (Holma et al., 2010). Although the association between depression and suicidality has been presented by scientific literature, risk factors that can contribute to this negative prognosis course of depressive episodes are not fully recognized in clinical population (Hawton et al., 2013).

Stressful events, such as childhood trauma, are important risk factors for mental distress (Schilling et al., 2014) and suicidal behavior (Roy, 2011) in clinical and general population (Barbosa et al., 2014). The most commonly described types of child maltreatment are abuse or neglect, including sexual abuse, physical abuse, physical neglect, emotional abuse and emotional neglect. The impact of childhood maltreatment on comorbidity of mental disorders was confirmed for both lifetime and cross sectional comorbidities (Schilling et al., 2014). In this sense, the correlate between childhood trauma and suicide risk is stablished by scientific literature in general population (Serafini et al., 2015).

However, there are few available studies suggesting that exposure to adverse childhood experiences is associated with worse subsequent functioning among those with major depression or bipolar disorder (Lu et al., 2008). Studies have suggested childhood emotional abuse to be related to depressive symptoms in episodes in adult life (Sarchiapone et al., 2007), as well as with worse depressive chronicity and suicide behaviors (Tunnard et al., 2014). Emotional neglect is associated with suicide attempts in unipolar depressive patients (Sarchiapone et al., 2007). In addition to this, patients with abuse history often have more severe and complex psychopathology (Lu et al., 2008). Currently, most studies focus on the impact of a single type of traumatic experience, as sexual abuse, and little has been presented on multiple forms of early trauma (Schilling et al., 2014). Although childhood trauma is correlated to suicide risk in MDD according to previous researches, we toke as a hypothesis that suicide risk are associated with early emotional trauma in MDD patients. Yet, more consistent knowledge about which traumatic experiences are associated with suicide in these patients are needed. In this way, this study aims to compare each childhood trauma domain between MDD patients with and without suicide risk.

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2. Methods

2.1. Design

This is a cross-sectional study nested within clinical trials whose purpose were to evaluate the effectiveness of psychosocial interventions on different mental health disorders (Bipolar Disorder, Major Depressive Disorder, and Obsessive-Compulsive Disorder) in the psychology service of the *Universidade Católica de Pelotas* (UCPel), south of Brazil (Del Grande da Silva et al., 2016).

2.2. Sample

Individuals from 18 to 60 years old from public health facilities of Pelotas (Primary Care Units, Psychosocial Care Centers and other health care services) as well as general population were invited to join clinical studies. From July 2012 to June 2015, the participants were invited to a free assessment that comprised several health and behavior aspects as well as psychological evaluation. This was a convenience sample with participants who sought the study's outpatient service themselves and/or had been referred from basic health units and mental health facilities in the city. Inability to understand the questions and presence of severe psychotic symptoms were all considered as exclusion criteria. For this particular study, just patients diagnosed with MDD were included. Mental disorder presence and psychotic symptoms (module M) were verified through the structured clinical interview for the DSM-IV – Mini International Neuropsychiatric Interview Plus version (MINI Plus) (Sheehan et al., 1997).

The study sample was composed by a total of 473 patients diagnosed with MDD and Tables 1, 2 present samples characteristics. Most of them were women (83.7%), 36.2 of average age (± 11.4), and 10.4 years of schooling (± 3.7). Regarding the socioeconomic condition, 59.6% were from lower status (C, D or E), 50.3% reported to have a current job and 52.2% live with a partner. Regarding family history, patients reported 26.2% of maternal history of MDD (n=446; missing=27) and 4.3% paternal history of MDD (n=440; missing=33). Maternal history of suicide attempt was recounted by 8.1% of MDD patients (n=443; missing=30) and 2.7% reported paternal history of suicide attempt (n=438; missing=35). The average of patients´ MDD duration was 13.2 years (± 11.1) (n=403; missing=70). Most of patients did not know how many previous depressive episodes happened (missing=338). A group of 135 MDD patients answered this question and informed 3.3 (± 3.4) depressive episodes in the past.

2.3. Measures

MINI Plus (Sheehan et al., 1997) is an interview adapted for the clinical setting and it represents an adequate alternative for patient evaluation, according to international criteria, in both clinical and epidemiological studies (Amorim, 2000). The diagnostic interviews were conducted by psychologists (master and doctor students) who were previously trained for the use of the MINI Plus. Presence of any anxiety disorder were considered to patients who fulfilled diagnostic criteria for current panic disorder; social phobia; obsessive-compulsive disorder; post-traumatic stress disorder, and / or generalized anxiety disorder. Suicide risk was evaluated using the suicide module of the MINI (module C), which consists of six questions that assess the presence of current suicidal ideation, plan and attempt in the last 30 days as well as life suicide attempt. As a result, the participants could be classified as no suicide risk, mild, moderate or severe suicide risk. For this study, patients were consider with suicide risk if they presented moderate or severe suicide risk (Carlier et al., 2016; Lim et al., 2015). Therefore, the outcome was consider as a dichotomic variable.

The Childhood Trauma Questionnaire (CTQ) was also administered. It is a 28-item self-report inventory which provides valid measures for histories of trauma. Trauma is considered as abuse (emotional, physical, and sexual) and neglect (emotional and physical) (Bernstein et al., 1994). The five subscales used in this study comprise 25 items whereas the three remaining items belong to minimization/denial subscale for detecting no reliable reports. For all these measures, the higher the score, the greater the intensity of traumatic events. The Brazilian version of CTQ is adapted and validated with good psychometric proprieties (Grassi-Oliveira et al., 2014, 2006).

The evaluation instrument was composed of a questionnaire which was fulfilled directly into tablets through the Open Data Kit program (Hartung et al., 2010), contained the following variables: sex, age, marital status, education, work, socioeconomic status and substance abuse/dependence. The socioeconomic status was verified through a scale developed by the *Associação Brasileira de Empresas de Pesquisa (ABEP)* (ABEP - Associação Brasileira de Empresas de Pesquisa, 2003). This scale is based on the accumulation of material goods and the education level of the family chief, categorizing people among the socioeconomic classes from higher to lower A, B, C, D, and E. However, due to distribution of this variable in our sample, we opted to dichotomize this in higher (A and B) and lower (C, D, and E) socioeconomic status. Alcohol, Smoking, and Substance Involviment

Table 1
Sample characteristics of MDD patients and bivariate analysis presenting differences of proportion of suicide risk between qualitative independent variables, Brazil (2016).

	MDD patients n (%)	Suicide Risk MDD patients n (%)	*p* value
Sex			0.306
Female	396 (83.7)	68 (17.2)	
Male	77 (16.3)	9 (11.7)	
Socioeconomic status			0.054
Higher	191 (40.4)	23 (12.0)	
Medium/lower	282 (59.6)	54 (19.1)	
Current employment			0.120
No	235 (49.7)	45 (19.1)	
Yes	238 (50.3)	32 (13.4)	
Marital status			0.514
Married/living with partner	283 (59.8)	43 (15.2)	
Single/divorced/widowed	190 (40.2)	34 (17.9)	
Alcohol abuse/dependence			0.918
No	351 (74.2)	58 (16.5)	
Yes	122 (25.8)	19 (15.6)	
Tobacco Abuse/dependence			1.000
No	350 (74.0)	57 (16.3)	
Yes	123 (26.0)	20 (16.3)	
Sedative Abuse/dependence			0.369
No	354 (74.8)	54 (15.3)	
Yes	119 (25.2)	23 (19.3)	
Illicit drugs Abuse/dependence			0.199
No	333 (70.4)	49 (14.7)	
Yes	140 (29.6)	28 (20.0)	
Any anxiety disorder			0.653
No	161 (34.0)	24 (14.9)	
Yes	312 (66.0)	53 (17.0)	
Mother's history of MDD[a]			0.968
No	329 (73.8)	51 (15.5)	
Yes	117 (26.2)	19 (16.2)	
Father's history of MDD[a]			0.760
No	421 (95.7)	66 (15.7)	
Yes	19 (4.3)	4 (21.1)	
Mother's history of suicide attempt[a]			0.180
No	407 (91.9)	51 (15.0)	
Yes	36 (8.1)	9 (25.0)	
Father's history of suicide attempt[a]			0.642
No	426 (97.3)	67 (15.7)	
Yes	12 (2.7)	3 (25.0)	
Total	473 (100)	77 (16.3)	

MDD, Major depressive disorder.
[a] variables with missing values.

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