



## Predictors of new-onset depressive disorders – Results from the longitudinal Finnish Health 2011 Study



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### ABSTRACT

**Background:** Identifying risk factors for depression is important for understanding etiological mechanisms and targeting preventive efforts. No prior studies have compared risk factors of dysthymia and major depressive disorder (MDD) in a longitudinal setting.

**Methods:** Predictors of new-onset MDD and dysthymia were examined in a longitudinal general population study (Health 2000 and 2011 Surveys, BRIF8901). 4057 persons free of depressive disorders at baseline were followed up for 11 years. DSM-IV MDD and dysthymia were diagnosed with the Composite International Diagnostic Interview.

**Results:** 126 persons (4.4%, 95%CI 3.6–5.2) were diagnosed with MDD or dysthymia at follow-up. Predictors of new-onset depressive disorders were younger age (adjusted OR 0.97, 95%CI 0.95–0.99 per year), female gender (aOR 1.46, 95%CI 1.01–2.12), multiple childhood adversities (aOR 1.76, 95%CI 1.10–2.83), low trust dimension of social capital (aOR 0.58, 95%CI 0.36–0.96 for high trust), baseline anxiety disorder (aOR 2.75, 95%CI 1.36–5.56), and baseline depressive symptoms (aOR 1.65, 95%CI 1.04–2.61 for moderate and aOR 2.49, 95%CI 1.20–5.17 for severe symptoms). Risk factors for MDD were younger age, female gender, anxiety disorder and depressive symptoms, whereas younger age, multiple childhood adversities, low trust, and having 1–2 somatic diseases predicted dysthymia.

**Limitations:** We only had one follow-up point at eleven years, and did not collect information on the subjects' health during the follow-up period.

**Conclusions:** Persons with subclinical depressive symptoms, anxiety disorders, low trust, and multiple childhood adversities have a higher risk of depressive disorders. Predictors of MDD and dysthymia appear to differ. This information can be used to target preventive efforts and guide social policies.

### 1. Introduction

In light of the enormous burden of depressive disorders, there is increasing interest in interventions aimed at preventing onset of depression (Dennis and Dowswell, 2013; Muñoz et al., 2012; van der Waerden et al., 2011; van Zoonen et al., 2014). Knowledge on risk factors of depression would be useful to target interventions to populations at higher risk.

Correlates of depressive disorders in cross-sectional studies have been examined extensively, but less is known about predictors in

longitudinal study settings. Yet, it is crucial to assess predictors in longitudinal settings to distinguish the complex patterns of causation (Kendler et al., 2002, 2006). Some perceived risk factors might in fact be a consequence of illness, or contribute to longer duration, thereby increasing prevalence but not incidence in that group (Lorant et al., 2003).

Some predictors have been identified consistently across several longitudinal studies, while findings on others are more contradictory. Female gender (Anthony and Petronis, 1991; De Graaf et al., 2002; Eaton et al., 2001, 2008; Klein et al., 2013; Wang et al., 2010a),

Abbreviations: MI, Multiple imputation; CIDI, Composite International Diagnostic Interview

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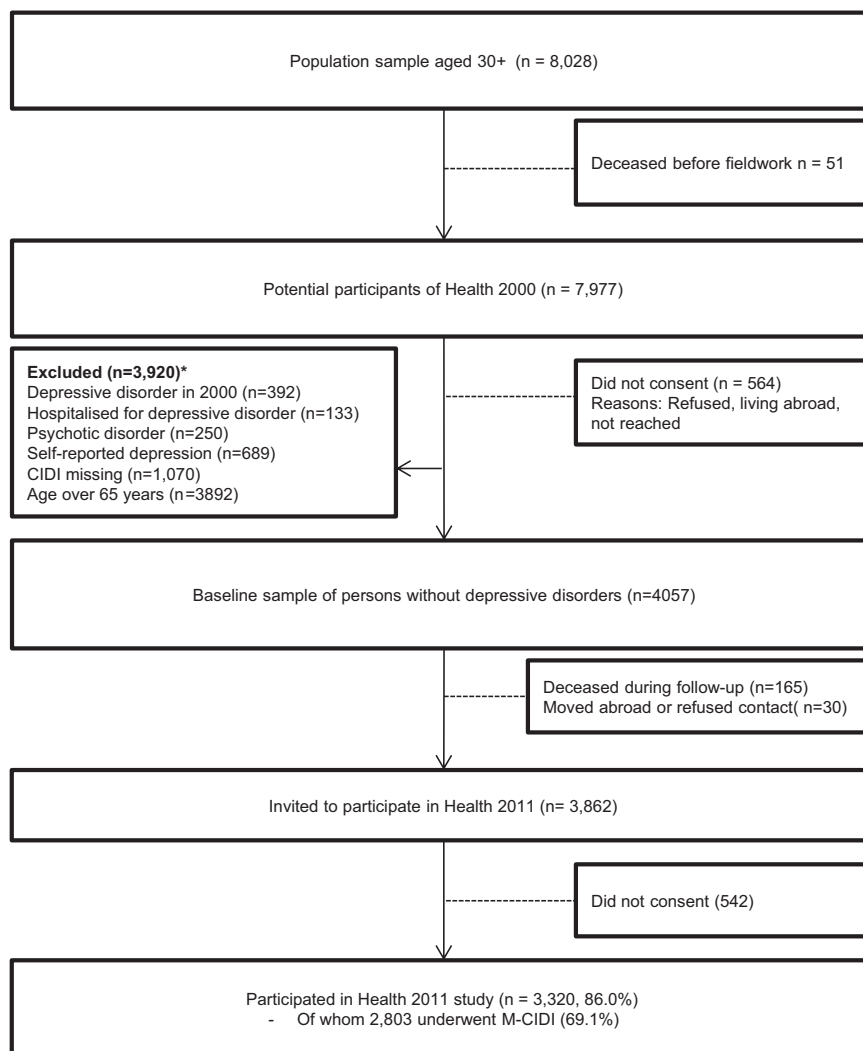
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**Fig. 1. Participation in the baseline and follow-up study.** \*Persons may belong to more than one exclusion category and therefore the numbers add up to more than the number of total exclusions.

younger age (Eaton et al., 2008; Stegenga et al., 2013; Wang et al., 2010a), being unmarried or unemployed (Anthony and Petronis, 1991; Stegenga et al., 2013) have appeared as risk factors for depression in many studies, even though not all of them.

The relationship between socioeconomic position (SEP) and depression is complex. Higher prevalence of depression is frequently found among socially disadvantaged groups (Kessler and Bromet, 2013; Pulkki-Råbäck et al., 2012), but causality of the association is not entirely clear. In a meta-analysis of longitudinal studies, the lowest SEP group had only slightly elevated risk of developing new episode of depression, while the odds for prevalence and persistence of disorder were higher (Lorant et al., 2003). Many longitudinal studies have not found any objective measures of lower SEP to predict onset of depression (De Graaf et al., 2002; Eaton et al., 2001; Kaplan et al., 1987; Skapinakis et al., 2006; Wang et al., 2010a; Weich and Lewis, 1998), but subjective measures, such as financial strain, have been significant predictors in various studies (Lorant et al., 2007; Skapinakis et al., 2006; Wang et al., 2010b; Weich and Lewis, 1998).

Many family and childhood factors may predispose a person to depression. Family history of depression appears a strong predictor (Eaton et al., 2001; Klein et al., 2013; Stegenga et al., 2013; Wang et al., 2010a), but also different childhood social adversities and maltreatment increase risk of depression in adulthood (Park et al., 2013; Ritscher et al., 2001; Stegenga et al., 2013).

Social capital, or the collective value of the social networks that an

individual has, is strongly associated with current depressive symptoms (Almedom, 2005; Nieminen et al., 2010; Nyqvist et al., 2013), but less is known about it as a risk factor for new-onset depression. Two studies have found no association (Fujiwara and Kawachi, 2008; Noteboom et al., 2015), but others have found components of social capital, such as social isolation (Kaplan et al., 1987), lack of social support (Stegenga et al., 2013), and decreased social participation (Kivelä et al., 1996) to predict onset of depression.

Most of the above-mentioned determinants are from studies examining the risk of onset of major depressive disorder (MDD). Risk factors for dysthymia are much less known than those for MDD. They include family history of mood disorders, particularly dysthymia, and childhood adversity (Klein and Santiago, 2003). However, few studies have been carried out in a longitudinal setting.

This study examines predictors of new-onset depressive disorders, MDD and dysthymia, in an 11-year follow-up of a general population sample. We evaluate the impact of sociodemographic characteristics, childhood adversity, somatic and mental health, and social capital measured at baseline on the risk of developing a depressive disorder.

## 2. Methods

### 2.1. Study sample and participants

The Health 2000 Survey (<http://www.terveys2000.fi/>), conducted

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