



Review

Risk and protective factors for depression that adolescents can modify: A systematic review and meta-analysis of longitudinal studies



Kathryn Elizabeth Cairns^a, Marie Bee Hui Yap^{a,b,*}, Pamela Doreen Pilkington^c, Anthony Francis Jorm^a

^a Melbourne School of Population and Global Health, University of Melbourne, Australia

^b School of Psychological Sciences, Monash University, Australia

^c School of Psychology, Faculty of Health Sciences, Australian Catholic University, Australia

ARTICLE INFO

Article history:

Received 10 April 2014

Received in revised form

22 July 2014

Accepted 4 August 2014

Available online 12 August 2014

Keywords:

Adolescent

Depression

Prevention

Risk and protective factors

Review

Longitudinal studies

ABSTRACT

Background: Adolescence is a peak time for the onset of depression, but little is known about what adolescents can do to reduce their own level of risk. To fill this gap, a review was carried out to identify risk and protective factors for depression during adolescence that are modifiable by the young person. **Methods:** Employing the PRISMA method, we conducted a systematic review and meta-analysis of longitudinal studies to identify risk and protective factors during the adolescent period (aged 12–18 years) that are potentially modifiable by the young person without professional intervention or assistance. Stouffer's method of combining *p* values was used to determine whether associations between variables were reliable, and meta-analyses were conducted to estimate the mean effect sizes of associations.

Results: We identified 113 publications which met the inclusion criteria. Putative risk factors implicated in the development of depression for which there is a sound evidence base, and which are potentially modifiable during adolescence without professional intervention, are: substance use (alcohol, tobacco, cannabis, other illicit drugs, and polydrug use); dieting; negative coping strategies; and weight. Modifiable protective factors with a sound evidence base are healthy diet and sleep.

Limitations: Limitations include not systematically reviewing moderators and mediators, the lack of generalisability across cultures or to younger children or young adults, and the inability to conduct a meta-analysis on all included studies.

Conclusions: Findings from this review suggest that future health education campaigns or self-help prevention interventions targeting adolescent depression should aim to reduce substance use (alcohol, tobacco, cannabis, other illicit drugs, and polydrug use); dieting; and negative coping strategies; and promote healthy weight; diet; and sleep patterns.

© 2014 Elsevier B.V. All rights reserved.

Contents

1. Introduction	63
1.1. The burden and prevalence of depressive disorders in adolescence	63
1.2. The prevention of adolescent depression	63
1.3. Aims and scope of this study	63
2. Method	64
2.1. Data sources	64
2.2. Study selection	64
2.3. Data extraction	64
2.3.1. Coding	64
2.4. Data analysis	65

* Corresponding author at: School of Psychological Sciences, Bld 17, Wellington Road, Monash University, Clayton, Victoria 3800, Australia. Tel.: +613 9905 0723; fax: +613 9905 3948.

E-mail address: marie.yap@monash.edu (M.B.H. Yap).

2.4.1.	Stouffer's p	65
2.4.2.	Effect size computation	67
2.4.3.	Meta-analysis procedures	67
2.4.4.	Interpretation of Stouffer's p and effect sizes	68
3.	Results	68
3.1.	Characteristics of included studies	68
3.2.	Quality assessment	68
3.3.	Modifiable risk and protective factors	68
3.3.1.	Alcohol use (frequency)	68
3.3.2.	Alcohol use (quantity)	68
3.3.3.	Cannabis use	68
3.3.4.	Dating during adolescence	68
3.3.5.	Dieting	68
3.3.6.	Early moving out of home	68
3.3.7.	Early sex	68
3.3.8.	Extracurricular activities	68
3.3.9.	Healthy diet	69
3.3.10.	Media use	69
3.3.11.	Negative coping strategies	69
3.3.12.	Negative emotion regulation strategies	69
3.3.13.	Other illicit drug use	69
3.3.14.	Part-time employment	69
3.3.15.	Physical activity	69
3.3.16.	Polydrug use	69
3.3.17.	Positive coping strategies	69
3.3.18.	Positive emotion regulation strategies	70
3.3.19.	Relationships with positive peers	70
3.3.20.	Religious observation (private)	70
3.3.21.	Religious observation (public)	70
3.3.22.	Self-disclosure to parents	70
3.3.23.	Sleep	70
3.3.24.	Sport	70
3.3.25.	Tobacco use	70
3.3.26.	Weight	70
4.	Discussion	70
4.1.	Modifiable risk and protective factors with a sound evidence base	70
4.1.1.	Alcohol use (frequency and quantity)	70
4.1.2.	Cannabis use	70
4.1.3.	Dieting	71
4.1.4.	Healthy diet	71
4.1.5.	Coping strategies (negative and positive)	71
4.1.6.	Other illicit drug use	71
4.1.7.	Polydrug use	71
4.1.8.	Sleep	71
4.1.9.	Tobacco use	71
4.1.10.	Weight	71
4.2.	Modifiable risk and protective factors with an emerging evidence base	72
4.2.1.	Dating during adolescence	72
4.2.2.	Media use	72
4.2.3.	Physical activity	72
4.2.4.	Relationships with positive peers	72
4.2.5.	Self-disclosure to parents	72
4.2.6.	Sport	72
4.3.	Modifiable risk and protective factors with minimal evidence base	72
4.3.1.	Factors for which there is no evidence of a relationship, based on the extant evidence	72
4.3.2.	Factors for which there were limited studies available for synthesis	72
4.4.	Strengths and limitations	73
4.5.	Implications for research translation	73
4.6.	Conclusions	73
	Conflict of interest	73
	Role of funding source	73
	Acknowledgements	74
	Appendix A. Supporting information	74
	References	74

Download English Version:

<https://daneshyari.com/en/article/6232463>

Download Persian Version:

<https://daneshyari.com/article/6232463>

[Daneshyari.com](https://daneshyari.com)