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Journal of Affective Disorders

journal homepage: www.elsevier.com/locate/jad

Research report

Mauling of the “Celtic Tiger”: Clinical characteristics and outcome of first-episode depression secondary to the economic recession in Ireland



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ARTICLE INFO

Article history:

Received 26 April 2013

Received in revised form

8 June 2013

Accepted 8 June 2013

Available online 12 August 2013

Keywords:

Economic recession

Depression

Suicide

Psychiatric epidemiology

ABSTRACT

Background: There is a dearth of studies describing clinical characteristics and outcome of patients who present with mood disorders related to economic recession.

Aims: To describe a cohort of patients admitted with first-episode depression related to the Irish economic recession and compare this cohort with all other first-episode depressives admitted during the same time period (2009–2010).

Methods: A cohort of 137 patients admitted with first-episode depression to an independent university teaching hospital was prospectively identified and followed up from admission over 2 years (mean follow-up 430 days, s.d. 176 days). The cohort was divided into “Celtic Tiger” (patients with first-episode depression secondary to the economic recession) and non-Celtic Tiger control patients (other first-episode depressed patients). Both groups were compared in terms of clinical characteristics at baseline and outcome over follow-up.

Results: The number of admissions due to first depressive episodes were higher in recession years 2009/10 than in pre-recession years 2008/9. Celtic Tiger patients were predominantly male and more severely depressed with more marked suicidal ideation (χ^2 , $p < 0.001$) than control patients. They were more likely to recover (χ^2 , $p = 0.013$), less likely to recur (χ^2 , $p < 0.001$) and had faster time to recovery (log rank, $p < 0.001$) and slower time to full recurrence (log rank, $p = 0.001$). The Celtic Tiger patients spent more time asymptomatic and less time at full and subthreshold depression levels over follow-up.

Limitations: Study setting of centre specializing in affective disorders treatment, retrospective nature of follow-up after initial prospective interview and lack of patient follow-up interview.

Conclusion: The study describes a subgroup of patients with severe depression associated with economic recession with likely high suicide risk but very favourable outcome.

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1. Introduction

Despite extensive study into the health effects of economic recessions and crises over the last century (Zivin et al., 2011; Gunnell et al., 2009; Economou et al., 2013; Gili et al., 2013), the

effect of economic recessions on onset of psychiatric illness is poorly understood and little is known about clinical characteristics and outcome of patients who develop psychiatric symptoms at such times, particularly in vulnerable economic states affected by the recent recession (Zivin et al., 2011; Stuckler et al., 2011).

In late 2008, Ireland became the first Eurozone state to enter economic recession with its real Gross Domestic Product (GDP) and Gross National Product (GNP) falling by 4.9% and 10.0%, respectively, between late 2008 and 2011 (Central Statistics Office, 2012). The economic recession in Ireland has been characterized by increasing household and sovereign debt as well as decreased financial security with unemployment rising to 14.9% (Central Statistics Office, 2009). In stark contrast, 1997–2007 had seen unprecedented rapid economic growth dubbed the “Celtic Tiger”, partly fuelled by an expansion of credit including a property

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bubble that led to over-exposure of the Irish banking system to the property market (Central Statistics Office, 2012). Ireland saw a 9% increase in national suicide rates between 2008 (11.4 per 100,000) and 2009 (12.4 per 100,000) (National Office of Suicide Prevention, 2010), which may highlight increased psychological distress and psychiatric illness resulting from the recession.

With this in mind we undertook to further characterize and explore the relationship between economic recession and mental illness by prospectively identifying patients admitted with first-episode depression directly related to the fall of the 'Celtic Tiger' and subsequent economic recession and comparing their clinical characteristics and outcome with other first-episode depressed patients.

2. Methods

2.1. Setting

This study was carried out in St. Edmundsbury Hospital, a 50-bed hospital that accounts for almost 20% of the inpatient beds provided by St. Patrick's University Hospital (SPUH), Ireland's largest independent mental health service provider. This facility specializes in programmatic treatment of mood disorders. SPUH accounted for 16.4% of all patients admitted nationally with first admission depression in 2009 (Daly and Walsh, 2009). All individuals admitted to St. Edmundsbury Hospital from 1 January 2009 to 31 December 2010 were prospectively interviewed and those patients diagnosed with first-episode depression (DSM-IV 296.31–296.34) (American Psychiatric Association, 2000) identified. From this cohort, patients were divided into two groups: a "Celtic Tiger" group and a non-Celtic Tiger control group. We named these patients 'Celtic Tiger' patients to reflect the financial aftermath they had incurred as a consequence of the decline and failure of the 'Celtic Tiger' economy and subsequent recession.

After identification, each participant was followed up until March 31, 2011 or for a minimum of 6 months to allow the majority of recovery and early recurrences to be described. Mean length of cohort follow-up was 430 days (s.d. 176). The medical records of all first-episode depressed patients admitted to our centre over 2-years prior to the study (2007–2008) were also retrospectively reviewed to compare pre-recession patterns of admissions.

Ethical approval for this study was obtained from SPUH Research Ethics Committee.

2.2. Participants

Participants were all patients aged 18 years or over and admitted over the 2-year (2009–2010) period with first-episode depression. Diagnosis was established by Structured Clinical Interview for DSM-IV Axis 1 Disorders for Depression (SCID) (First et al., 1997). Demographic details, treatment information, and variables previously shown to be associated with first-episode depression in economic recession, including the presence of personality disorder (Zivin et al., 2011; Gunnell et al., 2009), were also recorded. Presence and absence of personality disorder was established by the Standardised Assessment of Personality-Abbreviated Scale (SAPAS) (Moran et al., 2003). Participants with primary organic illnesses were excluded.

The Celtic Tiger group comprised patients with first-episode depression admitted during the study period, whose symptoms were directly related to and had been strongly adversely affected by the recession. Celtic Tiger patients also had to meet both of the following criteria: (1) job loss or significant occupational insecurity as a direct consequence of the economic recession and (2) significant personal debts exceeding annual net income from primary occupation as a direct consequence of the economic recession.

Controls were identified as all other patients with first-episode depression.

2.2.1. Follow-up of participants

The cohort was prospectively identified and recruited. All available inpatient and outpatient notes were retrospectively reviewed over follow-up to fully describe recovery and early recurrence. This was supplemented with a detailed interview with the treating consultant psychiatrist and/or general practitioner (GP) of every participant. In total, 88% ($n=120$) of participants were followed up by their treating team from their index admission until study completion with 12% ($n=17$) being transferred back to primary care during the follow-up period. In these cases the patients' general practitioners were also interviewed and all available GP notes reviewed.

Presence of symptoms during the follow-up period was ascertained using an adaption of the Longitudinal Interval Follow-up Evaluation Weekly Psychiatric Status Rating Scale (LIFE PSR) for Major Depression (Keller et al., 1987; Kennedy et al., 2004), see [Supplementary Table](#). Using all available case records and detailed interview with the treating physicians, who also had access to these records, each month of follow-up was serially examined in detail for depressive symptomology using time anchoring cues and onset and offset of symptoms of depression were dated to within a week over the follow-up period for each participant as previously described (Kennedy et al., 2004) with final assignment of weekly LIFE PSRs being made by the first author of the paper. Inter-rater reliability for LIFE follow-up was high ($\kappa=0.884$ ($p < 0.001$), 95% CI (0.835, 0.933)) as established by a second independent rater (NK) assigning PSRs by reviewing 12 case-records randomly chosen using a computerized randomization programme, Research Randomizer (Geoffrey C. Urbaniak & Scott Plous, US; see <http://www.randomizer.org/SiteStatistics>) and similarly rated.

For analysis of time spent at each symptom level during follow up, PSRs were further divided into four symptom severity levels adapted from LIFE (Keller et al., 1987; Kennedy et al., 2004) (see [Supplementary Table](#)). Recovery was defined as at least two consecutive months (8 weeks) consistent with a PSR score of 1–2. Subsequent recurrence was defined as at least two consecutive week history consistent with a PSR score of 5–7 after full recovery of a previous episode has been achieved. Partial or residual depressive symptoms that constituted partial recurrence was defined as at least two consecutive weeks of symptoms with PSR score of 3–4 after full recovery of a previous episode has been achieved. PSR was also used at baseline.

2.3. Statistical methods

Statistical analyses were carried out using the Statistical Package for the Social Sciences Version 18 for Windows (SPSS 18, SPSS Inc., USA). χ^2 or Fisher's exact tests for categorical variables and Student's t -test for normally distributed continuous variables were used to compare clinical variables between groups. Analyses for time to recovery, time to recurrence, and time to partial recurrence were performed using Kaplan–Meier survival analyses (log rank method) and Cox-Regression analyses as defined by the LIFE PSR scale, except for data for time to recovery that did not satisfy the assumption criteria for a Cox-Regression analysis. An inter-rater reliability analysis using the Kappa statistic was performed to determine consistency among raters. As all patients were fully followed-up the data sets were complete.

3. Results

3.1. Participants

One hundred and thirty-seven ($n=77$ in 2010, $n=60$ in 2009) first-episode depressed patients were identified and followed up

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