



Research report

Big Five personality and depression diagnosis, severity and age of onset in older adults



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ABSTRACT

Background: Personality may play an important role in late-life depression. The aim of this study is to examine the association between the Big Five personality domains and the diagnosis, severity and age of onset of late-life depression.

Methods: The NEO-Five Factor Inventory (NEO-FFI) was cross-sectionally used in 352 depressed and 125 non-depressed older adults participating in the Netherlands Study of Depression in Older Persons (NESDO). Depression diagnosis was determined by the Composite International Diagnostic Interview (CIDI). Severity of depression was assessed by the Inventory of Depressive Symptomatology (IDS). Logistic and linear regression analyses were applied. Adjustments were made for sociodemographic, cognitive, health and psychosocial variables.

Results: Both the presence of a depression diagnosis and severity of depression were significantly associated with higher Neuroticism (OR=1.35, 95% CI=1.28–1.43 and $B=1.06$, $p<.001$, respectively) and lower Extraversion (OR=.79, 95% CI=.75–.83; $B=-.85$, $p<.001$) and Conscientiousness (OR=.86, 95% CI=.81–.90; $B=-.86$, $p<.001$). Earlier onset of depression was significantly associated with higher Openness ($B=-.49$, $p=.026$).

Limitations: Due to the cross-sectional design, no causal inferences can be drawn. Further, current depression may have influenced personality measures.

Conclusions: This study confirms an association between personality and late-life depression. Remarkable is the association found between high Openness and earlier age of depression onset.

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1. Introduction

Since Hippocrates, who described four types of temperament and related them to both (the lack of) physical and mental health, many theories have been developed to reflect on the association between personality characteristics and psychopathology. In contemporary psychology, several models have been proposed regarding the nature of the association between personality and psychopathology, including depression. These models can roughly be divided into three clusters (Klein et al., 2011). One cluster

hypothesizes that personality and depression share a similar etiology, but do not have causal influence on each other. A second cluster views personality as having a causal effect on the onset and course of depression, and vice versa. Finally, the third cluster holds that personality and depression have a pathoplastic relationship, in which they influence the presentation of one another (Klein et al., 2011; Weber et al., 2011).

In contrast, the Five-Factor Model (FFM, McCrae and Costa, 2008), which is the most widely-adopted empirical framework to describe personality, makes no statement about the nature or direction of the relationship between personality and psychopathology. According to the FFM, personality traits are relatively enduring patterns of thoughts, feelings and behaviors, which are rather consistent during lifetime and can be described according to five broad dimensions, also known as the Big Five personality

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domains: Neuroticism or Emotional Lability (easily upset, not calm, and maladjusted), Extraversion or Surgency (energetic, assertive, and talkative), Conscientiousness or Will to Achieve (responsible, dependable, and orderly), Openness to Experience or Intellect (imaginative, independent-minded, and intellectual), and Agreeableness as the opposite of Antagonism (good-natured, cooperative, and trusting) (Costa and McCrae, 1992; Malouff et al., 2005; McCrae and Costa, 2008). Several studies have demonstrated that the Big Five personality domains are relatively stable over time, even during a depressive episode (Costa et al., 2005; McCrae and Costa, 2008; Morey et al., 2010; Steunenberg et al., 2005), or that they are at most only modestly influenced by mood disorders (Costa et al., 2005; Karsten et al., 2012). However, others have argued that personality is certainly influenced by a depressed mood (Lucas and Donnellan, 2011; Mooi et al., 2006), reflecting that the stability of personality is still a topic of debate.

An extensive amount of research has been done to study the association between the Big Five personality characteristics and depressive symptomatology in adults. Malouff et al. (2005) found in their meta-analysis that mood disorders were associated with a typical pattern of personality traits. They were generally associated with higher levels of Neuroticism, and lower levels of Extraversion, Conscientiousness and Agreeableness, with large effect sizes for Neuroticism, Extraversion and Conscientiousness, and small for Agreeableness, whereas no significant association was found with Openness. Another meta-analysis (Kotov et al., 2010) also showed an association between depressive disorders and both high levels of Neuroticism and low levels of Conscientiousness, with large effect sizes.

Although far less studied, there is growing evidence of the important role of personality in late-life depression as well (Weber et al., 2011). Late-life depression is defined by the occurrence of depression at an older age (over 60 years of age), and includes depression with a first onset in late life as well as recurrent depression with a first onset earlier in life. Current evidence suggests that especially Neuroticism is strongly related to the occurrence (Duberstein et al., 2008; Hayward et al., 2013; Steunenberg et al., 2006; Weber et al., 2011), course (Duberstein et al., 2008; Canuto et al., 2009; Kling et al., 2003; Steunenberg et al., 2007; Steunenberg et al., 2009; Weiss et al., 2009) and treatment outcome (Canuto et al., 2009; Hayward et al., 2013; Weber et al., 2011) of late-life depression. Albeit to a far less convincing extent, there is also evidence for an association between lower levels of Extraversion (Weber et al., 2010, 2011), Conscientiousness (Hayward et al., 2013; Weber et al., 2012) and Openness (Weber et al., 2012) and late-life depression diagnosis.

Until now, the association between the Big Five personality characteristics and severity of late-life depression has hardly been studied. In one recent study no significant association between depression severity and the Big Five personality characteristics in older adults were detected at baseline (Hayward et al., 2013). However, clinical improvement after 3 months of depression treatment was related to lower Neuroticism, and some aspects of Extraversion and Conscientiousness (Hayward et al., 2013). Instead of investigating severity of depression, most previous studies have focused on depression diagnoses, based on the Diagnostic and Statistical Manual of Mental Disorders (DSM, American Psychiatric Association, 2001). The DSM focuses on the presence or absence of symptoms rather than the intensity of symptoms (Rush et al., 1996). Such a dichotomous approach in itself does not reflect reality, in which mood problems could be placed on a continuum and in which subjective experience also plays an important role. In this study, we therefore have chosen not only to investigate depression diagnoses in older adults, but to study severity of depression as well regarding personality.

Several studies investigating late-life depression discern between early onset depression (EOD) and late onset depression

(LOD), arguing that there is evidence for a different etiology of EOD and LOD. However, the results of studies on differences in etiology are ambiguous (Janssen et al., 2006). In addition, no general consensus exists on the cut-off age of the distinct age of onset groups (Bukh et al., 2011), which makes outcomes of studies on this topic difficult to compare. In general, a family history of depression and personality disorders are supposed to be mainly related to EOD (Blazer and Hybels, 2005; Brodaty et al., 2001; Bukh et al., 2011; Grace and O'Brien, 2003; Papazacharias et al., 2010; Parker et al., 2003; Zisook et al., 2007), whereas vascular and cognitive dysfunctions are thought to play an important role in LOD (Bukh et al., 2011; Grace and O'Brien, 2003; Papazacharias et al., 2010). Until now, only a few studies have included the age of depression onset when investigating the association between personality and late-life depression. Modest empirical evidence exists for persons with EOD to have higher levels of Neuroticism, compared to persons with LOD (Bukh et al., 2011; Duberstein et al., 2008; Canuto et al., 2010; Sneed et al., 2007; Weber et al., 2010). Other studies, however, did not find differences in the Big Five personality characteristics between older adults with EOD and those with LOD (Grace and O'Brien, 2003; Hayward et al., 2013; Weber et al., 2011). In view of these inconsistencies, age of onset of depression can perhaps better be seen within a continuum (Zisook et al., 2007). In this study, we therefore treat age of onset as a continuous variable in association with personality.

The aim of this study is to examine the association between the Big Five personality characteristics and the diagnosis, severity, and age of onset of depression in older adults. By investigating these various aspects of depression, we add a dimensional approach to the mere categorical approach of depression of most previous studies on this topic.

Based on previous findings, we hypothesize that (1) older adults with a depression diagnosis have significantly higher scores on Neuroticism, and lower scores on Extraversion and Conscientiousness, compared to non-depressed older adults. No significant differences between depressed and non-depressed older adults are expected with respect to Openness and Agreeableness; (2) severity of late-life depression is significantly associated with higher scores on Neuroticism and lower scores on Extraversion and Conscientiousness, but not significantly associated with Openness and Agreeableness; and (3) personality characteristics, especially Neuroticism, are significantly associated with earlier onset of depression.

2. Methods

2.1. Participants

For this study we used baseline data from the Netherlands Study of Depression in Older persons (NESDO). Design, recruitment and measurement instruments of this longitudinal study have been described extensively by Comijs et al. (2011). In short, the baseline NESDO sample consisted of 378 depressed and 132 non-depressed persons, aged 60 through 93 years. Inclusion criterion for the patient group was the presence of a current (preceding 6 months) diagnosis of depression, including major depression, minor depression, dysthymia and a double diagnosis of major depression and dysthymia. Both persons with a first age of depression onset earlier in life and persons with a first age of depression onset later in life were represented in the patient group. Exclusion criteria for both the depressed and non-depressed participants were dementia, a Mini-Mental State Examination score (MMSE) under 18 (out of 30 points) and an insufficient command of the Dutch language. For the non-depressed participants, an additional exclusion criterion was a

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