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Research report

Body-image dissatisfaction is strongly associated with chronic dysphoria

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ABSTRACT

Background: Individual depressive symptoms may contribute to the risk of chronic depression. This study aimed to explore which symptoms predict chronic dysphoria, a hallmark of depression.
Methods: 1057 participants from the population-based Young Finns study were examined for four times during a 16-year period. Those with a modified Beck's Depression Inventory score in the upper third at all four screenings were considered to have chronic dysphoria ($n=135$). Participants with only one high depression score formed the reference group of transient dysphoria ($n=179$). Individual items of the Inventory were analyzed in terms of their association with dysphoria status and chronicity, controlling for potential confounding factors, such as personality assessed using the Temperament and Character Inventory.
Results: Body-image dissatisfaction was strongly associated with chronically elevated dysphoria (Bonferroni-corrected $p=0.006$). The degree of body-image dissatisfaction was associated with the probability for chronic dysphoria in a dose–response manner, with the estimated probability ranging from 0.01 to 0.60 as a function of item response. The association remained after adjustments for a wide range of personality characteristics.
Limitations: The study relied on self-reports of mood and personality, and lacked information on external opinion on participants appearances. The requirement of full time-series data may have resulted in attrition-related bias.
Conclusions: Body-image dissatisfaction was a strong predictor of chronic depression characterized by dysphoria. This finding suggests that dysfunctional attitude towards oneself might represent a potentially important target for cognitive therapies and preventive interventions.
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1. Introduction

Depressive disorders are a major cause of disability world-wide (Mathers and Loncar, 2006; Wittchen et al., 2011). They are defined by varying sets of symptoms, some of which are used in diagnostic definitions for depression. However, depressive symptoms in population do not fall onto a single dimension cross-sectionally (Shafer, 2006; Uher et al., 2008), longitudinally (Rosenström et al., 2013), nor with respect to predicting life-events (Cramer et al., 2012). Some symptoms, such as sleep problems, may actually function as causal antecedents for the 'syndrome' of depression (Almeida et al., 2011; Rosenström et al., 2012); that is, they may serve to promote the clustering of depressive symptoms instead of just reflecting a unitary entity known as 'depression'. Indeed, individual symptoms may play a larger role in the etiology and epidemiology of depressive disorders than simply being markers for an underlying condition.

If the contribution of depressive symptoms to the development of manifest depressive disorder varies, an important question

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arises: do specific depressive symptoms predict the development of chronic depressive conditions particularly well? If this is the case, what are these symptoms? We applied an exploratory approach to a longitudinal data set in order to address these questions. Young Finns study (Raitakari et al., 2008) is a large prospective population-based sample that includes a 16 year, four-measurement, follow-up of depressive symptom trajectories (Rosenström et al., 2013). Using these data, this study aims to provide a straightforward exploration into the question "what specific symptoms are associated with chronic rather than transiently elevated dysphoria?" In order to answer the question, participants high in depression score just once *versus* participants with a continuously elevated depression score over repeated follow-ups were matched with respect to average depression score. After the matching procedure, the individual symptom levels were compared in order to detect differences between the transiently and the chronically dysphoric. The specificity of recognized associations was verified against an external measurement instrument; a personality inventory known to be strongly associated with both the applied depression inventory (Elovainio et al., 2004; Josefsson et al., 2011) and general psychiatric morbidity (Cloninger et al., 1994,1993; Svrakic et al., 2002, 1993).

The widely used Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV) recognizes nine symptoms of depression: depressed mood, loss of interest, change in eating/appetite/weight, sleep problems, motor agitation or retardation, fatigue, worthlessness or guilt, indecisiveness or troubles in concentrating, and suicidal thoughts. These frequently co-occur with other further problems that some authors have viewed as equally indicative of depression. For example, the widely used Beck's Depression Inventory (Beck and Steer, 1993) also includes symptoms such as somatic preoccupation and body-image dissatisfaction that Beck originally viewed as features of depression (Beck, 1967). Given that the Young Finns data set included an extensive follow up of a modified version of Beck's inventory, we included the further symptoms that it provided in addition to diagnostic DSM-IV symptoms, as they may well provide important information regarding chronicity. For example, almost all patients in another diagnostic category of DSM-IV, "body dysmorphic disorder", also fulfill criteria for DMS-IV Major Depressive Disorder and respond to similar treatments (Gunstad and Phillips, 2003), but body dysmorphic disorder mostly goes unrecognized in clinical settings (Phillips and Crino, 2001). A supplementary sensitivity analysis with only DMS-IV related symptoms was also conducted, with the exception that items for motor agitation and retardation were lacking.

2. Methods

2.1. Subjects

The study subjects were derived from the ongoing Young Finns study (Raitakari et al., 2008). The original sample consists of healthy Finnish children and adolescents (1832 women, 1764 men) derived from six birth cohorts (born in year 1962, 1965, 1968, 1971, 1974, or 1977). In order to select a broadly socio-demographically representative sample, Finland was divided into five areas according to locations of university cities with a medical school (Helsinki, Kuopio, Oulu, Tampere, and Turku). In each area, urban and rural boys and girls were randomly selected on the basis of their unique personal social security number. Practically all participants were white Europeans. All participants gave written informed consent and the study was approved by local ethics committees. The sample has been followed in seven data collection waves, in years 1983, 1986, 1989, 1992, 1997, 2001, and 2007–2008 (in the latter follow-up depressive symptoms were assessed during 2008). The availability of depressive-symptom data differs by year; it existed from the years 1992, 1997, 2001, and 2008. Full data were required for the analysis, leaving 1057 participants into the analysis (358 men, 699 women). When personality was analyzed too, the sample was subject to further attrition: $n=858$ when using personality data from the year 1997, and $n=911$ when 2001 data were required.

2.2. Measures

Depressive symptoms were assessed using a modified version of the Beck's Depression Inventory (Beck and Steer, 1993; Elovainio et al., 2004; Rosenström et al., 2012, 2013). Beck originally described depressive symptoms using three levels of severity (Beck, 1967), and the original inventory reflects this by yielding a plus one to the depression score each time the subject fits to a mild description of a symptom, plus two to score if a moderate-severity description is seen as more fitting, and plus three when a severe symptom-description is endorsed by the subject. The content of the original items can change much with the descriptions of severity [e.g., from a feeling of having failed more than the average person (mild) to feeling like a "complete failure as a person" (severe)] (Beck and Steer, 1993). The severe symptom descriptions are rare in general-population samples, however, and some of them may be viewed as offending by a respondent in a non-treatment setting. Therefore, the mild-severity description of each item in the original inventory was applied with a five-point precision scale that places following weights for the degree of fittingness: 1="description does not fit me"; 2="Hardly ever"; 3="Occasionally, in certain situations"; 4="description fits to me quite well"; and 5="True". A sum of all of the 21 items represented the total depression score. Reliability coefficient Cronbach's alpha was 0.88 for the year 1992 set of depressive symptoms, 0.91 in 1997, 0.92 in 2001, and 0.93 in 2008; the numbers correspond to those generally observed in the context of Beck's measures (Beck et al., 1996). The benefit of the modified version of the Beck's inventory is the more comprehensive coverage of symptom variation in general-population samples (Rosenström et al., 2012).

Personality was assessed using the Temperament and Character Inventory (Cloninger et al., 1994, 1993). Our version differed from original only in having five-point precision scale instead of binary-valued items. This inventory predicts classical psychiatric diagnoses (Svrakic et al., 2002, 1993), and depressive symptoms in clinical (Jylhä et al., 2011) and general populations (Elovainio et al., 2004; Josefsson et al., 2011). The Temperament and Character Inventory constitutes from 226 questionnaire items that are summarized either by 25 narrow 'sub-scales' or by seven broad main scales; both sub- and main-scales were formed by summing the items and standardizing by z-score transformation. Hence, the scales are expressed as (practically) continuous traits. Here, personality traits mainly function as control and comparison variables. Full personality information was available only from year 1997 and 2001 follow-ups.

Regarding specific contents of the personality scales, we refer to original publications (Cloninger et al., 1994, 1993). Briefly, the seven broad main scales are Novelty seeking (tendency toward excitement in response to novel stimuli, reward, or relief from punishment), Harm avoidance (tendency to respond intensely to signals of aversive stimuli, thereby learning to inhibit behavior), Reward dependence (tendency to respond intensely to signals of reward, especially to social approval), Persistence (tendency to maintain or resist extinction of behavior previously associated with rewards, or relief from punishment), Self-directedness (locus of control in life: self *versus* others), Cooperativeness (ability and desire to co-operate with other people), and Self-transcendence

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