

Irritable Mood as a Symptom of Depression in Youth: Prevalence, Developmental, and Clinical Correlates in the Great Smoky Mountains Study

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Objective: *DSM-IV* grants episodic irritability an equal status to low mood as a cardinal criterion for the diagnosis of depression in youth, yet not in adults; however, evidence for irritability as a major criterion of depression in youth is lacking. This article examines the prevalence, developmental characteristics, associations with psychopathology, and longitudinal stability of irritable mood in childhood and adolescent depression. **Method:** Data from the prospective population-based Great Smoky Mountains Study (N = 1,420) were used. We divided observations on 9- to 16-year-olds who met criteria for a diagnosis of depression into 3 groups: those with depressed mood and no irritability, those with irritability and no depressed mood, and those with both depressed and irritable mood. We compared these groups using robust regression models on adolescent characteristics and early adult (ages 19–21 years) depression outcomes. **Results:** Depressed mood was the most common cardinal mood in youth meeting criteria for depression (58.7%), followed by the co-occurrence of depressed and irritable mood (35.6%); irritable mood alone was rare (5.7%). Youth with depressed and irritable mood were similar in age and developmental stage to those with depression, but had significantly higher rates of disruptive disorders. The co-occurrence of depressed and irritable mood was associated with higher risk for comorbid conduct disorder in girls (gender-by-group interaction, $F_{1,132} = 4.66, p = .03$). **Conclusions:** Our study findings do not support the use of irritability as a cardinal mood criterion for depression. However, the occurrence of irritability in youth depression is associated with increased risk of disruptive behaviors, especially in girls. *J. Am. Acad. Child Adolesc. Psychiatry*, 2013;52(8):831–840. **Key Words:** conduct disorder, depression, development, irritability, oppositional defiant disorder

Low mood is the hallmark of depressive illness in both children and adults, but irritability has long been recognized as a mood state that occurs commonly in depressed people.¹ In the *DSM-IV* and *DSM-5*, the status of irritable mood relative to that of depressed mood varies according to the age group in question. The criteria² for depression and dysthymia in youth grant irritable mood an equivalent position to that of low mood: either (or both) may be the cardinal mood symptoms. However, this is not so in adults, in whom low mood alone counts

toward a diagnosis. Surprisingly, empirical data on the prevalence of irritability in depressed children and on how it influences clinical course are sparse.³

In adults, irritability is present in about half of respondents with lifetime *DSM-IV* major depressive disorder (MDD) and is associated with earlier age of onset and increased disability.^{4,5} In youth, empirical data on the prevalence and correlates of irritability, and its impact (if any) on clinical course are lacking. As a result, several important questions remain unanswered.

First, how common is irritability in depressed youth, and does it occur in the absence of low mood in those who meet other depression criteria?



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Second, do children with irritability and depression differ in important ways from depressed children without irritability with respect to gender or key developmental parameters including age, pubertal stage, and age of onset of depression? As noted above, previous reports⁴ have suggested that irritability in depressed adults is more common in younger age groups, and that it is associated with an earlier age of onset. There is currently no evidence on these questions in samples of young people, nor about whether pubertal stage and age at menarche in girls—2 known factors implicated in depression⁶⁻⁸ affect irritable mood.

Third, do children with irritability and depression differ in important ways from children with depression without irritability with respect to symptom profiles and severity? Findings from adults⁴ with depression suggest that irritability is associated with increased fatigue and self-reproach and greater depression severity.

Fourth, it has been found that adults with depression and irritability are more likely to experience comorbid anxiety and impulse control disorders,⁴ but we do not know whether this is also true earlier in life. Here we examine whether youth with depression and irritability are also more likely to experience comorbid anxiety or conduct problems. Also, previous work has shown that non-episodic (also termed chronic) irritability, commonly ascertained through questions about oppositional defiant disorder (ODD),^{9,10} is a significant predictor of depression¹¹ and anxiety,¹² and that the relationship between depression and non-episodic irritability may be due to shared genetic risk factors.¹³ It is, however, unclear how non-episodic irritability of this kind relates to irritability that is ascertained as part of the assessment of episodic changes in mood, as in depression. Previous research from the field of bipolar disorder has provided empirical support for the distinction between episodic irritability (as it may occur in mania) and non-episodic irritability (as it occurs in ODD).¹⁴ Here, we examine the overlap of episodic irritability, as ascertained in depression, with non-episodic irritability.

Finally, what is the longitudinal course of “irritable” depression in childhood and adolescence? There are currently no data on this issue, leaving it unclear whether irritability is merely a transient symptom of depressive illness or whether it persists, and whether pure depression and depression with irritability differ in outcome.

Answering these questions is important for psychiatric classification; in addition, the answers may inform etiological research into depression, and form the basis for future studies investigating differential treatment of depressive subtypes. So far, research into predictors and moderators of treatment outcomes in adolescent depression has not focused on irritability¹⁵ or has subsumed it under other symptom dimensions.¹⁶ Previous work¹⁷ has shown that overall symptoms of depression increase sharply at around age 13 years, and that the 2:1 female-to-male ratio in depression prevalence begins to emerge at this time. Some reports suggest that melancholic symptoms are more common in older compared to younger age groups of children with depression.¹⁸ Strikingly, none of these or more recent reports¹⁹ about the structure of depressive symptoms in youth have focused on irritability as a developmental presentation of depression. Indeed, despite the recognition of the importance of irritability in depression, it has rarely been discussed as a possible subtype of depressive disorder in either etiological or treatment studies. Here we use data from a longitudinal, epidemiologic sample that spans puberty (9–16 years) and offers follow up at 19 to 21 years to address 3 main aims:

Aim I: To estimate the prevalence of irritability in community-ascertained children and adolescents with depression, and to examine its basic demographic characteristics and developmental correlates.

Aim II: To test a set of hypotheses (derived from previous findings in adults) that children with depression and irritability experience a more severe form of the illness that starts earlier in life and shows higher rates of comorbidities with other disorders, than does depression without irritability. In particular, we hypothesize that depression and irritability will show a stronger relationship with disruptive (i.e., conduct and oppositional) disorders.

Aim III: To examine the longitudinal course of young people with depression and irritability. We test the hypothesis that depression and irritability will show homotypic continuity, i.e. that depressed children with irritability will be more likely to continue being irritable in the long term.

METHOD

Sample

The Great Smoky Mountains Study (GSMS) is a longitudinal study of the development of psychiatric

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