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# Apathy, alexithymia, and depressive symptoms: Points of convergence and divergence



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## ABSTRACT

This study determined convergence and divergence in the constructs of alexithymia, apathy, and depressive symptoms. Understanding of similarities and differences between these constructs will improve diagnostic accuracy for clinical and research purposes. Community-dwelling participants ( $N=622$ ,  $M$  age = 35.6 years,  $SD=13.1$ ) completed online measures of alexithymia, depression, and apathy; 12.2% were alexithymic, 37.8% reported significant depressive symptoms, and 24.9% reported significant apathy. Exploratory Factor Analyses (EFAs) determined the best factor structure for the apathy, alexithymia, and depressive symptoms was comprised of three factors and accounted for 45.1% of item variance. The Depression, Apathy, and Alexithymia factors were defined most strongly by item content that is at the core of each construct. Depression was defined most highly by items assessing sadness, low self-esteem, and loneliness. The strongest item loadings for Alexithymia were difficulty identifying and describing feelings. Apathy was characterized by poor motivation, low interest, and lack of initiative. However, each of these core and defining features had significant cross-loadings on one of the other two factors. Negative affect shared variance with Apathy, low motivation shared variance with Depression, and difficulty describing and identify feelings shared variance with Depression and Apathy. Clinical and research implications are discussed.

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## 1. Introduction

Apathy, depression, and alexithymia are psychological syndromes that often co-occur in neurologic populations. Apathy and depression are among the most common neuropsychiatric symptoms in mild cognitive impairment (MCI) and Alzheimer's disease (AD; e.g., Starkstein et al., 2006; Wadsworth et al., 2012) and frequently co-occur in both populations (Pluck and Brown, 2002; Tagariello et al., 2009). Further, in one study, over 50% of individuals diagnosed with Huntington's disease (HD) exhibited depression and apathy (Paulsen et al., 2001). Apathy frequently develops in patients recovering from a traumatic brain injury (TBI) and is more likely than not to co-occur with depression (Rao and Lyketsos, 2000). Alexithymia, though less frequently studied in neurologic populations, is more common in patients with Parkinson's disease (PD) than controls (Costa et al., 2010) and is associated with greater depressive symptomatology (Costa et al., 2006).

Alexithymia, apathy, and depressive symptoms share important core features. For example, decreased motivation and increased somatic complaints have been found in all three syndromes (Ramirez et al., 2001). However, alexithymia, apathy, and depressive symptoms

have distinct implications for clinical management, functional impairment, and disease course in various neurological conditions. For example, apathy may be more predictive of progression to AD in patients with amnesic MCI than depression (Vicini Chilovi et al., 2009; Palmer et al., 2010). Similarly, apathy but not depression is associated with greater functional impairment over time in older adults with normal cognitive function, MCI, and AD (Wadsworth et al., 2012). Among patients in rehabilitation for TBI, those that were apathetic did not evidence typical patterns of emotional reactivity to psychotherapeutic interventions (Andersson et al., 1999). Further, alexithymia interferes with the efficacy of psychotherapy for other mental disorders, including depressive disorders (McCallum et al., 2003). These findings indicate potential difficulty in using psychotherapeutic treatments to address co-occurring depression in those with significant symptoms of apathy and/or alexithymia. Finally, alexithymia is common in conversion disorder, even after controlling for depressive symptoms, and has unique implications for symptom etiology and clinical management (Demartini et al., 2014). Alexithymia also may present earlier in disease course of PD than apathy (Bogdanova and Cronin-Golomb, 2013).

Misidentification of apathy, alexithymia, and depressive symptoms due to overlapping features may lead to inappropriate intervention or inadequate management of symptoms. Whereas studies have described the associations and overlaps between

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alexithymia and depression and between depression and apathy, few studies have included all three constructs. The current study will address this gap in the literature by identifying areas of convergence and divergence between the constructs of apathy, alexithymia, and depressive symptoms in a large community sample.

### 1.1. Apathy and depressive symptoms

Apathy is defined as a loss of motivation not due to a disturbance of intellect, emotion, or level of consciousness (Marin et al., 1991). Depressive disorders involve core symptoms of sadness, emptiness, or irritable mood (American Psychiatric Association, 2013). Depression and apathy may share features such as diminished interest and fatigue (Butterfield et al., 2010). Clinical features that are unique to apathy are indifference and blunted emotional responses, while symptoms unique to depression include self-criticism and pessimism (Tagariello et al., 2009).

Despite some features that overlap between apathy and depression, the syndromes often occur independently (Butterfield et al., 2010). Indeed, Levy et al. (1998) reported that apathy and depression were distinct constructs in a mixed sample of persons diagnosed with AD, frontotemporal dementia, PD, HD, and progressive supranuclear palsy. For example, apathy and depression exhibited differential associations with other neuropsychiatric symptoms. Apathy was associated with disinhibition and atypical motor behavior, whereas depression was associated with anxiety, agitation, irritability, and hallucinations.

In other clinical samples, the distinction between apathy and depressive symptoms is supported by differential associations with neuropsychological domains and cognitive impairment. For example, in patients with PD, both apathy and depression were associated with poorer verbal memory, whereas only apathy was associated with poorer executive function (Butterfield et al., 2010). Apathy predicted lower overall cognitive function in patients with frontotemporal dementia and HD, whereas depression did not (Levy et al., 1998).

### 1.2. Alexithymia and depressive symptoms

Alexithymia is a cognitive-affective disturbance that is characterized by impairment in the ability to describe and elaborate on one's feelings (Hendryx et al., 1991). Alexithymia is strongly associated with depressive symptoms in community and clinical populations (Bamonti et al., 2010; Costa et al., 2006; Honkalampi et al., 1999; Honkalampi et al., 2000; Li et al., 2015; Shibata et al., 2014). Some facets of alexithymia are more strongly correlated with depressive symptoms than others. Specifically, alexithymia dimensions defined by difficulties in identifying and communicating feelings are positively related to depressive symptoms, whereas externally oriented thinking is not (Costa et al., 2006; Li et al., 2015). A factor analytic study found that measures of depression and alexithymia contained overlapping item content related to difficulty identifying and understanding the cause of physical sensations (Hintikka et al., 2001).

### 1.3. Apathy and alexithymia

To date, no known studies have focused exclusively on associations between apathy and alexithymia. Though there is little empirical evidence for a relationship between apathy and alexithymia, similarities in the conceptualizations of these syndromes may be a source of confusion for many patients and clinicians. Apathy typically involves blunted affect, which may involve an outward presentation as a lack of awareness of one's feelings. In addition, both apathy and alexithymia are associated with impaired facial emotion recognition in clinical populations (Grynberg et al., 2012; Martinez-Corral et al., 2010). It is unclear whether

these symptoms may be conflated when measured by items on apathy and alexithymia scales. The present study offers the opportunity to better understand the ways apathy and alexithymia may overlap and cause confusion in diagnosis.

### 1.4. Apathy, alexithymia, and depressive symptoms

Apathy, alexithymia, and depression have not been examined concurrently in community samples, and are only rarely studied in specific disease populations. In persons diagnosed with PTSD, measures of apathy, alexithymia, and depressive symptoms were moderately to highly correlated but loaded onto distinct factors in an exploratory factor analysis (Ramirez et al., 2001). Of note, Ramirez et al. (2001) only included items that encompassed the core features of each construct, so the uniqueness of apathy, alexithymia, and depressive symptoms may have been overemphasized. In PD, greater alexithymia – but not apathy or depressive symptoms – was associated with poorer performance on measures of attention, executive function, and visuospatial ability (Bogdanova and Cronin-Golomb, 2013). Although the relationship between syndromes was not a primary focus in this study, alexithymia was significantly correlated with apathy and depressive symptoms.

### 1.5. The current study

The present study determined areas of convergence and divergence in item content of popular measures of alexithymia, apathy, and depressive symptoms. A better understanding of similarities and differences between these constructs will improve diagnostic accuracy for clinical and research purposes.

## 2. Methods

### 2.1. Participants

Participants ( $N=622$ , 45% female) completed a survey through Amazon Mechanical Turk (MTurk), a crowdsourcing Internet marketplace that allows for inexpensive and rapid collection of survey data. MTurk samples are more demographically diverse than typical internet samples, and the data collected is considered as reliable as that collected through traditional sources (Buhrmester et al., 2011). All participants were community-dwelling residents of the United States. Participants ranged in age from 18 to 81 ( $M=35.55$ ,  $SD=13.09$ ), and 81.9% of the sample reported at least 12 years of education ( $M=14.79$ ,  $SD=3.22$ ). Seventy-six percent of participants identified as White, 5% as Black, 7% as Hispanic, and 11% as Asian American, with 4 participants not reporting race.

### 2.2. Procedure

After providing informed consent, participants completed the online survey, which began with demographic questions. Participants then completed the Apathy Evaluation Scale-Self Report (AES-S), the Twenty-Item Toronto Alexithymia Scale (TAS-20), and the Center for Epidemiological Studies-Depression Scale (CES-D); the order of these measures was randomly counterbalanced across participants. Survey questions were presented in Qualtrics (2014), an online survey program. The questionnaires took 10–20 min to complete, and participants were provided with an online debriefing form upon completion. Participants were compensated for participation.

### 2.3. Measures

The AES-S is an 18-item scale that measures deficits in goal-directed behavior, decrements in goal-related thought content,

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