

# Symptomatic and Functional Recovery From Major Depressive Disorder in the Ibadan Study of Ageing

**Akin Ojagbemi, M.D., Ph.D., M.Sc., Taiwo Abiona, M.Sc., Zhehui Luo, M.S., Ph.D.,  
Oye Gureje, M.D., Ph.D., D.Sc.**

---

**Objectives:** Very little is known about the association between symptomatic and functional recovery from late-life major depressive disorder (MDD) in sub-Saharan Africa. We investigated factors associated with sustained symptomatic remission (SR) from MDD and the 5-year trajectory of post-MDD physical functioning. **Design:** 5-year prospective study with three follow-up waves in 2007, 2008, and 2009. **Setting/Participants:** Household multistage probability sample of 2,149 Nigerians who were aged 65 years or older. **Measurements:** Activities of Daily Living (ADL) and MDD were assessed using the Kadz index and Composite International Diagnostic Interview, respectively. We studied those with current MDD (prevalent in 2003–2004 or incident in 2007), and who achieved SR in subsequent waves compared with a chronic/recurrent course (CR). **Results:** Baseline demographic characteristics, health, and lifestyle factors were not associated with SR in logistic regression analyses. In mixed-effect linear regression models adjusting for age, sex, and socioeconomic status, ADL worsened in SR ( $\beta = 1.0$ , 95% CI: 0.2, 1.8), but more so in CR ( $\beta = 2.3$ , 95% CI: 1.6, 3.0). Poorer ADL at follow-up was predicted by age ( $\beta = 2.9$ , 95% CI: 1.8, 4.0) and economic status ( $\beta = 1.4$ , 95% CI: 0.3, 2.4). **Conclusions:** There was a deteriorating course of disability despite symptomatic recovery from late-life MDD in this sample. This finding has implications for policy and guidelines for the management of late-life depression and disability. (Am J Geriatr Psychiatry 2018; ■■:■■–■■)

**Key Words:** Depression, disablement process, recovery trajectory, low- and middle-income countries

## Highlights

- Full functional status does not always follow symptomatic recovery from major depressive disorder in community elder Africans.

---

Received February 2, 2017; revised December 6, 2017; accepted December 29, 2017. From the World Health Organization Collaborating Centre for Research and Training in Mental Health (AO, TA, OG), Neuroscience, and Substance Abuse, Department of Psychiatry College of Medicine, University of Ibadan, Ibadan, Nigeria; and the Department of Epidemiology and Biostatistics (ZL), College of Human Medicine, Michigan State University, East Lansing, MI. Send correspondence and reprint requests to Dr. Oye Gureje, Department of Psychiatry, University of Ibadan, P.M.B 5017 (G.P.O.), Ibadan, Nigeria. e-mails: [oye\\_gureje@yahoo.com](mailto:oye_gureje@yahoo.com), [ogureje@comui.edu.ng](mailto:ogureje@comui.edu.ng)

© 2018 The Authors. Published by Elsevier Inc. on behalf of American Association for Geriatric Psychiatry. This is an open access article under the CC BY license (<http://creativecommons.org/licenses/by/4.0/>).

<https://doi.org/10.1016/j.jagp.2017.12.011>

*Recovery from MDD in the Ibadan Study of Ageing*

- In this population, symptomatic recovery from major depressive disorder was associated with younger age, higher education, and healthcare utilization in the past year.
  - Poorer physical functioning after symptomatic recovery from major depressive disorder was predicted by age over 80 years and lower economic status.
  - Programmes targeting functional disability in the elderly need to be considered, not only in terms of physical disorders, but also mental health disorders like depression.
  - Future guidelines for treatment of late-life major depressive disorder should consider rehabilitation for any resulting functional disability
- 

**E**vidence from clinical trials suggests that, following treatment for late-life depression, functional disability may subsist even after symptomatic recovery.<sup>1,2</sup> Nevertheless, few prospective studies of large community samples<sup>3,4</sup> have examined whether, as it is in experimental conditions, recovery of physical functioning in the context of late-life depression follows a different course to symptomatic recovery. Better understanding in this area may be important for the development of interventions that target not only symptoms of late-life depression, but also the associated functional disability.

The knowledge gap on the predictors and course of symptomatic and functional recovery from late-life depression, especially from major depressive disorder (MDD), in persons living in low- and middle-income countries (LMICs) is even more striking. This is because of reports from several of such countries<sup>5,6</sup> suggesting some of the highest rates of late-life depression and associated disability in the world. Also, as interaction between illness and contextual factors may be important in determining both symptomatic and functional trajectories of diseases,<sup>7</sup> the profile of MDD can be expected to differ between LMICs and more developed country contexts.

In a previous cross-sectional survey by our group,<sup>8</sup> late-life MDD in community-dwelling elderly Nigerians was associated with greater impairment in work and home functioning when compared with several chronic medical and pain conditions. In the present study, which is a 5-year prospective follow-up of the same sample,<sup>8</sup> we aimed to 1) determine the predictors of symptomatic and functional recovery from MDD in community-dwelling elderly Nigerians who were participants in the Ibadan Study of Ageing (ISA) and 2) assess whether recovery of physical functioning in late-life MDD follows a different course to symptomatic recovery. Our main hypothesis was that the

functional trajectory of MDD will be different in persons with symptomatic recovery compared with those with a more chronic course of illness, with recovery of physical functioning lagging behind symptomatic recovery.

## METHODS

The ISA is a community-based prospective survey of the health and well-being of elderly persons living in communities spread across the Yoruba-speaking southwestern and north-central region of Nigeria, a geographical area inhabited by a population of 25 million at the time of study. The Yorubas are a distinct ethnic group with regard to language, culture, and social organization in Nigeria. Within the context of the country, these regions were relatively better resourced for mental health service, with about three psychiatrists to a population of one million at the time of the study, even though most of these specialists were located in about 6 urban centers.

The methodology of the ISA has been fully described.<sup>9</sup> Here we provide a brief description of methods of ISA relevant to the objectives of the present study.

### Sample Selection, Recruitment, and Follow-Up

We selected one respondent per household using a multistage stratified area probability sampling of households. When more than one elderly person was eligible for the study (eligibility criteria were being aged 65 years or older and fluent in the language of the study, Yoruba), the Kish table selection method was used to select one respondent.<sup>10</sup> Respondents were informed about the study, invited to participate, but also assured of their right to decline. Participants were those who

Download English Version:

<https://daneshyari.com/en/article/8680695>

Download Persian Version:

<https://daneshyari.com/article/8680695>

[Daneshyari.com](https://daneshyari.com)