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Research report

Comorbid psychiatric disorders in depressed outpatients: Demographic and clinical features

A. John Rush[a,*], Mark Zimmerman[b], Stephen R. Wisniewski[c], Maurizio Fava[d], Steven D. Hollon[e], Diane Warden[a], Melanie M. Biggs[a], Kathy Shores-Wilson[a], Richard C. Shelton[f], James F. Luther[c], Brandi Thomas[g], Madhukar H. Trivedi[a]

[a]*Department of Psychiatry, The University of Texas Southwestern Medical Center, 5323 Harry Hines Boulevard, Dallas, TX 75390-9086, USA*
[b]*Department of Psychiatry and Human Behavior, Brown University School of Medicine, Rhode Island Hospital, Providence, RI, USA*
[c]*Department of Epidemiology, University of Pittsburgh, Pittsburgh, PA, USA*
[d]*Clinical Psychopharmacology Unit, Massachusetts General Hospital, Boston, MA, USA*
[e]*Department of Psychology, Vanderbilt University, Nashville, TN, USA*
[f]*Department of Psychiatry, Vanderbilt University Medical Center, Nashville, TN, USA*
[g]*Community Resource Services, Birmingham VA Medical Center, Birmingham, AL, USA*

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Abstract

Background: This study evaluated the clinical and sociodemographic features associated with various degrees of concurrent comorbidity in adult outpatients with nonpsychotic major depressive disorder (MDD).
Methods: Outpatients enrolled in the STAR*D trial completed the Psychiatric Diagnostic Screening Questionnaire (PDSQ). An a priori 90% specificity threshold was set for PDSQ responses to ascertain the presence of 11 different concurrent DSM-IV Axis I disorders.
Results: Of 1376 outpatients, 38.2% had no concurrent comorbidities, while 25.6% suffered one, 16.1% suffered two, and 20.2% suffered three or more comorbid conditions. Altogether, 29.3% met threshold for social anxiety disorder, 20.8% for generalized anxiety disorder, 18.8% for posttraumatic stress disorder, 12.4% for bulimia, 11.9% for alcohol abuse/dependence, 13.4% for obsessive–compulsive disorder, 11.1% for panic disorder, 9.4% for agoraphobia, 7.3% for drug abuse/dependence, 3.7% for hypochondriasis, and 2.2% for somatoform disorder.

Those with more concurrent Axis I conditions had earlier ages at first onset of MDD, longer histories of MDD, greater depressive symptom severity, more general medical comorbidity (even though they were younger than those with fewer comorbid conditions), poorer physical and mental function, health perceptions, and life satisfaction; and were more likely to be seen in primary care settings.
Limitations: Participants had to meet entry criteria for STAR*D. Ascertainment of comorbid conditions was not based on a structured interview.

* Corresponding author. Tel.: +1 214 648 4600; fax: +1 214 648 4612.
E-mail address: john.rush@utsouthwestern.edu (A.J. Rush).

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Conclusions: Concurrent Axis I conditions (most often anxiety disorders) are very common with MDD. Greater numbers of concurrent comorbid conditions were associated with increased severity, morbidity, and chronicity of their MDD.

Keywords: Depression; Symptoms; Comorbid conditions; Anxiety disorders; Course of illness; Morbidity; Quality of life

1. Introduction

Studies of clinical samples of outpatients with major depressive disorder (MDD) reveal high prevalence rates of current social anxiety disorder (SAD) (15.2–33.0%) (Sanderson et al., 1990; Fava et al., 1996, 2000; Alpert et al., 1997; Zimmerman et al., 2000, 2002), panic disorder (PAN) (6.6–17.1%) (Sanderson et al., 1990; Fava et al., 1996, 2000; Zimmerman et al., 2000, 2002), generalized anxiety disorder (GAD) (8.8–20.3%) (Sanderson et al., 1990; Fava et al., 1996, 2000; Zimmerman et al., 2000, 2002), bulimia nervosa (BUL) (0.8–4.8%) (Fava et al., 1996; Zimmerman et al., 2002), obsessive–compulsive disorder (OCD) (3.8–9.9%) (Sanderson et al., 1990; Fava et al., 1996, 2000; Zimmerman et al., 2000, 2002), somatoform disorder (SOM) (0.5–8.8%) (Sanderson et al., 1990; Fava et al., 1996; Zimmerman et al., 2000, 2002), alcohol abuse/dependence (ALC) (6.1–8.6%) (Sanderson et al., 1990; McDermut et al., 2001; Zimmerman et al., 2002), drug abuse/dependence (DRUG) (4.6–8.6%) (Sanderson et al., 1990; McDermut et al., 2001; Zimmerman et al., 2002), and posttraumatic stress disorder (PTSD) (0–13.4%) (Sanderson et al., 1990; Zimmerman et al., 2000, 2002). Agoraphobia (AGO) was reported in 0.8–5.1% (Fava et al., 1996, 2000) while hypochondriasis (HYP) (1.3–1.8%) (Fava et al., 1996; Zimmerman et al., 2002) was relatively uncommon. Diagnoses in these studies were based on semi-structured interviews, such as the Structured Clinical Interview for DSM-IV (SCID) (First et al., 1996).

Diagnostic comorbidity can affect treatment planning. A number of studies, however, have established that clinicians frequently underrecognize comorbidity when using unstructured clinical interviews (Zimmerman and Mattia, 1999a; Basco et al., 2000; Shear et al., 2000; Zimmerman and Chelminski, 2003). The semi-structured interview approach to identify comorbidity has somewhat limited utility for the practicing clinician because clinicians do not generally have time available to conduct these interviews.

An alternative to a lengthy semi-structured interview is the use of a self-administered questionnaire. The Psychiatric Diagnostic Screening Questionnaire (PDSQ) (Zimmerman and Mattia, 2001a,b) is a recently validated self-report screening questionnaire that detects the possible presence of a broad range of Axis I disorders including eating, anxiety, substance use, and somatoform disorders. In this study, we examined the frequency and correlates of PDSQ comorbidities in a large sample of depressed patients. Since the PDSQ was designed as a screening questionnaire, it cannot be viewed as rendering a diagnosis with the same degree of reliability and validity achievable with a structured interview. However, by using a threshold that results in a 90% specificity for the presence of each comorbid disorder, the PDSQ can provide a reasonable estimate of the overall prevalence of commonly encountered conditions.

This report has several aims. First, we wanted to describe the prevalence of Axis I disorders in the context of current MDD using the PDSQ at study entry in a large representative clinical sample of outpatients. Second, we wished to describe which concurrent syndromes were most likely to occur. Third, to generate hypotheses for subsequent studies, we wished to determine whether sociodemographic and clinical features differentiated groups of participants defined by the number (e.g., 0, 1, 2, 3 or more) of concurrent conditions defined by PDSQ responses.

2. Methods

2.1. Study description and organization

The rationale and design of the Sequenced Treatment Alternatives to Relieve Depression (STAR*D) study are detailed elsewhere (Lavori et al., 2001; Fava