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Research report

Dimensional psychopathology of depression: detection of an 'activation' dimension in unipolar depressed outpatients

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Abstract

Background: Despite the high prevalence of bipolar spectrum disorders, most instruments currently available for the assessment of depression do not explore symptoms of 'activation' such as anger, irritability, aggressiveness, hostility, and psychomotor activation. *Methods*: Two samples of adults with unipolar depression were studied. They had no comorbid DSM-IV disorder, and they were free from antidepressant drugs. The first sample ($n = 380$) was assessed with the SVARAD, a validated scale for the rapid assessment of the main psychopathological dimensions. The second sample ($n = 143$) was assessed with the MMPI-2. Factor analysis was performed on SVARAD items and MMPI-2 clinical scales. *Results*: In both samples, we obtained a three-factor solution with factors interpreted as a depressive dimension, an anxious dimension, and an activation dimension. The latter dimension appeared to be clinically relevant in 20–27% of patients. *Limitations*: The presence of a comorbid disorder may have been missed in some cases. Also, some bipolar II patients might have been misdiagnosed as unipolar and included in the study. Further, our findings apply only to a selected psychiatric population, and it should be tested whether they generalize to other settings of care and other countries. *Conclusions*: Our results suggest that depressive mixed states are not rare even in patients diagnosed as unipolar, and that some unipolar patients might actually be 'pseudounipolar' and belong to the bipolar spectrum. More generally, our findings suggest that some depressed patients have prominent symptoms of activation that can easily go unnoticed using instruments that do not explore such symptoms. Detecting these symptoms has important treatment implications.

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Keywords: Depression; Assessment instruments; Factor analysis; Dimensional psychopathology; Activation

1. Introduction

Current nosography of depression emphasizes a few prototypes of depressive disorder. However, in practice, it is common to observe that clinical manifestations vary widely around these prototypes. The diverse combination of a limited number of symptom clusters, also called 'psychopathological dimensions' (Van Praag et al., 1990; Pancheri, 1995; Goldberg, 2000), differs from patient to patient, and gives rise to the wide variety of clinical pictures that can be observed in depressed patients.

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Currently, standardized assessment of depression is imperative, and various instruments are available to this purpose. However, a frequent problem with instruments for the assessment of depressed patients is that most of them do not cover symptoms of 'activation' such as anger, irritability, aggressiveness, hostility, and psychomotor activation. The accurate assessment of this psychopathological dimension in depressed patients is important, because an increasing body of literature suggests that the prevalence of bipolar disorders is much higher than usually believed (Hirschfeld, 2001). Already in the 1980s, authors such as Akiskal (Akiskal, 1983; Akiskal and Mallya, 1987) and Klerman (1981) underscored the need to broaden the concept of bipolarity in order to include various bipolar conditions beyond classic mania. It has also been pointed out that many patients who do not satisfy the DSM-IV or ICD-10 criteria for bipolar II disorder belong to a broad bipolar spectrum which includes depression with brief hypomanic episodes, cyclothymic depression, hypomania induced by antidepressants or other somatic treatments, and hyperthymic depression (Akiskal and Pinto, 1999). Recent epidemiological studies have shown that the lifetime prevalence of bipolar spectrum disorders might be as high as 5% (Akiskal et al., 2000). The relevance of symptoms of 'activation' has been repeatedly emphasized even in cases of unipolar depression (Fava et al., 1986; Fava et al., 1991). This study was designed to assess the importance of this psychopathological dimension in unipolar depressed outpatients free from antidepressant drugs.

2. Methods

2.1. Setting

The study was performed on two different samples of depressed outpatients, recruited at the Outpatient Center of the 3rd Psychiatric Clinic of the University of Rome between 1997 and 2000. In this Center, patients undergo a careful psychiatric examination of about 90 min duration, and then are diagnosed according to DSM-IV criteria by resident physicians. All diagnoses are confirmed and the patients' clinical course supervised by a faculty psychiatrist with more than 20 years of clinical experience.

2.2. Subjects

All newly admitted patients who met the criteria specified below were included in the study: a current diagnosis of DSM-IV axis I depressive disorder, with the exception of diagnoses pertaining to the bipolar spectrum; no comorbid psychiatric diagnosis on DSM-IV axis I or II; no treatment with antidepressant drugs in the preceding 2 months; absence of severe medical illness; and at least 18 years of age.

Two independent samples of patients were enrolled in the study. The first sample included 380 patients. Their mean age was 47.4 ± 15.4 years, and 61.6% were female. The DSM-IV diagnosis was major depressive disorder in 154 patients (40.5%), dysthymic disorder in 125 (32.9%), depressive disorder not otherwise specified in 56 (14.7%), adjustment disorder with depressed mood in 20 (5.3%), and adjustment disorder with mixed anxiety and depressed mood in 25 (6.6%).

The second sample consisted of 143 patients. Their mean age was 43.0 ± 15.4 years, and 67.1% were female. The DSM-IV diagnosis was major depressive disorder in 37 patients (25.9%), dysthymic disorder in 60 (42.0%), depressive disorder not otherwise specified in 30 (21.0%), and adjustment disorder with depressed mood in 16 (11.2%).

Gender distribution did not differ significantly between the two groups (χ^2-test), while mean age was higher in the first sample than in the second sample ($P<0.01$, t-test). Diagnostic distribution was also found to be different between the two samples ($P=0.01$, χ^2-test), with a greater proportion of cases of major depressive disorder in the first sample and of dysthymic disorder in the second sample.

2.3. Study instruments

The first sample was assessed with the Scala Valutazione Rapida Dimensionale (SVARAD) by their physician at the end of the visit. All resident physicians had been instructed in the proper use of this instrument as part of their training in psychiatry. The SVARAD is a 10-item instrument specifically developed for rapid assessment of the main psychopathological dimensions (Pancheri et al., 1999a). All items are rated on a five-point scale ranging from 0 to

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