The Course of Melancholic Depression and Gender Differences in the Lundby Study

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Abstract

Introduction: The psychopathology of depression is not completely understood and some researchers have argued that MDD as defined by DSM-IV/V may include several different disorders. One subtype that has been pointed out as potentially distinct from others is melancholia. Melancholia is currently considered to be on the severe end of the depression spectrum and is associated with an increased risk of suicide and a better response to broader antidepressants and ECT. Differentiating among depression types may result in more effective treatment guidelines.

Aim: To investigate epidemiological differences in depression subtypes in the Lundby cohort focusing on melancholia and gender.

Method: The Lundby study is a longitudinal community-based survey on mental health, including 3563 individuals. Data was gathered through semi-structured interviews, informants, patient records and registers.

Study I: First incidence rates, average age of first onset and incidence rates by age of first onset among males and females in different groupings of depression, including melancholic disorder, were calculated.

Study II: Premorbid factors and factors related to the first depressive episode were investigated regarding their influence on the risk for recurrence in depression.

Results:
Study I: Females had higher overall incidence rates than males for almost all depression subtypes. Incidence rate for melancholia did not differ significantly between the genders. Mean age of onset did not differ between the genders in any depression subtype.

Study II: Risk factors associated with recurrent depression were melancholia at first onset (regardless of severity), young age as compared to old age at first onset and a premorbid nervous/tense personality. Demographic factors, including gender, had no effect on the odds of recurrence.

Discussion: Females have higher incidence rates in almost all depression subtypes but not a higher odds of recurrence. There is no gender difference in the incidence of melancholia and melancholia was the most influential risk factor for recurrence. These features suggest that melancholia is a distinct disorder.

Future articles: Two forthcoming articles will focus on the very long-term course of Melancholia and co-morbidity. The very long-term course will be investigated through cluster-analysis.
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