



ELSEVIER

Contents lists available at ScienceDirect

Psychiatry Research

journal homepage: www.elsevier.com/locate/psychres

Physical complaints in girls with major depression – A controlled study



Ulrike Schmidt, Reinhold Laessle*

University of Trier, Department of Clinical and Physiological Psychology, 54286 Trier, Germany

ARTICLE INFO

Article history:

Received 5 February 2013

Received in revised form

2 April 2014

Accepted 5 April 2014

Available online 12 April 2014

Keywords:

Adolescents

Major depression

Physical complaints

ABSTRACT

Major depression is a frequent affective disorder in young adolescents. Patients do not only suffer from severe psychological but also from physical impairments. Aim of the present study is a description of physical complaints in girls with major depression. Seventy-three patients fulfilling *DSM-IV* criteria for major depression were compared to 72 controls. Physical complaints were assessed by a standardised and validated German questionnaire (Giessen Scale of Physical Complaints in Children and Adolescents). Patients reported significantly more complaints, in particular exhaustion and circulation problems. Physical problems are more likely to be a consequence rather than a cause of depression. Treatment of adolescents' depression should consider coping with body dysfunction during depressive episodes.

© 2014 Elsevier Ireland Ltd. All rights reserved.

1. Introduction

Depression is a frequent psychiatric disorder in adolescents. In terms of diagnoses data from Germany show a lifetime prevalence for major depression in youth of 17.9% (Essau et al., 2000). If depressive symptoms are assessed by self-rating scales, 42% of adolescents report on significantly depressed mood that lasted at least for 2 weeks. Girls are affected by depression twice as often as boys (Angold et al., 1998). The onset of depression occurring already in adolescence may bear severe consequences. Accordingly the risk to develop depression in adulthood is significantly increased (Fergusson and Woodward, 2002). Impairment in school and other psychosocial areas is likely to be maintained during further development (Bardone et al., 1996; Weissman et al., 1999). For society depressive illness causes high costs in the healthcare system (Luppa et al., 2007). At present, no comprehensive model of aetiology and maintenance of depression in children and adolescents is available, but risk factors and correlates of depression have been suggested. Important correlates of adolescent depression are somatic symptoms in many areas of body functioning. In a controlled study, Bohman et al. (2010) found significant differences between depressed and non-depressed with respect to tiredness, gastrointestinal pain, cardiovascular impairment, and nausea. These complaints were significantly related to severity of depression. In a recent study, Bohman et al. (2012) confirmed these results. Furthermore, significant exhaustion and gastric complaints were also reported in the uncontrolled study of Khalil et al. (2010) in girls with major depression. In addition,

Janssens et al. (2010) demonstrated that primarily depression but not anxiety is significantly related to functional somatic complaints.

Although there are some studies in adult samples of patients with major depression on prevalence of somatic symptoms, this study to our knowledge is the first controlled investigation in Germany to describe differences in physical complaints between adolescents with major depression and subjects without a psychiatric disorder using *DSM-IV* criteria for depression and assessment of physical complaints and degree of depression by standardized and validated psychometric instruments.

2. Method

2.1. Sample recruitment

The final sample includes 145 girls and female adolescents aged between 10 and 18 (average 15.7 ± 2.1). All participants were recruited through advertisements in local newspapers, through announcements in schools, and from the department of child- and adolescent psychiatry in a general hospital located in Trier. Most subjects attended the Gymnasium (67%), 26% the secondary school and 7% the professional school. Nearly all still lived in their parental home (98.6%). Seventy-three subjects were diagnosed as having a major depressive disorder. Diagnosis was made using a structured clinical interview (Diagnostic Interview for Psychiatric Disorders in Children and Adolescents, Schneider et al., 2009). The mean number of episodes, from which the girls and adolescents were suffering including the present episode, was $5.4 (\pm 3.6)$. At the time of the investigation none of the patients or the controls was under medication.

Exclusion criteria for participation were acute or chronic medical illnesses. In hospital, exclusion criteria were checked and puberty stage of all girls was assessed according to Tanner (1962). Before attendance all subjects gave their informed consent, afterwards they were paid for participation in the study. Ethical approval was obtained from the University Trier Ethics Committee (17.2.2010).

* Corresponding author.

E-mail address: laessle@uni-trier.de (R. Laessle).

Table 1
Sample description ($M \pm S.D.$).

	Major depression($n=73$)	Control group($n=72$)
Age	15.7 \pm 2.1	15.1 \pm 2.4
Body mass index	21.7 \pm 4.0	20.8 \pm 3.6
Puberty stage	4.2 \pm 0.9	3.9 \pm 1.3

Table 2
Physical complaints in patients with major depression and controls (mean \pm S.D.) reported in subscales of the GSPC.

Complaints	Major depression	Control group	Effect size(partial η^2)
Exhaustion	14.2 \pm 5.4	8.7 \pm 4.9	0.22
Gastric problems	9.4 \pm 4.0	7.1 \pm 3.4	0.09
Limb pain	8.7 \pm 5.3	5.4 \pm 3.9	0.11
Circulation problems	8.0 \pm 4.5	4.1 \pm 3.5	0.18
Cold symptoms	11.7 \pm 4.5	10.4 \pm 4.3	0.02

A description of the sample is given in Table 1.

There are no significant differences between the comparison groups with respect to these characteristics.

Physical complaints were assessed by the Giessen Scale of Physical Complaints in Children and Adolescents (GSPC; Barkmann and Brähler 2009). The GSPC contains five subscales of complaints: exhaustion, gastric problems, limb pain, circulation problems, cold symptoms. The intensity of the individual somatic complaints is rated on a five-point Likert scale. The options range from “not at all” (scored as 0) to “very much” (scored as 4). High values signify high levels of physical complaints. Reliability for the scales in terms of internal consistency is 0.81. Content and construct validity has been established (Prehler et al., 1992).

The degree of current depression was measured by the Depression Inventory for Children and Adolescents (DICA, Stiensmeier-Pelster et al., 2000). Reliability for the scale in terms of internal consistency is .91. Convergent and discriminant validity has been shown (Stiensmeier-Pelster, 1989).

2.2. Statistical analysis:

Comparison of means between patients and control group was made by MANOVA for all subscales of the GSPC simultaneously. Pearson correlations between DICA scores and GSPC subscales were calculated. Significance levels are two-tailed. IBM SPSS 19 was used.

3. Results

The data for the mean comparisons between groups are shown in Table 2.

The MANOVA for the mean comparison of all subscales simultaneously results in Wilks' $\lambda=0.73$, $F(5,139)=10.1$, $p < 0.001$, partial eta squared=0.27.

The girls with major depression had markedly higher values on the GSPC subscales than the control group. The post hoc comparisons show that all mean differences are significant at the .001 level, with the exception of the scale “cold symptoms” ($p=0.07$).

The degree of physical complaints is significantly related to the degree of depression (see Table 3).

4. Discussion

The main findings of this study are the strong relationship between physical complaints and adolescent depression, and the strong association between physical complaints and more pronounced severity of the depression. The mean comparisons between patients and controls show, that patients report especially exhaustion and circulation problems, whereas problems with common cold seem to be less relevant. This is well in accordance with the results of Bohman et al. (2010, 2012), not only for the type of physical complaints, but also for the

Table 3
Correlations between complaint subscales and the magnitude of current depression.

Complaint scale	Depression score (DICA)
Exhaustion	0.53 ($p < 0.001$)
Gastric symptoms	0.42 ($p < 0.001$)
Limb pain	0.30 ($p < 0.001$)
Circulation problems	0.46 ($p < 0.001$)
Cold symptoms	0.13 n.s.

relationship to severity of depression. In addition, Janssens et al. (2010) found that depression significantly predicts functional physical complaints, while the predictive value of physical problems for depression is weaker. Further support for our findings can also be concluded from Khalil et al. (2010), who interviewed 602 adolescent females.

Previous studies have shown similar results in adult samples. Vaccarino et al. (2009) report data from a treatment study including 2191 patients with MDD. Comorbid pain related complaints increased as a function of depression severity. A further analysis of the same data set resulted in a strong association of MDD with feelings of fatigue, physical malaise, and pain related symptoms (Vaccarino et al., 2008). Additional support for our results comes from Seifsfari et al. (2013), who also demonstrated a stronger relationship in females. Functional somatic symptoms such as exhaustion, nausea, and indigestion were significantly related to depression in an adult sample of Grover et al. (2012).

There are, however, limitations of our study, which should be taken into account when evaluating the results. The sample size was small and only girls were investigated. A generalisation of the results requires replication with a larger sample of both sexes. Methodologically, the scale to assess physical symptoms might have been not comprehensive to capture all of the physical complaints, which are possible. Broader measures could have been used such as the Freiburg list of somatic complaints (Fahrenberg, 1994).

It should also be considered that somatic complaints belong to core symptoms of depression not only in adults, but also in adolescents, as assessed by rating scales such as the Hamilton Depression Rating Scale or by interviews such as the German diagnostic interview for psychiatric disorders in children (Schneider et al., 2009).

Physical complaints might be seen as a cause as well as a consequence of depression in adolescents. There is, however, only weak empirical support for a causal effect of somatic complaints in generating major depression in children (Rao and Chen, 2009). The relationship from depression to physical complaints is much better supported empirically (Bernstein et al., 1997; Ter Wolbeek et al., 2008; Ruchkin and Schwab-Stone, 2013; Saps et al., 2006). Although the presented results cannot prove a causal link from depression to physical problems, the highly significant correlations are well in line with such a hypothesis.

Psychological treatment approaches to depression in adolescents should consider the burden of somatic complaints as a correlate of the psychiatric disorder and provide strategies to cope with them as it is exemplified by Pospel et al. (2011).

Longitudinal studies using not only self ratings but also parent ratings of depression and a broad range of somatic symptoms are needed to get a better understanding of the role of physical complaints in adolescent depression.

References

- Angold, A., Costello, E., Worthman, L., 1998. Puberty and depression. *Psychological Medicine* 28, 51–61.

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات