

Verbal memory performance of patients with a first depressive episode and patients with unipolar and bipolar recurrent depression

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Abstract

Depression is usually associated with episodic memory impairment. The main clinical features of depression associated with that memory impairment are not clearly defined. The main goal of that study was to assess the role of the diagnostic subtypes and the number of depressive episodes on the memory performance of acute unipolar (UP) and bipolar (BP) depressed patients. Twenty-three patients with a first major depressive episode (FE), 28 patients meeting DSM-IV criteria for UP recurrent depression (UR) and 18 BP patients with recurrent depression were compared with 88 healthy subjects on a verbal episodic memory task. Patients suffering from a first depressive episode did not show verbal memory impairment as compared to normal controls. Unlike FE patients, UR and BP patients exhibited verbal memory deficits with impaired free recall and normal cued recall and recognition. The memory deficits of the UR and BP patients was present in the first free recall trial. Depressed patients improved their memory performance across the three trials of the task at the same rate than normal controls. Our results suggest that the number of depressive episodes has a negative influence on verbal memory performance of acute depressed patients. The effects of the repetition of the depressive episodes are not modulated by the subtypes of depression and may reflect sensitization to the cognitive impact of depression associated with increasing prefrontal dysfunction.

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1. Introduction

Several studies demonstrated episodic memory impairment in acute depressed patients (Bornstein et al., 1991; Golinkoff and Sweeney, 1989; Ilsley et al., 1995). However, not all depressed patients show memory deficits. Inconsistent findings regarding the association between memory and depression have been related to both patient characteristics and memory task characteristics (Burt, 1995).

Memory deficits have been frequently reported in more severe patients, in older patients, in patients

hospitalized for their depression and in patients with psychotic features (Basso and Bornstein, 1999a; Tarback and Paykel, 1995).

Memory impairment has also been related to depression subtype with deficits considered more likely in bipolar (BP) than in unipolar (UP) patients (Burt et al., 2000). Some studies reported no difference in the memory performance of UP and BP patients (Albus et al., 1996; Goldberg et al., 1993; Motjabai et al., 2000) and reasons for these discrepancies in studies are not clear (Quraishi & Frangou, 2000).

Recently, Basso and Bornstein (1999b) using a verbal memory task—the California Verbal Learning Test (CVLT)—have suggested that recurrent UP depression was associated with increased memory dysfunction relative to individuals experiencing their first episode of depression. Other studies demonstrated that neurocog-

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nitive deficits in mood disorder patients correlated with duration and severity of illness (Kessing et al., 1996).

The bipolar disorder usually has a more virulent course than UP disorder (Goodwin and Jamison, 2000). Therefore, the greater memory impairment of BP patients may reflect a non specific effect of depressive recurrence on memory rather than a specific effect of BP depression. Moreover it is likely that positive findings with studies comparing BP and UP patients was related to a major difference in the number of depressive episodes between the two groups.

The aim of this study was to test this hypothesis by assessing the role of the diagnostic subtype and the number of depressive episodes on the memory performance of acute UP and BP depressed patients. More specifically, using a verbal memory task, we compared patients with a first depressive episode (FE) to UP and BP patients with recurrent depression. We hypothesized that patients suffering their first depressive episode will have less memory impairment than patients with recurrent depression. We did not make a priori hypothesis on the difference between UP and BP patients with recurrent depression.

2. Methods

2.1. Subjects

Sixty-nine patients, ranging from 19 to 72 years, admitted to the department of psychiatry at the Pitié-Salpêtrière hospital for a major depressive episode

without psychotic features, gave their consent to participate in this study. Forty-six patients (10 patients with BP depression and 36 patients with UP or FE depression) were included in a previous study of executive functions in depression (Fossati et al., 2002). Twenty-three new patients (8 BP/15 UP or FE) were included in that study. Two psychiatrists made diagnoses using a checklist encompassing DSM-IV criteria. Moreover the MINI International Neuropsychiatric Interview (MINI; Sheehan et al, 1998) was used for the diagnosis of the 23 new depressed patients.

Each subject completed physical and neurological examination, laboratory examinations, including complete blood count, electrolyte and thyroid function tests. Patients with concurrent Axis II diagnoses or substance abuse were excluded, as were those with brain diseases likely to affect cognition, e.g. dementia, Parkinson's disease, stroke, head injury. Patients were not tested within 12 months of receiving ECT and were recruited within 1 week of admission.

All patients were on medication (Table 1) and were tested within 2 weeks of first receiving or starting antidepressant medication. Some patients were also on fast-acting benzodiazepines or on neuroleptics (alimemazine) used as hypnotic or anxiolytic. Severity of depression was assessed with the Montgomery–Asberg depression rating scale (Montgomery and Asberg, 1979) at the time of testing. Only subjects with scores of 20 or more were included in the study. For all patients information about their previous course of illness was carefully extracted from their casenotes and supplemented

Table 1
Demographic and clinical characteristics of patients and controls (values given are means with standard deviation in parentheses)

	Depressed			Controls (n = 88)	Statistics	
	First episode (n = 23)	Unipolar recurrent (n = 28)	Bipolar (n = 18)		F ^a	Post-hoc
Sex ratio ^b	7M/16F	4M/24F	7M/11F	38M/50F		
Age (years)	40.1 (14.79)	43.1 (14.81)	42.3 (10.25)	43.7 (14.76)	ns	
Years of education	13.1 (3.44)	12.1 (2.49)	13.7 (2.73)	13.1 (2.51)	ns	
MADRS score ^c	25.1 (5.23)	27.2 (4.10)	26.8 (6.29)		ns	
Age at onset of first episode	38.4 (15.44)	32.8 (13.74)	29.5 (9.76)		ns	
Mean duration of illness (years)	1.4 (1.87)	10.2 (8.86)	14.2 (10.22)		15.0	FE < UR = BP
Mean duration of index episode (months)	7.2 (4.52)	5.2 (4.78)	6.3 (6.94)		ns	
Number of depressive episodes	1 (0)	2.7 (1.62)	3.8 (1.93)			
Number of Hospitalizations	1.1 (0.51)	2.0 (1.21)	2.3 (2.0)		5.51	FE < UR = BP
Antidepressants ^d	22	26	16			
Benzodiazepines ^d	13	23	12			
Lithium ^d	0	1	4			
Anticonvulsivants ^d	1	1	9			
Neuroleptics ^d	13	11	9			
Anticholinergics ^d	14	18	12			

^a Univariate comparisons between depressed and controls or between depressed groups; $P < 0.005$.

^b Comparisons between controls and depressed; male/female ratio chi-square = 8.10, $df = 3$, $P < 0.05$.

^c MADRS scores FE ($n = 20$), UR ($n = 27$), BP ($n = 16$).

^d Comparisons between depressed groups; all chi-square tests non significant except for mood stabilizers (lithium, anticonvulsivants) chi-Square = 33.11, $df = 4$, $P < 0.001$.

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