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Does the Factor Age Influence the Reporting of Life Events in Depressed Patients?

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ABSTRACT - In the current literature, no consensus has been reached until now concerning the age factor in life events reporting. In this paper, depressed patients (n=64) and a control group of non-depressed patients (n=74) were studied with regard to their experience of recent life events.
The results, so far, point in the direction of a tendency in young depressives (age less than 45) to report more life events, exits and undesirable events in particular, than their older counterparts. Although in the non-depressive group the number of reported events also tended to be higher for the younger group, there was no difference between the two groups regarding exits and/or undesirable events.
The age factor does not appear to have any significant influence in reporting life events for either depressives or non-depressives. The self-report method formed the basis for this study and the results suggest that much useful information might be gained if the study were to be repeated using the interview technique as a comparative exercise.

Introduction

Claimed evidence on the (putative causal) connections between the occurrence of life events and the inception of depressive disorders has, until recently, directed only limited attention to the possible influence of the age factor.

Paykel et al. (1980) suggested that age could not be excluded totally as a concurrent variable in the study of interaction between life events and the onset of illness.

Ezquiaga et al. (1987) have shown that (unipolar) depressed patients, older than 45, tend to have experienced more life events (as a precipitating factor) in the first or second episode of the disease. In one of our studies, we have indicated that the self-report method could also be applied in clinical-epidemiological investigations (Oei & Zwart, 1987). The possible extent to

which the self-report and interview method can significantly be used in diagnostic processes, for example, in the case of depression, will be covered elsewhere (Oei & Zwart, 1988).

In preparing this article, use was made of the self-administered life events questionnaire (Oei & Zwart, 1986) in studying the role of age as a possible agent in the reporting of life events in depressive and non-depressive patient groups.

Method

In looking at the possible influence of age in reporting the occurrence of life events we were assisted by two groups of respondents:

1. A group of 64 depressed inpatients (Hamilton Depression Rating Scale - HDRS, score above 16, DSM III (1980) with a diagnosis of major depression. The depressive period had not been preceded by any other psychiatric condition (Feighner et al., 1972).

The depression was in its first clinical episode and severe enough to warrant antidepressant medication or some other specific therapy. At the time the Questionnaire on Recently Experienced Events (QREE, van de Willige et al. 1985) was completed, the symptoms had existed 4 weeks or less; chronic or recurrent (unipolar) depressions were thus excluded.

2. A control group of 74 non-depressed patients (matched in age), 47 of whom attended a general practice (HDRS score below 11, DSM III first axis no diagnosis); the remaining 27 patients were dermatological inpatients (HDRS score below 11, DSM III first axis no diagnosis).

We did not, however, make any cross matches with regard to the sex factor in view of the fact that Perris (1984, p. 11), in her study of 204 depressed patients (using a semi-structured interview), found that there were "no pronounced differences in the occurrence, or appraisal of life events, between male and female patients".

The QREE was completed:

a) during or after surgery hours in the general practice group;

b) during the second week in hospital in the dermatology group;

c) and at a time when the most severe symptoms had faded (usually some 2 weeks after admission and/or specific treatment) in the depressive inpatient group.

Assessment of life events:

Following completion of the self-report questionnaire (QREE), the investigator discussed it in detail with each respondent individually, so as to eliminate any possible misunderstandings or discrepancies (Oei & Zwart, 1986).

Period Studied:

All respondents were asked to record life events which had occurred in the course of the year immediately preceding completion of the questionnaire. In the depressive and dermatological inpatient groups, the onset of the crisis had preceded completion of the QREE by 1-2 months.

Results

Table I shows the results of the depressive patient group which included two age-related subgroups (i.e. n=32, age <45 and n=32, age ≥45). These results show a significant difference between the younger and the older group for the number of undesirable events (definition according to Paykel et al. 1969), (t=2.51, p <.02) and the total number of reported events (t=2.17, p < .05).

Table II shows within the non-depressive group two age-related subgroups (n=43, age <45; n=31, age ≥ 45). The differences between these subgroups for the (according to Paykel et al., 1969) desirable events (t = 2.25, p < .05), and the total number of reported events (t = 2.12, p < .05) is significant.

In Table III we see two subgroups of young (< 45) respondents, depressives (n=32) and non-depressives (n=43). The results are significant neither for exits, nor for total number of reported events.

Table IV, represents the depressed (n=32) and non-depressed (n=31) patients within the older group (≥ 45). None of the results can be called significant.

Table I. Depressive groups

	Age group < 45			Age group ≥ 45		
Events	N = 32		t	N = 32		P
	x	sd		x	sd	
Exits	1.03	1.38	1.20	0.69	0.82	
Desirable	0.56	0.95	1.10	0.34	10.60	
Undesirable	2.38	2.24	2.51	1.19	1.47	<.02
Total	11.34	7.43	2.17	7.72	5.84	<.05

Table II. Non-depressive groups

	Age group < 45			Age group ≥ 45		
Events	N = 43		t	N = 31		P
	x	sd		x	sd	
Exits	0.56	0.88	0.56	0.68	0.94	
Desirable	0.65	0.84	2.25	0.26	0.58	<.05
Undesirable	1.67	1.71	0.16	1.74	1.83	
Total	8.53	6.44	2.12	5.65	4.72	<.05

Table III. Age groups < 45

	Depressive			Non-depressive		
Events	N = 32		t	N = 43		
	x	sd		x	sd	
Exits	1.03	1.38	1.80	0.56	0.88	<.10
Desirable	0.56	0.95	0.43	0.65	8.84	
Undesirable	2.38	2.24	1.56	1.67	1.71	
Total	11.34	7.43	1.75	8.53	6.44	<.10

Table IV. Age groups ≥ 45

	Depressive			Non-depressive	
Events	N = 32		t	N = 31	
	x	sd		x	sd
Exits	0.69	0.82	0.04	0.68	0.94
Desirable	0.34	0.60	0.54	0.26	0.58
Undesirable	1.19	1.47	1.32	1.74	1.83
Total	7.72	5.84	1.54	5.65	4.72

Discussion

We can perhaps draw the following conclusions from this study.

1. This is a study using the self-report method, with all its methodological consequences and this fact should be borne in mind when assessing the following interpretations.

2. Younger depressed patients appear to report more undesirable events and more events in general than older subjects.

3. Younger non-depressed patients tend to report more desirable events and more events in general than older ones.

4. The age factor does not appear to have any significant influence in the reporting of life events between depressives and non-depressives. Younger depressed and normal subjects have experienced more events than older ones, as has been found previously (Uhlenhuth and Paykel, 1973, Henderson et al., 1981; Perris, 1984).

Clinically it has been suggested - mostly on subjective grounds - that age could be a discriminative factor in the experience and/or perception of life events. Perris (1984) came to the conclusion, using a semi-structured interview, that younger patients experienced significantly more life events than older subjects, both in total, and, when only "independent" events were analysed separately.

Although our findings (using the self-report method) would seem to

confirm those of Perris, we feel it would be worth repeating this study using the interview technique rather than the questionnaire method. We also feel that the age factor cannot, as yet, be set aside as "non-significant" in a patient's ability to recall life events of either a desirable or non-desirable nature. Regarding the perceptions of life events as positive or negative, age together with education, income and satisfaction with decisions made were found to be significant variables in a study using the Social Readjustment Rating Questionnaire, which was adapted to age-specific characteristics (Guttmann, 1978). On the other hand, other authors failed recently to confirm that age could be a significant predictor of life events in a group of patients with panic disorders, applying the interview technique in a version of the PERI-M Life Events Inventory, (Roy-Byrne et al., 1987). In another study, Zimmerman (1983) contradicted the general assumption that weighted summary scores of life events are more highly correlated with illness or impairment than a simple count of the number of events. It might be suggested that although socio-demographic variables such as age, sex and social status, do not generally have a decisive impact on the life events scoring behaviour of patients, and although most of the present life events scales do not specify on these items, it is hard to imagine that their influence is of no account at all. Glasner and Haldipur (1983) found that life events stress was implicated in late-onset bipolar disorder but not in the early-onset type.

We now know that bipolar depressed patients develop the disorder at a younger age (20-30 years) than unipolar depressives (25-40 years) and that major depressed patients with melancholia are more likely to have their first period of illness somewhere in their forties, whilst the dysthymic disorders usually begin in the twenties or early thirties, (Faris and Dunham, 1939; Hagnell et al., 1982; Kaplan and Sadock, 1984; Katz and Klerman, 1979; Murphy 1980; Weissman and Myers, 1978). It may be that factors such as age only play a secondary role in the diagnostic process and, therefore, do not in themselves, influence the reporting of life events.

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