The relation between major depressive disorder and comorbid generalized anxiety disorder - results from a European multicenter, cross-sectional survey

Markus Dolda, Lucie Bartova, Daniel Souery, Julien Mendlewicz, Alessandro Serretti, Joseph Zohar, Stuart Montgomery, Siegfried Kasper

a Department of Psychiatry and Psychotherapy, Medical University of Vienna, Vienna, Austria
b Université Libre de Bruxelles, Brussels, Belgium
c Psy Pluriel, Centre Européen de Psychologie Médicale, Brussels, Belgium
d Department of Biomedical and NeuroMotor Sciences, University of Bologna, Bologna, Italy
e Psychiatric Division, Chaim Sheba Medical Center, Tel Hashomer, Israel
f Imperial College, University of London, London, United Kingdom

Introduction

This international, multicenter, cross-sectional study comprising 1346 adult in- and outpatients with the primary diagnosis of major depressive disorder (MDD) from altogether ten psychiatric tertiary centers in eight European countries (Austria, Belgium, France, Germany, Greece, Israel, Italy, and Switzerland) sought to examine the association between predominant MDD and comorbid generalized anxiety disorder (GAD).

Methods and Patients

All 1346 participants with MDD were recruited within the European research program “Clinical and biological correlates of resistant depression and related phenotypes” carried out by the “Group for the Study of Resistant Depression (GSRD)”. This multicenter, multinational, cross-sectional survey enrolled MDD patients fulfilling the DSM-IV-TR criteria (Dold et al., 2016; 2017). The presence of comorbid GAD in predominant MDD was evaluated by the Mini International Neuropsychiatric Interview (MINI). The patients’ socio-demographic, clinical, and treatment information was structurally collected within a detailed interview and the current depressive symptom severity was measured by the Montgomery and Åsberg Depression Rating Scale (MADRS) total score and the 17-item and 21-item Hamilton Rating Scale for Depression (HAMD) total score. Moreover, symptom severity at the onset of the present MDD episode was assessed by retrospective MADRS evaluations. Different socio-economic, clinical, and treatment features between MDD patients with and without comorbid GAD were compared using descriptive statistics, chi-square tests, analyses of covariance (ANCOVA), as well as binary logistic regression analyses.

Results

The mean patient age was 50.3 ± 14.2 years and 67.3% were female. 90.6% of the patients suffered from recurrent depressive episodes. 65.1% were treated within an inpatient setting. Melancholic features were present in 61.1% and panic symptoms in 9.9% of the participants. Altogether, 47.0% suffered from somatic comorbidities with hypertension as the leading secondary diagnosis (19.4%) followed by thyroid diseases (14.7%). The depressive symptom severity at study enrollment was 24.3 ± 11.3 points measured by the MADRS total score and 19.4 ± 9.0 by the 21-item HAM-D.

21.2% of all analyzed MDD patients exhibited at least one comorbid anxiety disorder. In terms of the individual anxiety disorders, 10.8% (n=266) suffered from GAD, 8.5% from panic disorder, 8.1% from agoraphobia, 3.3% and social phobia. Compared to the control group comprising MDD patients without concurrent GAD, the MDD + comorbid GAD patient group displayed higher depressive symptom severity (mean MADRS total score: 26.3 ± 10.1 vs 24.0 ± 11.4, p=0.02) poorer treatment response (≥50% MADRS total reduction: 16.6% vs 26.0%, p=0.02; mean MADRS total change: -7.3 ± 9.4 vs -9.9 ± 11.0, p=0.003), and a higher percentage of patients receiving augmentation treatment with benzodiazepines (44.1% vs 32.6%, p=0.01) and pregabalin (11.7% vs 7.1%, p=0.03) (Table 1). Furthermore, the MDD-GAD group was characterized by a lower proportion of patients with melancholic features (47.6% vs 62.9%, p<0.001), a higher percentage with concurrent asthma (6.2% vs 3.0%, p=0.04), and a higher mean MADRS total score (26.3 ± 10.1 vs 24.0 ± 11.4, p=0.02).

In the logistic regression analyses, severe depressive symptoms (mean MADRS total score: OR=1.03, p=0.01), poorer treatment response (mean MADRS total decrease: OR=0.97, p=0.01), and increased administration of pregabalin (OR=2.39, p=0.01) were statistically significant with the presence of concurrent GAD (Table 2).

Conclusions

In summary, our findings indicate that GAD is the most often manifested comorbid anxiety disorder in patients with primary MDD diagnosis (point prevalence: 10.8%). We could determine that concurrent GAD is associated with high depressive symptom severity, poor treatment response, and frequent use of augmentation strategies (with benzodiazepines and pregabalin), whereas psychotherapy on the other hand was less often established in case of the presence of comorbid GAD. These findings could be also observed when comparing concurrent GAD to other comorbid anxiety disorders in unipolar depression such as panic disorder, agoraphobia, and social phobia. Taken together, our study findings indicate that the different anxiety disorders show different clinical characteristics if they represent a comorbidity of MDD.

References
