Psychological function is mildly impaired for prolonged periods before and after a person’s first unipolar major depressive episode

**Methods**

**Design:** Prospective longitudinal study.

**Setting:** General population, the Netherlands; enrolment 1996–99.

**Population:** 4796 people aged 18–64 years in 1996, randomly sampled from the general population. People with bipolar disorders were excluded.

**Prognostic factors:** Psychiatric data were obtained by Composite International Diagnostic Interview, as part of the Netherlands Mental Health Survey and Incidence Study (NEMESIS). Psychosocial function was assessed using the employment, partner, housekeeping, and leisure scales of the Groningen Social Disability Schedule. Between subject and within subject differences in disability were compared using Student’s t test. Ratet and time effects were tested using ANOVA. Differences were expressed as effect sizes, which were calculated by dividing the mean difference in disability by the standard deviation of disability in the two groups.

**Follow up period:** One and three years.

**Main Results**

At three years, 216 people had developed and recovered from a first major depressive episode, while 118 people had developed and recovered from a recurrent major depressive episode (MDE) (see www.ebmentalhealth.com/supplemental for table 1). People recovering from a first MDE had higher disability scores long before their episode than people who never had an MDE (see table 2). Disability scores among people who had an MDE were similar before and after the episode, except for people suffering severe recurrent MDEs (effect size: 0.37, 95% CI 0.09 to 0.65). This suggests that permanent damage does not routinely occur from a first MDE.

**Conclusions**

Psychological function is mildly impaired for prolonged periods before and after a person’s first unipolar MDE. However, permanent damage does not tend to occur from a first MDE.

**Notes**

After an MDE, psychosocial disability may be caused by the state effect (residual depressive symptoms from the episode), the trait effect (continuation of symptoms from before the episode) and/or the scar effect (permanent damage caused by the episode).

**Table 2**

<table>
<thead>
<tr>
<th>Psychosocial disability scales</th>
<th>Effect size</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leisure</td>
<td>0.42</td>
<td>0.27 to 0.56</td>
</tr>
<tr>
<td>Employment</td>
<td>0.44</td>
<td>0.26 to 0.62</td>
</tr>
<tr>
<td>Housekeeping</td>
<td>0.50</td>
<td>0.34 to 0.66</td>
</tr>
<tr>
<td>Partner</td>
<td>0.57</td>
<td>0.39 to 0.75</td>
</tr>
<tr>
<td>Total score</td>
<td>0.50</td>
<td>0.35 to 0.65</td>
</tr>
</tbody>
</table>


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