ADDITIONAL COMMENTARY

This study casts new light on the quest for a personality trait specific to depression. Given the higher prevalence of major depression and neuroticism among women, the authors hypothesised that major depression and neuroticism would be more strongly genetically correlated in women than in men. Although this was found to be untrue, the study is valuable. The genetic relationship between major depression and neuroticism found in both men and women suggests that either major depression is an exacerbated form of personality when exposed to stressful life experiences or neuroticism is an attenuated form of chronic mental illness. In clinical practice, we often find it difficult to identify the onset of major depression because of its subtle crescendo from introverted personality. It is also difficult to identify the resolution of major depression because residual symptoms merge into the premorbid personality. These considerations are supported by the moderate correlation between environmental factors contributing to neuroticism and those contributing to major depression. Is it valid to continue attempting to distinguish the Axis I order (major depression) from the Axis II trait (neuroticism)?

From a research perspective, it is difficult to accept the finding that there is no correlation between the sexes regarding the additive genetic contribution to neuroticism scores or major depression concordance. Does this mean that the genetic factors of neuroticism and major depression are sex specific and thus X-linked? If so, how can the higher prevalence of neuroticism and major depression among women be explained? One explanation is that major depression (and probably neuroticism) is not a single entity. There may be one depressive disorder related to neuroticism, another disorder related to gonadal hormones and a third disorder related to personal misfortune such as bankruptcy or natural disasters, for example. Perhaps we should change our research paradigm to look for specific symptoms or syndromes (clusters of symptoms identified by confirmatory factor analyses, for example) starting from defined biological, psychological and sociological correlates.

Professor Toshinori Kitamura, FRCPsych
Kumamoto University School of Medicine
Kumamoto, Japan