Aetiology

Depressive symptoms in adolescence may increase the risk of psychiatric disorders in early adulthood


QUESTION: Do self-reported depressive symptoms in adolescence predict depressive and other psychiatric disorders in early adulthood?

Design
High school cohort followed for 5 years (1990–1995).

Setting
Two cities in Finland.

Participants
709 adolescents completed baseline questionnaires during their last three years of high school; mean age 16.8 years. 92% responded to a follow up questionnaire 5 years later; mean age 21.8 years; 64% women.

Assessment of risk factors
Depressive symptoms during adolescence were assessed using 2 items from the 36-item General Health Questionnaire. Family social class was assessed using City of Helsinki social classifications based on father’s occupation, or mother’s occupation where the father did not live with the adolescent.

Main outcome measures
Depressive and other psychiatric disorders during early adulthood were assessed using the 36-item General Health Questionnaire. The Schedules for Clinical Assessment in Neuropsychiatry were used to obtain diagnostic interview data from a subgroup of young adults who scored above the cutoff point for “psychiatric disturbance” (5 or more symptoms out of 36) or whose answers about referrals to mental health services, pathological eating behaviour, alcohol intake or recurrent depressive feelings were cause for concern (n=245). Problem drinking was defined as 2 or more positive answers on the 4-item CAGE questionnaire.

Main results
Adolescents who reported depressive symptoms while at high school were at greater risk of psychiatric disturbance and problem drinking in young adulthood. Adolescents with depressive symptoms were twice as likely to experience a DSM-IV axis I disorder and 3 times as likely to have major depression or dysthymia in early adulthood compared to those who did not report depressive symptoms during adolescence (table). Depressive symptoms during adolescence did not predict anxiety disorder, eating disorder or substance abuse during early adulthood.

Conclusions
Self reported depressive symptoms in adolescence predicted depression, psychosocial impairment and problem drinking in early adulthood.

Sub-syndromal depression occurs where individuals admit to a number of depressive symptoms, but not enough to meet the criteria for clinical depression. Sub-syndromal depression is associated with a wide range of psychopathology, as well as persistent and recurrent episodes. Aalto-Setala et al suggest that this trend is evident in adolescence and early adulthood. The findings are also compatible with the suggestion that early anxiety and depression may be associated with chronic disorder.

Sub-syndromal depression may increase the risk of psychiatric disorders in early adulthood compared to those who did not report depressive symptoms during adolescence (table). Depressive symptoms during adolescence did not predict anxiety disorder, eating disorder or substance abuse during early adulthood.

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