CHAPTER V

SUMMARY

Anxiety disorders and depression, when experienced singly, are potentially and seriously debilitating disorders. The focus of psychiatric research is expanding to include patients with comorbid anxiety and depression. Growing evidence, for example, supports the clinical importance of the association between major depression and panic disorder, a common form of anxiety characterized by frequent and intense panic attacks. Several studies have called for greater specificity of the conceptualization of anxiety disorders (Merikangas et al., 2003; Widiger & Clark, 2000). Empirical work supports the division of anxiety disorders into fear and distress conditions, this overlap is particularly noted with regard to the distress condition of generalized anxiety disorder (GAD; Kessler et al., 2008; Moffitt et al., 2007). Patients with comorbid panic and depressive disorders may have more severe symptoms and less favorable outcomes than patients with either disorder alone. Symptoms were worse and more frequent, for example, among patients in the comorbid group of the National Institute of Mental Health Epidemiologic Catchment Area (ECA) study, compared with patients in single-disorder groups (Andrade et al., 1994). Patients with comorbid conditions more frequently experienced depressive symptoms that were associated with more severe depression, such as guilt, suicidal thoughts or attempts, and motor disturbances.

Another recent study (Grunhaus et al., 1994) compared clinical symptoms and course of illness in 119 patients with major depression alone and 57 patients with major depression and concurrent panic disorder. Compared to patients in the depression-only group, patients in comorbid group:

1. Experienced more severe symptoms during the current episode of illness,
2. Had higher ratings on feelings of inadequacy, somatic anxiety, and phobia,
3. Reported symptoms and required treatment and hospital admission earlier, and
4. Required psychiatric hospitalization more frequently.

This finding of greater severity, disability, and chronicity of illness among those patients with comorbid panic disorder and depression has been demonstrated by a number of other groups as well (Grunhaus et al., 1994; Reich et al., 1993; Van...
Comorbid patients have been found to have an increased rate of suicidal ideation (Rudd et al., 1993; Fawcett, 1992; Johnson et al., 1990) and suicide attempts (Johnson et al., 1990), compared with patients with either disorder alone. An alarming 30% of individuals with mixed depression and panic disorders involved in the Zurich study had attempted suicide by age 28 (Vollarth & Angst, 1989). In a study of 954 patients with major depressive disorder who were followed longitudinally for 10 years, Fawcett (1992) found that the presence of panic attacks was one of the strongest predictors of completed suicide within the first year. Panic attacks were not, however, related to the likelihood of a completed suicide after the first year of follow up. It is clear that comorbid patients need to be regularly monitored for suicide risk.

Compared to non-comorbid presentations of the disorders, comorbid Major depressive disorder-Anxiety disorder (MDD–ANX) is associated with greater symptom severity (Bernstein, 1991; Coryell et al., 1988; Mitchell et al., 1988), higher rates of suicidal behavior (Rohde et al., 2001; Lewinsohn et al., 1995; Reich et al., 1993), higher rates of mental health treatment utilization but poorer treatment response (Brent et al., 1998; Emslie et al., 1998; Lewinsohn et al., 1995), higher medical costs (Marciniak et al., 2005), and an increased risk of recurrence (Emslie et al., 1998). Given the high level of overlap between MDD and ANX, and the severe impairment and cost incurred by their co-morbidity, understanding the development of co-morbid MDD–ANX represents a pressing need.

The rationale of the study in the context of clinical significance clearly reveals the seriously debilitating and damaging role of comorbidity of related disorders (depression and anxiety), though anxiety and depression, when experienced singly are also debilitating disorders. Mounting evidence suggests that patients who have coexisting anxiety disorder and depression can have an even worse prognosis than those with either condition alone. Comorbid patients may be more resistant to standard treatment, but many are successfully treated with cognitive or behavioural therapy and antidepressants medication. Comorbidity may advance our knowledge. For example, if two disorders frequently coexist (depression and anxiety), this may shed some light on a possible common psychopathological pathway, therefore providing an important lead for innovative research and therapeutic approaches.
In the light of above assertion it can be acknowledged that the observation of comorbidity or co-occurrence has to be regarded as a starting point from which to undertake research to investigate the consequences that might be involved. It does not in any way provide an explanation of the processes and, for this reason, it can only be regarded as a stimulus to further investigative work. An attempt has been made in the current study to examine the consequences of comorbidity of anxiety and depression.

**OBJECTIVES**

The current study starts with the following objectives:

1. To compare the comorbid group, pure anxious group and pure depressive group on different measures of negative cognition, namely self-deprecation, hopelessness and dysfunctional attitudes.

2. To compare the comorbid group, pure anxious group and pure depressive group on suicide ideation.

3. To compare the comorbid group, pure anxious group and pure depressive group on extraversion.

4. To compare the comorbid group, pure anxious group and pure depressive on psychoticism

5. To compare the comorbid group, pure anxious group and pure depressive group on different measures of perceived family environment, namely cohesion, expressiveness and conflict.

**HYPOTHESES**

The following hypotheses were formulated:

1. Adolescents with Comorbidity of anxiety and depressive disorders would exhibit more of negative cognition as revealed by Self-deprecation, Hopelessness and Dysfunctional attitudes than adolescents with pure anxiety and pure depression.

2. Adolescents with Comorbidity of anxiety and depressive disorders will be high on Suicide ideation than adolescents with pure anxiety and pure depression.
3. Adolescents with comorbidity of anxiety and depressive disorders will be low on Extraversion than adolescents with pure anxiety and pure depression.

4. Adolescents with comorbidity of anxiety and depressive disorders would score higher on Psychoticism than adolescents with pure anxiety and pure depression.

5. Adolescents with comorbidity of anxiety and depressive disorders will show lower levels of cohesion, expressiveness and higher levels of conflict in the family environment than adolescents with pure anxiety and pure depression.

SAMPLE

The initial sample comprised of 750 adolescents in the age range of 15-17 years. Adolescents were the focus of the study because adolescents are more vulnerable to anxiety and depression, thus providing the more powerful analysis. The sample was selected from different schools and colleges in Jalandhar City (Punjab). The reason for delimiting sample to Jalandhar City is based on the fact that little information is available in this particular area of research. The sample was selected by using Purposive Incidental Sampling technique.

Participants scoring above (P<sub>80</sub>) on all four measures mentioned below:

- Beck Depression Inventory,
- Zung Self Rating Depression Scale,
- IPAT Anxiety Scale Questionnaire, and
- N-scale of Eysenck Personality Questionnaire,

were diagnosed as Comorbid group of anxiety and depressive disorders. The participants scoring above P<sub>80</sub> on two measures, namely IPAT Anxiety Scale Questionnaire and N-scale of Eysenck Personality Questionnaire and below P<sub>20</sub> on two measures of depressive tendencies namely, Beck Depression Inventory and Zung Self-rating Depression Scale were categorized as pure anxious group. Likewise, the participants scoring above P<sub>80</sub> on the two measures of depressive tendencies, namely Beck Depression Inventory and Zung Self-rating Depression Scale, and below P<sub>20</sub> on the two measures, namely IPAT Anxiety Scale Questionnaire and N-Scale of Eysenck Personality Questionnaire were categorized as pure depressive group.
The final sample comprised of 39 adolescents. Out of 39, 13 adolescents belonged to comorbid group, 13 belong to pure anxious group and 13 belonged to pure depressive group.

TESTS

A. Measures of Personality
   1. IPAT Anxiety Scale Questionnaire (Cattell & Scheier, 1963).
   2. Eysenck Personality Questionnaire (Eysenck & Eysenck, 1975).

B. Self Report Measures of Depression

C. Measures of Negative Cognition
   1. Hopelessness Scale (Beck, Weissman, Lester, & Trexler, 1974).
   2. Automatic Thought Questionnaire (Holland & Kendall, 1980).

D. The Scale for Suicide Ideation (Beck, Kovacs, & Weissman, 1979).

E. The Family Environment Scale (Moos & Moos, 1994).

DATA COLLECTION

The tests were administered in a uniform sequence as follows:

A. IPAT Anxiety Scale Questionnaire.
B. Eysenck Personality Questionnaire.
C. Beck Depression Inventory.
D. Zung Self rating Depression Scale.
E. Hopelessness Scale
F. Automatic Thought Questionnaire.
G. Dysfunctional Attitude Scale.
H. Scale for Suicide Ideation.
I. Family Environment Scale.
First four questionnaires were presented to the initial sample of 750 adolescents with age range of 15-17 years with standard instructions for each questionnaire. The final sample of 39 adolescents was given last five questionnaires with standard instructions and comprised of the following 3 distinct groups:

a) Comorbidity of anxiety and depression (N: 13)

b) Pure anxious group (N: 13)

c) Pure depressive group (N: 13)

The general testing conditions were satisfactory. Sincere efforts were made to establish rapport with the subjects to obtain reliable and authentic information. All of them were assured that the information given by them would be kept confidential and would be used for research purpose only.

ANALYSIS

The data were analyzed as follows:

I. Descriptive Statistics.

II. One-Way Analysis of Variance.

III. Scheffe’s Test

MAIN FINDINGS

1. Adolescents with comorbidity of anxiety and depressive disorders exhibited more of negative cognition as revealed by self-deprecation, hopelessness and dysfunctional attitudes than adolescents with pure anxiety and pure depression.

2. Adolescents with comorbidity of anxiety and depressive disorders exhibited more of suicide ideation than adolescents with pure anxiety and pure depression.

3. Although depression is a final common pathway on the road to suicide, the current results reveal that comorbidity of depression and anxiety is a more powerful indicator of suicide ideation than the presence of pure depression alone.

4. Adolescents with comorbidity of anxiety and depressive disorders scored low on extraversion than adolescents with pure anxiety and pure depression.

5. Adolescents with comorbidity of anxiety and depressive disorders scored high on psychoticism than adolescents with pure anxiety and pure depression.
6. Adolescents with comorbidity of anxiety and depression scored low on cohesion, expressiveness and high on conflict than adolescents with pure anxiety and pure depression.

7. Adolescents with comorbidity of anxiety and depressive disorders and pure depressive group scored low on independence than adolescents with pure anxiety.

8. Adolescents with comorbidity of anxiety and depressive disorders scored low on active-recreational orientation than adolescents with pure anxiety and pure depression.

9. Adolescents with comorbidity of anxiety and depressive disorders scored low on organisation than adolescents with pure anxiety and pure depression.

10. Adolescents with comorbidity of anxiety and depressive disorders scored low on control than adolescents with pure anxiety and pure depression.

11. Pure anxiety has emerged to be irrelevant from the viewpoint of negative cognition, personality and perceived family environment.