Early Parental Loss and Vulnerability to Adulthood depression

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Background:
Major depression is a serious psychiatric illness affecting 15 million American adults, or approximately 5 to 8 percent of the adult population in a given year. Among all medical illnesses, major depression is the leading cause of disability in the U.S. and many other developed countries. Even though the etiology of major depression is not clearly understood, it seems to encompass all three components: biological, psychological and social. Early parental loss is one of the factors that may contribute significantly to the development of depression in the U.S. and many other developed countries.

- Parental loss can be defined as death of parents or separation from parents. Separation can be due to multiple factors such as divorce, war evacuation, or hospitalizations. Furthermore, the effect of separation depends on several variables such as the duration of the separation, the age at which separation occurred, and the gender of the parent from whom the child is separated. The term “early” is described by most researchers as ages from birth until seventeen years.

Objective: To explore the association between early parental loss and adulthood depression by reviewing previous research data.

Methods: Previous research studies were gathered using PubMed search. The publication dates included 1980 - 2008. The data in these research studies were largely obtained from interviews of adult depressed patients, focusing on the loss of a parent in their childhood, as well as separation from the parents, such as during evacuation in a war.

Study: Population & Sample Type of Study Measures The type of Loss (Most affected) Age at the time of loss (most affected) Gender of parent from whom loss/separation occurred Comments

Tyrska et al. (2006) Subjects included 2 groups 1) Absenteeism from a parent, 2) Parent death Matched control group From community clinics in R.I. N=105 Retrospective Inventory of Depressive symptoms self-report (ZDS-SR) No sign. diff. among three groups. No sign. difference found No sign. difference found No sign. difference found No sign. difference found No sign. difference found No sign. difference found EPL & Depression

Psosos et al. (2007) Retrospective Beck Depression Inventory No sign. difference between death or separation. <16 yrs. < 16 yrs. Loss of same sex Parent: More sign. CES-D score reported: CDS-D scores: Absence of loss: 27

Takaneh et al. (2002) Participants from 31 centers across Japan. N=257 Retrospective Study Center for epidemiologic studies depression scale (CES-D) No sign. difference between death or separation. <16 yrs. No sign. difference found No sign. difference found No sign. difference found No sign. difference found No sign. difference found No sign. difference found No sign. difference found:

Agid et al. (1999) Subjects with MDD were recruited from Elwbee Medical Center in Jerusalem N=973 Retrospective Structured interview for Axis I DSM-III-R Permanent separation=death <9 yrs. No sign. difference CES-D scores: 29.1% of subjects with MDD had experienced parental loss compared to the control, (OR=1.38)

Tennant et al. (1982) Subjects in south London: N=800; Assessed (w/ 4 different types of separation: parent marital discord, parental illness, subject’s illness, war evacuation) Retrospective Present state examination (PSE) Only separations >1 yr. were significant. 5-10 yrs. No sign. difference Depression was more likely associated with all causes of separation.

Gilman et al. (2005) Subjects were offspring of participants in the R.I. multi-site study; enrolled more than 50,000 pregnancies nationally and followed the offspring prospectively from the first yrs. N=440 Retrospective DMS-IV/DSM-IV Parental divorce Birth-7 yrs. No studied Parental divorce between birth and age 7, regardless of subsequent remarriages, was predictive of a twofold higher depression risk.

Sadownik et al. (1999) Data gathered from the Newcastle Thousand Family Study. Information on childhood disadvantages and mental health were gathered at ages 5 and 33 respectively. Retrospective DMS-III For subjects who suffered multiple family disadvantages in childhood such as family or marital relationship instability, a combination of poor mothering and poor physical care and a combination of dependence on social welfare and overcrowding, the one year prevalence rate for developing depression was 28.2%. The rate was 7.2% for subjects who suffered no disadvantages, which resulted in a risk ratio of 1:7 for having at least mild depression compared with control."

REFERENCES


DISCUSSION:
- The results from these research studies indicate some inconsistencies in terms of the type of separation, the duration of separation, and the age at which separation/loss occurred; however, most of the studies were able to draw a general association between childhood parental loss/separation and adulthood depression.

- Loss results not only from death of a parent but also from separation, hospitalization, war evacuation, and as well as marital breakdown. In cases where separation occurred due to marital breakdown or war evacuation, it would be important to distinguish whether depression is associated with early life disadvantages or separation itself.

- The variations among studies may be explained by the unmeasured confounders, as stated below.

LIMITATIONS:
- Most studies are retrospective, leading to recall bias.
- Most studies focused on one particular sample group, reducing external validity.
- Family History: Limited studies took into account parental depression.
- Diagnostic Errors: It is also possible that the patients in these studies may be experiencing complicated grief rather than depression. The symptoms of complicated grief overlap with the neurovegetative symptoms of major depressive disorder.

- Different studies have used different scales or inventories to measure depressive symptoms. This may explain one of the causes for the inconsistent findings when comparing different studies.

Future Probes: In order to draw an effective causal link between parental loss and depression, we may need to revisit the research designs, which take into account all the confounding variables in order to come at consistent results. If significant and consistent correlation can be drawn from the future studies, the results can be applied to improve the psychosocial factors in childhood to reduce the risks of adulthood depression.

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