The DSM-5 MDD Anxious Distress Specifier: A Useful Predictor of Risk: Suicide, Comorbidities, Disability & Treatments?  

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THE METHODOLOGICAL QUESTION BEING ADDRESSED

Is the DSM-5 "With Anxious Distress" specifier a clinically relevant risk indicator in MDD?

METHODS

Survey and Sample  
- The National Comorbidity Survey - Replication (NCS-R) was conducted during 2001-2, in a cluster-based random sample of the U.S. This sample for this work was respondents with a lifetime diagnosis of MDE (N=1,091).

DSM-5 MDD Anxious Distress Specifier (ADS) Definition – Worst Lifetime MDE  
- Constructed using retrospective reports of symptoms during the worst lifetime MDE;  
- This allowed us to examine the co-occurrence of anxiety and depression symptoms in a single MDE: "...think about the period of [several days/two weeks] or longer during that episode when your [sadness/ and /discouragement] and [loss of interest] and other problems were most severe and frequent". During that period, which of the following problems did you have most of the day nearly every day:
  1. Feeling keyed up or tense: Did you feel nervous or anxious most days? (D26Nervous)
  2. Feeling unusually restless: Were you so restless or jittery nearly every day that you paced up and down or couldn't sit still? (D26Restless)
  3. Difficulty concentrating because of worry: Did you have a lot more trouble concentrating than is normal for you nearly every day? (D26HardConcentrate)
  4. Fear that something awful might happen: During that time, did you have any sudden attacks of intense fear or panic? (D26Panic)
  5. Feeling might lose control of him/her self: No item in the NCS-R adequately addresses this concept in the Depression Section, "so this was not included"*

- The specifier was comprised of 4 items; we use an "Any" (2+ items), "None" (0,1 items) binary representation from the DSM

Statistical Methods  
- The ADS is described wrt: demographics; prevalence of comorbid diagnoses; onset; disease burden; disability; and treatment using univariate and bivariate descriptive statistical analyses.

RESULTS

Characteristics of the ADS

Prevalence of the ADS among respondents with:
- 12-Month MDE: 74%
- 12-Month GAD (and LT MDE): 61%
- Lifetime MDE: 68%
- Lifetime GAD (and LT MDE): 60%

Demographics

There were no marked differences in gender, education, or marital status between the ADS groups

Onset; Disease Burden

- No difference in onset; Greater burden of disease
  - Age of MDE/1st Anxious Episode onset not remarkably different between specifier groups
  - Disease Burden (% of years between onset and interview) greater for those with "Any" specifier
    - % Years MDE: ADS: 35.4, ADS+: 39.6%; % Years Anxious Episodes: ADS: 42.9, ADS+: 51.2%

Sleep, Suicide, and Disability

Sleep Disorders
- Trouble sleeping: sleeping less
- Trouble falling asleep

Suicide Attempts Among those with a Plan
- 0-2 items: 43% of those with a plan made an attempt
- 3-4 items: 62% of those with a plan made an attempt

Treatment and Service Utilization

Treatment: Hospitalizations

Greater Hospitalization & Medication w ADS
- Significantly more hospitalizations across conditions
- Significantly more on antidepressants, sedatives, tranquilizers

Past Year Medication (self-report)

Sheehan Disability Scale
- Significantly more disability at home, at work, in relationships, and socially in respondents with a LT MDE and the ADS

CONCLUSIONS

- This was a retrospective study with a less-than-perfect implementation of the new DSM-V MDD Anxious Distress Specifier (4 rather than 5 items)
- Even so, these results are consistent with other examinations of the utility of the specifier (on-going)
- Need prospective evaluation with complete scale and genetic/biomarker data and treatment response
- The DSM-5 MDD Anxious Distress Specifier may be useful as a risk indicator in the evaluation of patients with MDD and subthreshold or premorbid anxiety

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