

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?

INTRODUCTION

- In the U.S., 8% of the adult population experienced a Major Depressive Episode (MDE) in the past year; 19% in their lifetime.
- Therapy is more effective when targeted to the needs of specific subpopulations.
- MDD patients with anxious features generally have: an earlier age of onset; more persistent course; more severe MDEs; increased risk of suicidal ideation & behavior; poorer quality of life, greater disability; greater personal & socioeconomic costs; and higher rates of treatment failure.
- DSM-5 added a specifier to the diagnosis of MDD: with “anxious distress” (ADS).
- The ADS consists of 5 constructs:
 - Feeling keyed up or tense
 - Feeling unusually restless
 - Difficulty concentrating because of worry
 - Fear that something awful may happen
 - Feeling that the individual might lose control of him/her self
- Severity is indicated by the number and types of symptoms: a) Mild: 2 symptoms; b) Moderate: 3 symptoms; c) Moderate - Severe: 4 or 5 symptoms; d) Severe 4 or 5 symptoms with motor agitation; *Note the 2+ criteria for ADS*
- The goal of this work was an empirical look at the specifier as an indicator of risk in existing data, the National Comorbidity Survey – Replication Sample.

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:

- Feeling **keyed up or tense**:
Did you feel nervous or anxious most days? (D26Nervous)
- Feeling unusually **restless**:
Were you so restless or jittery nearly every day that you paced up and down or couldn't sit still? (D26Restless)
- Difficulty concentrating** because of worry:
Did you have a lot more trouble concentrating than is normal for you nearly every day? (D26HardConcentrate)
- Fear** that something **awful** might happen:
During that time, did you have any sudden attacks of intense fear or panic? (D26Panic)
- Feeling might **lose control** of him/herself:
*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-5

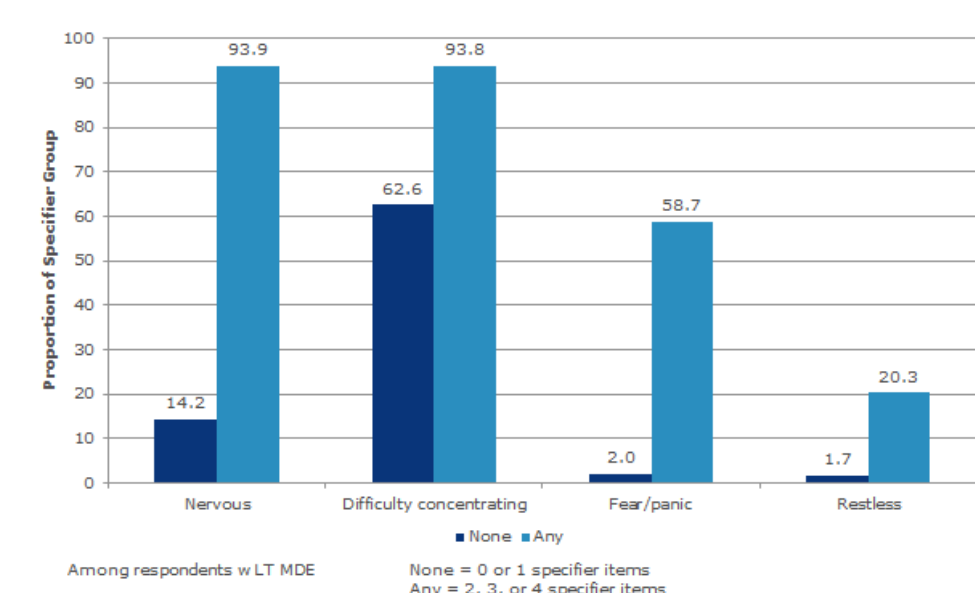
Statistical Methods

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

Item Endorsements – Any/None Specifier



Items are Correlated

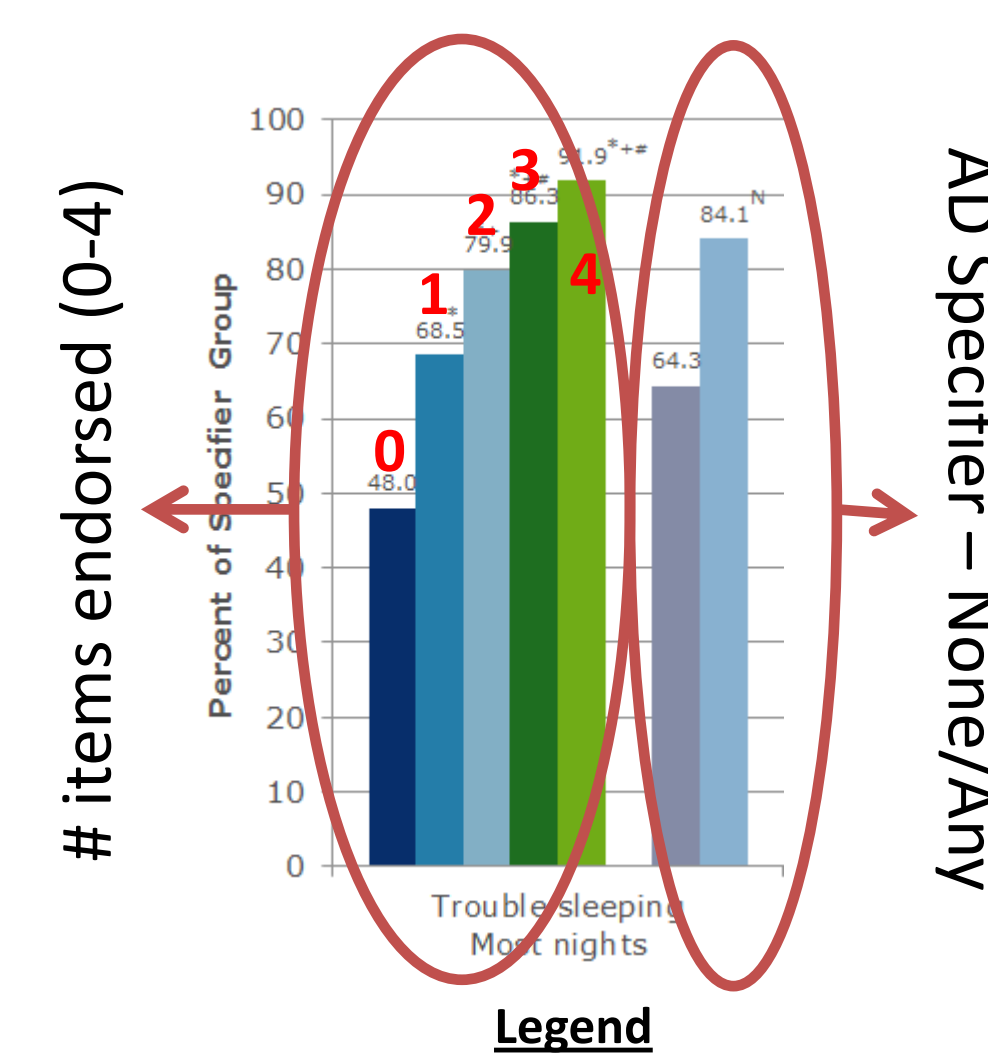
Tetrachoric Correlations

	D26Nervous	D26HardConcentrate	D26Panic	D26Restless
D26Nervous	1	0.26	0.61	0.48
D26HardConcentrate		1	0.28	-0.02
D26Panic			1	0.27
D26Restless				1

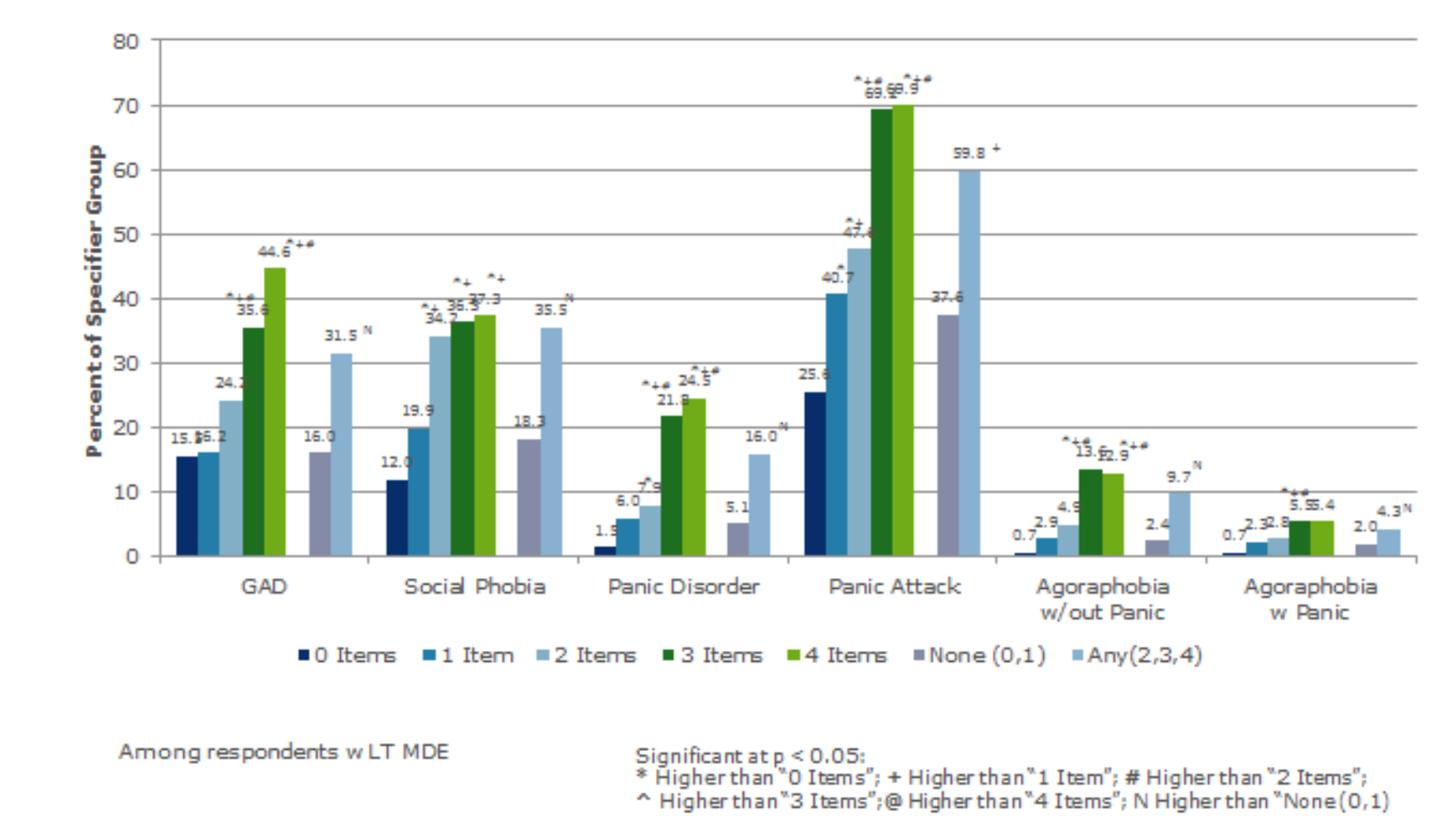
Prevalence of the ADS among respondents with:

- 12-Month MDE: 74%
- Lifetime MDE: 68%
- 12-Month GAD (and LT MDE): 61%
- Lifetime GAD (and LTMDE): 60%

Characteristics of the ADS: Comorbid Psychiatric Conditions Among ADS Groups



Comorbid Anxiety Disorders in Specifier Groups



Demographics

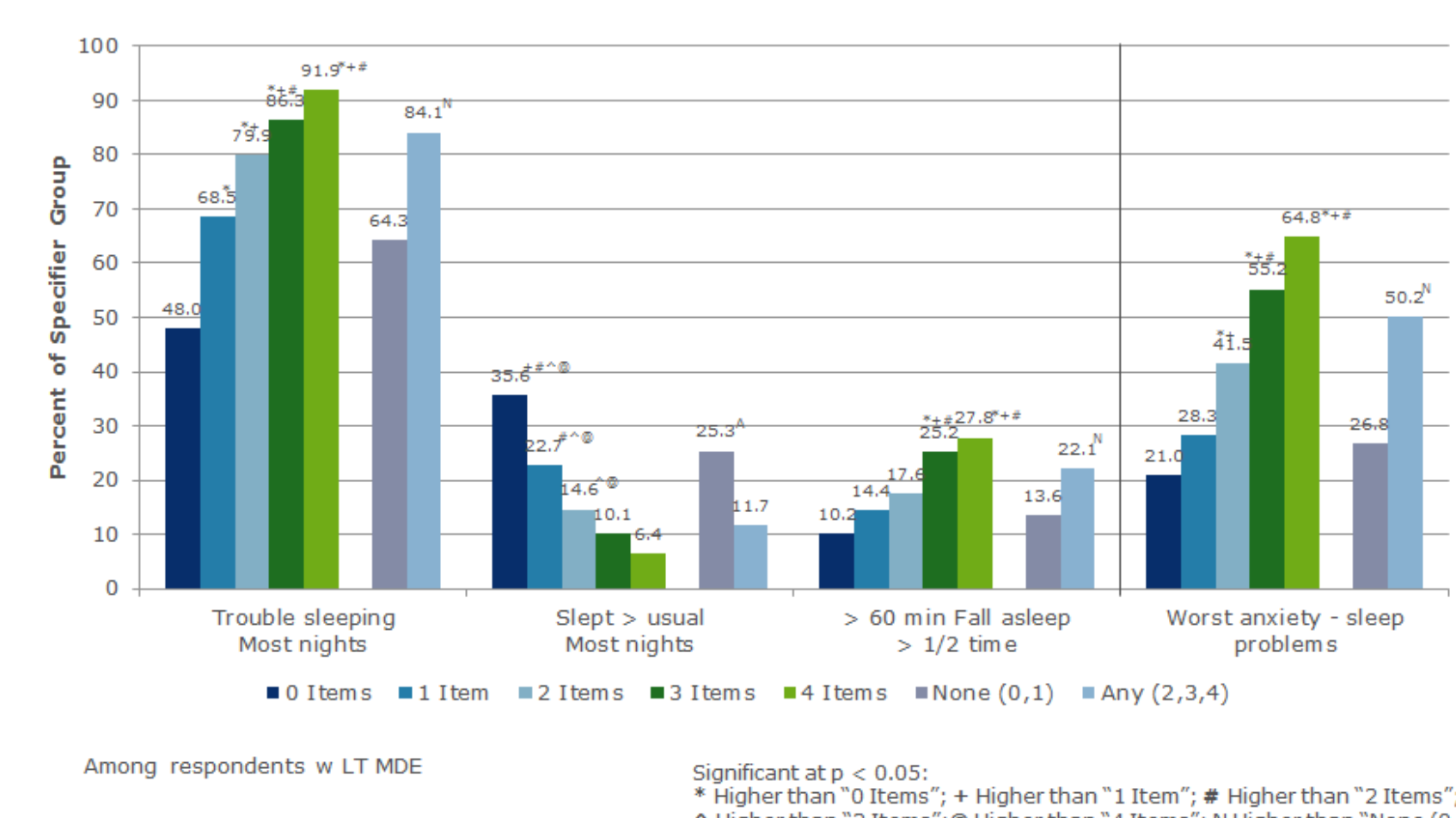
There were no marked differences in gender, education, or marital status between the ADS groups

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

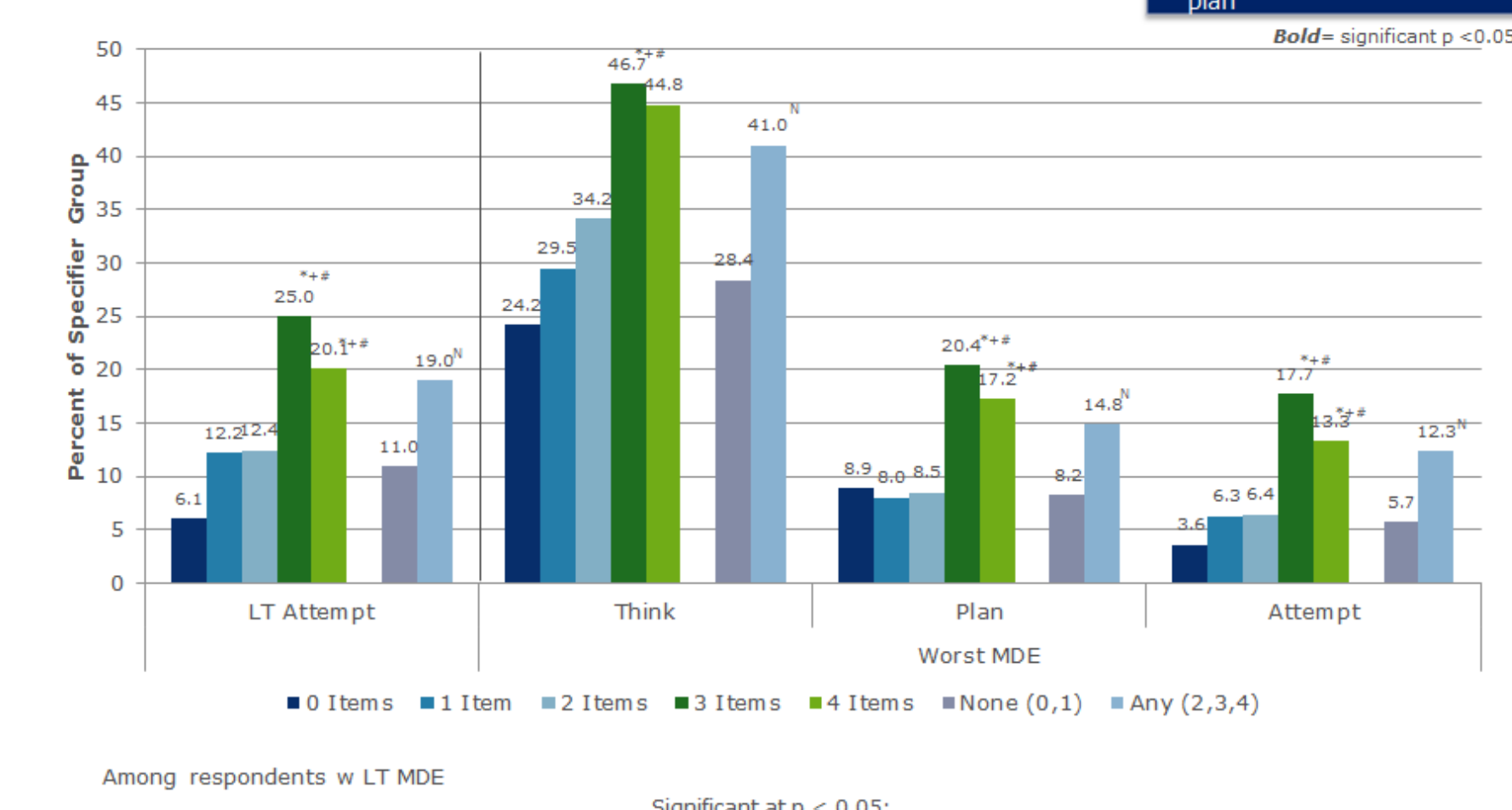
Sleep Disorders



Sleep Disorders

- Trouble sleeping; sleeping less
- Trouble falling asleep

Suicide



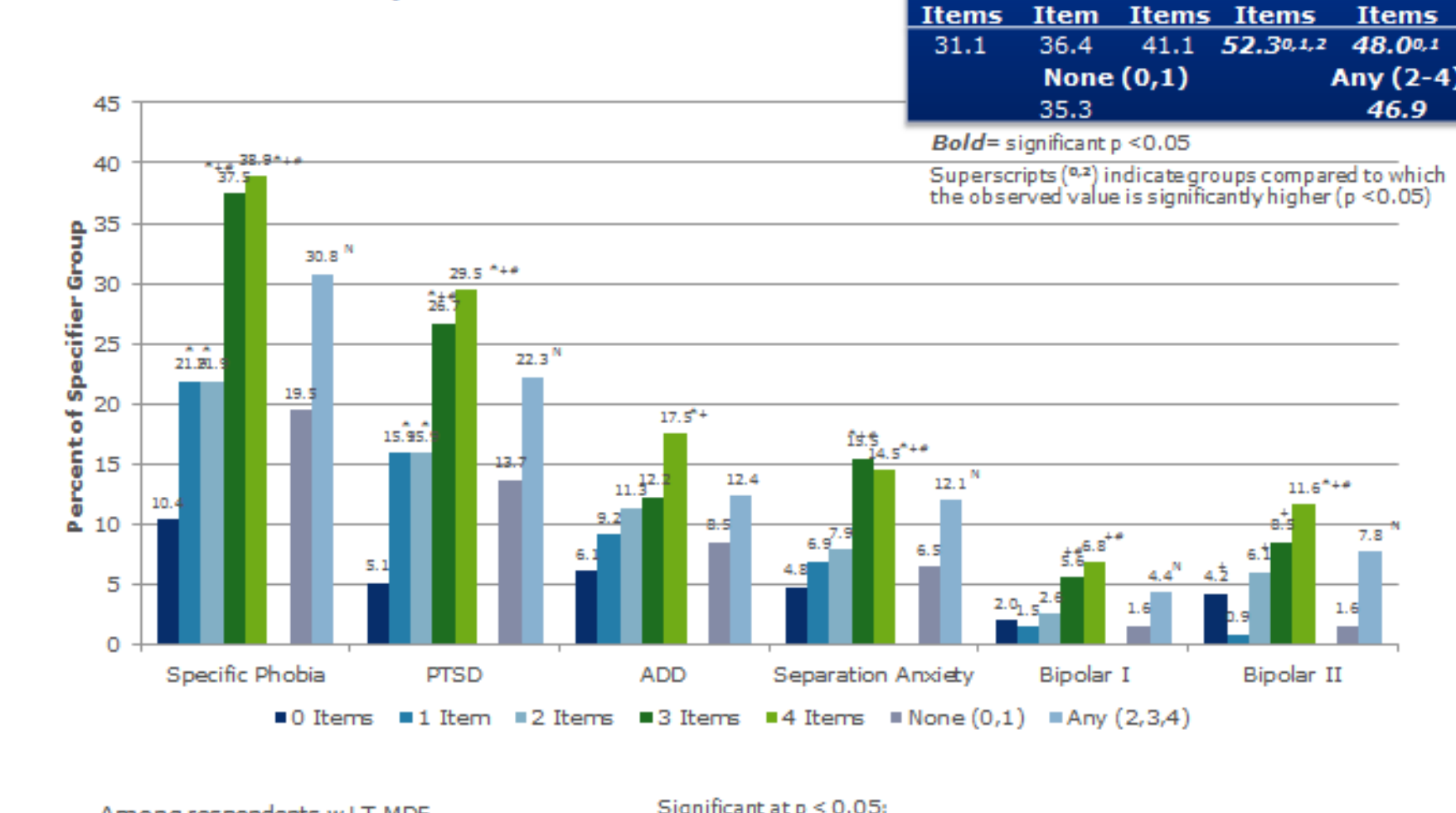
Suicide Attempts Among those with a Plan

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

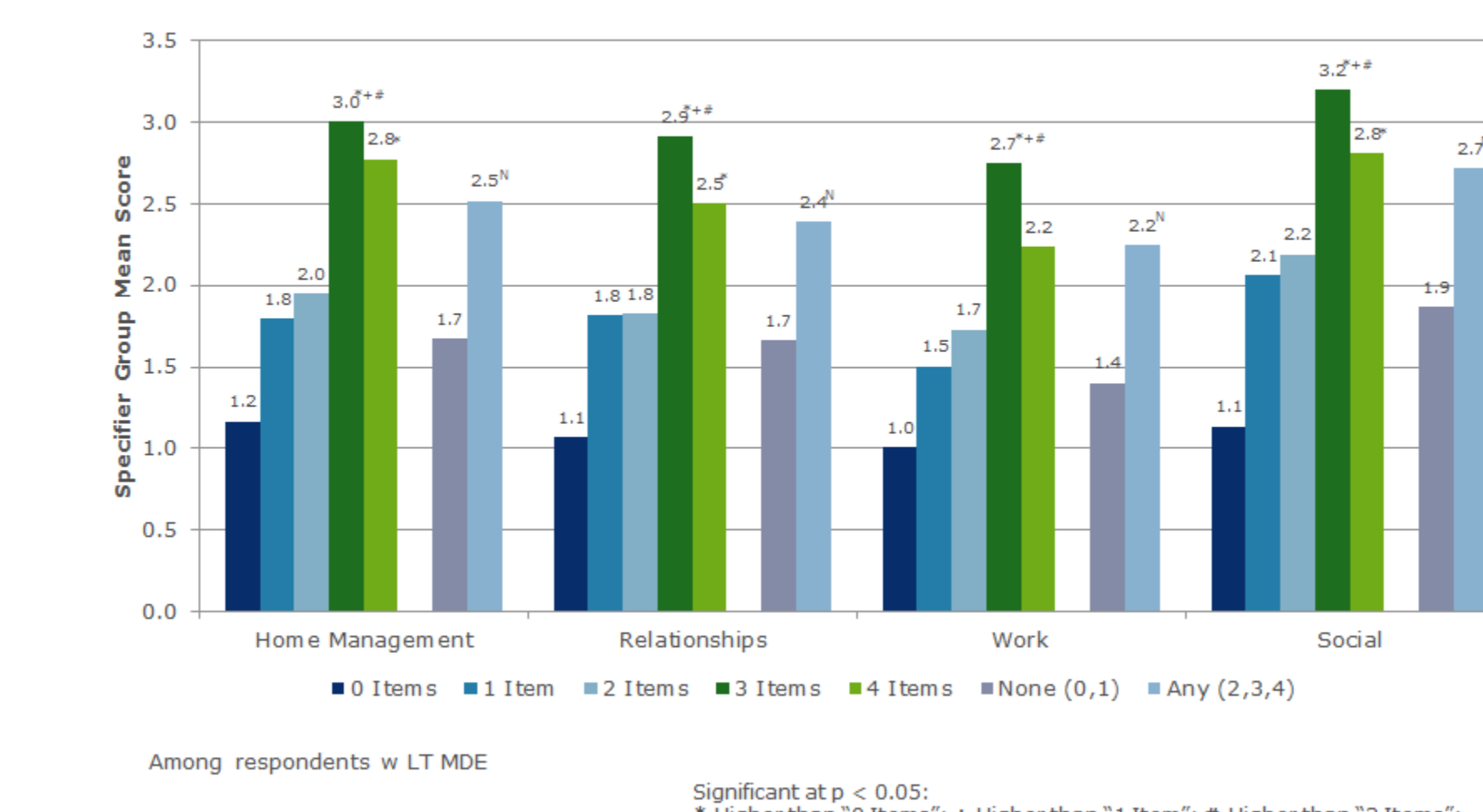
Graphs show percent of specifier group, e.g.:

- ADS (Any) : 59.8% had a Panic Attack
- ADS (None) : 37.6% had a Panic Attack
- Similarly, %s are among endorsement groups for the number of ADS items endorsed.

Comorbid Psychiatric Disorders



Sheehan Disability Scale

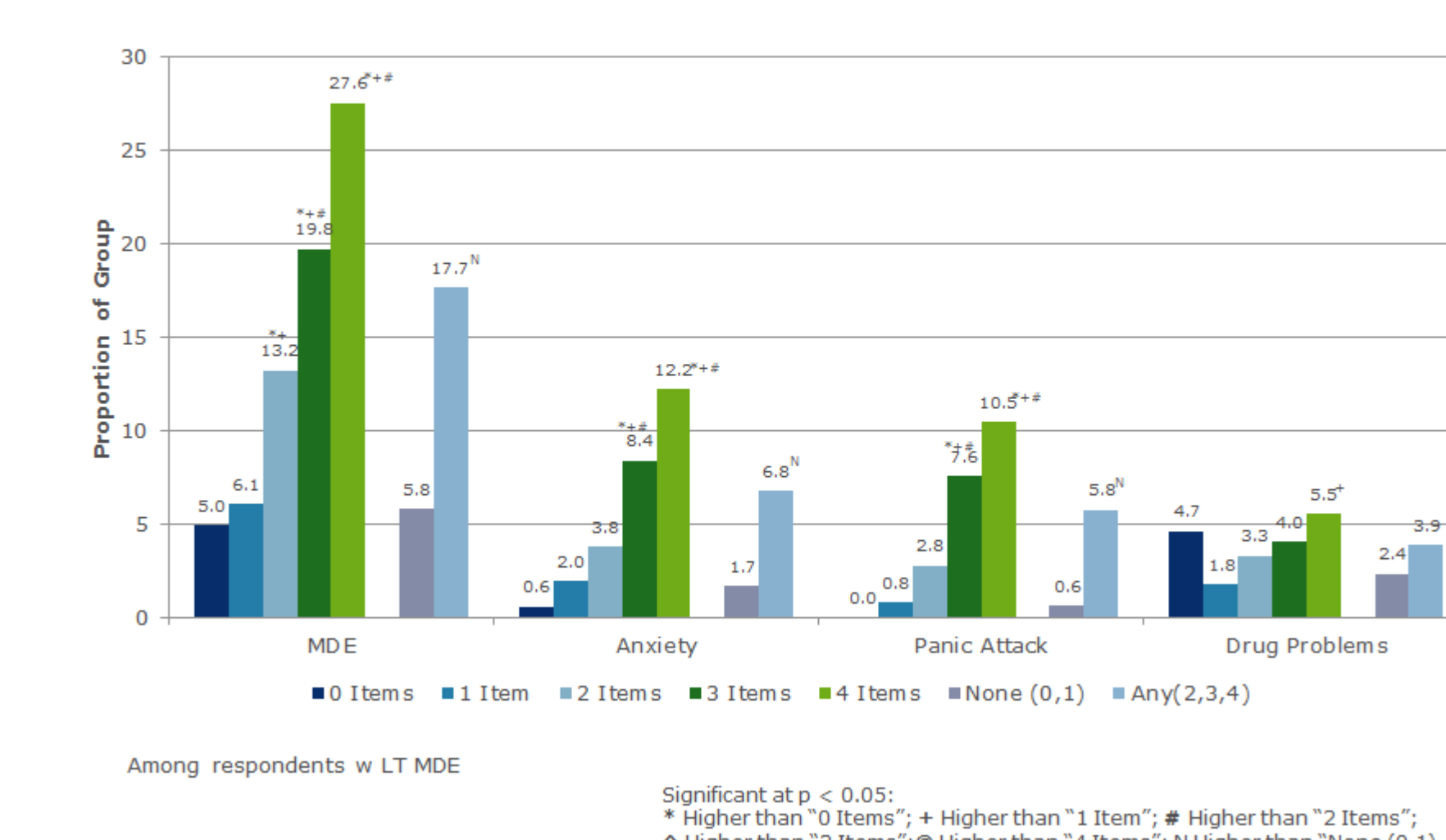


Disability

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

Treatment and Service Utilization

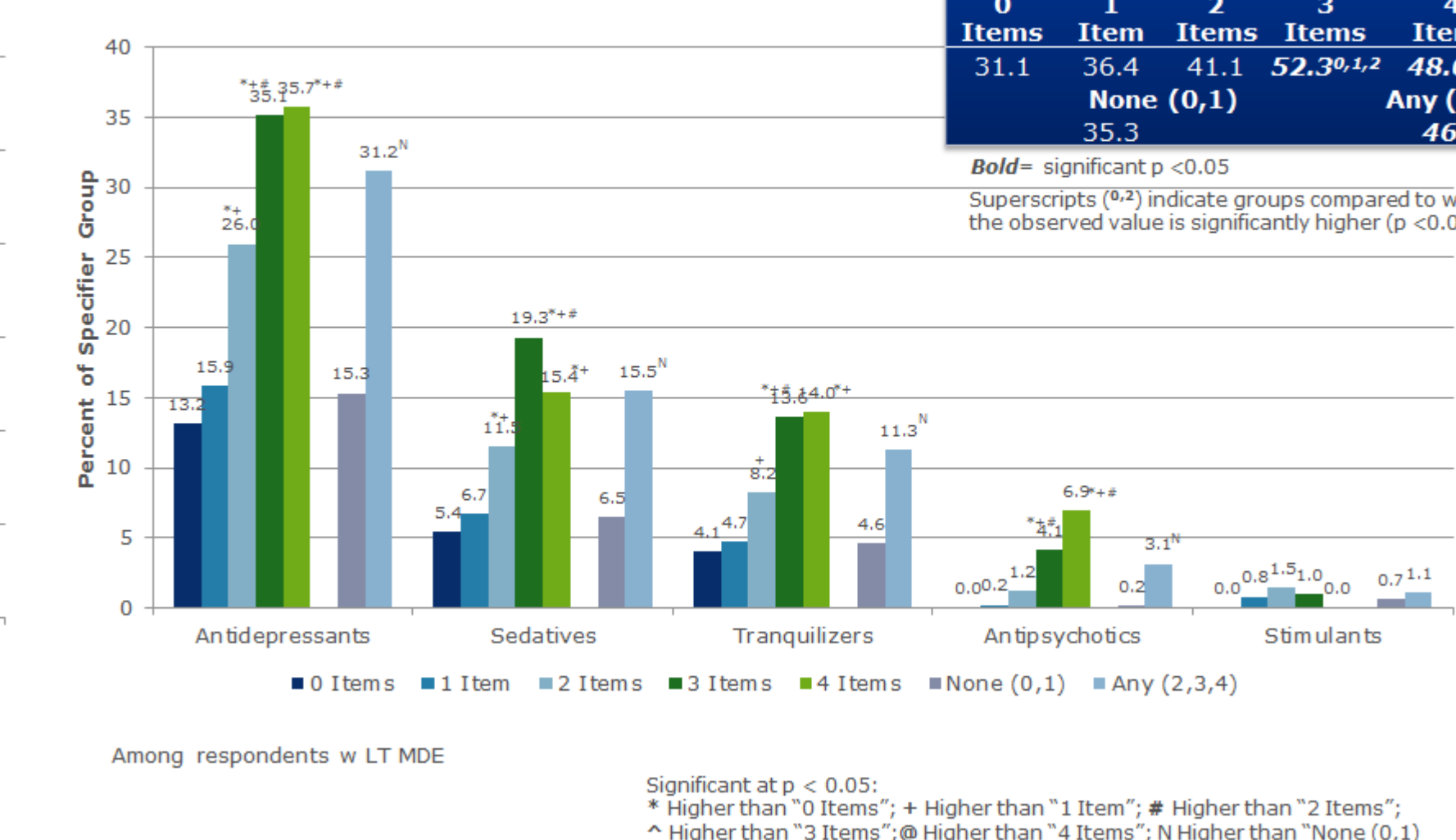
Treatment: Hospitalizations



Greater Hospitalization & Medication w ADS

- Significantly more hospitalizations across conditions
- Significantly more on antidepressants, sedatives, tranquilizers

Past Year Medication (self-report)



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