

Causal Connection Between Depression and Paranoia

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Introduction: The link between depression and paranoia has long been discussed in the psychiatric literature. Because this association is difficult to study in patients with full-blown psychosis, we investigated clinical high-risk (CHR) patients.

Objective: To clarify the causal connection between depression and paranoia.

Aims: To investigate how clinical depression relates to presence and new occurrence of paranoid symptoms in CHR patients.

Methods: Altogether, 245 young help-seeking CHR patients were assessed for suspiciousness/paranoid symptoms with the Structured Interview for Prodromal Syndromes at baseline, 9-month and 18-month follow-up. At baseline, clinical diagnoses were assessed by the Structured Clinical Interview for DSM-IV, childhood stressful experiences by the Trauma and Distress Scale, trait of suspiciousness by the Schizotypal Personality Questionnaire, and anxiety and depressive symptoms by the Positive and Negative Syndrome Scale.

Results: At baseline, 54.3 % of CHR patients reported at least moderate paranoid symptoms. At 9- and 18-month follow-ups, the corresponding figures were 28.3 % and 24.4 %. Depressive disorder, sexual abuse and anxiety symptoms associated with paranoid symptoms. Depressive, obsessive-compulsive and somatoform disorders, sexual abuse, and anxiety predicted occurrence of paranoid symptoms.

Conclusion: Depressive disorder is one of the major clinical factors associating with and predicting paranoid symptoms in CHR patients; also childhood sexual abuse and anxiety symptoms associate with paranoia. In addition, obsessive-compulsive and somatoform disorders seem to predict paranoid symptoms. Low self-esteem may be a common mediator between affective disorders and paranoia. Effective treatment of these disorders may alleviate paranoid symptoms and improve interpersonal functioning in CHR patients.