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THE INFLUENCE OF CLINICAL AND SOCIO-DEMOGRAPHICAL CHARACTERISTICS ON MEDICAL CO-MORBIDITY OCCURRENCE IN UNIPOLAR DEPRESSIVE INDIVIDUALS

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Aims/Objectives: Our main purpose was to examine the clinical and socio-demographical influencing factors that play a significant role to medical co-morbidity occurrences in unipolar depressives.

Methods: We performed two types of clinical studies, one longitudinal retrospective study on 248 unipolar depressives admitted in our Clinic during 2001 - 2005 and second represented by a cross-sectional study on 45 inpatients and outpatients that had meet diagnostic criteria of unipolar depression according to ICD-10 and DSM-IV.

Results: Socio-demographical factors that concurring to medical co-morbidity in unipolar depressives were represented by advanced current age and low educational level. Interestingly, the total duration of unipolar depression was not significant correlated with medical co-morbidity. A positive familial history of depression was correlated with a significant higher risk for coronary hearth diseases (depressives - average=0.443, S.D. =0.652; bipolars+delusionals - average=0.252, S.D.=0.499; t=2,665, p=0.008). Cluster C personality traits have had higher risk of cardiovasculare diseases (p=0.024). Inversely, in cross-sectional research those who met diagnostic criteria for cluster A and/or B personality disorders have had significant higher risk to develop medical co-morbidity. The higher level of co-existing anxiety, both as a trait as well as a state, was correlated with medical co-morbidity of unipolar depression. Surprisingly, in both type of studies, the severity of depression was not significant correlated with the extension of medical co-morbidity. Unipolar depressives were more prone to use dysfunctional copings as psychoactive substance use.

Conclusions: Both clinical and socio-demographical data profiles could give us some valuable informations in predicting medical co-morbidity in unipolar depressives.

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