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Health anxiety in patients with depression with somatic symptoms and psychodermatological disorders

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Introduction: As significance of medically unexplained symptoms increases in general practice it is important to discuss psychopathological comorbidity regarding the impact of health anxiety indicating sufferers excessive care use.

Objectives: To study the impact of health anxiety in depression with somatic symptoms.

Methods: 50 patients with depression with somatic symptoms compared to 79 patients with psychodermatological disorders with complaints of pathological skin sensations completed the Hospital Anxiety and Depression Scale (HADS) and the Short Health Anxiety Inventory (SHAI). The Mann-Whitney U-Test was applied. The psychosemantic method "Classification of sensations" was used to differentiate patients' bodily experience. Factor analysis was performed.

Results: Scores on HADS-anxiety and SHAI were significantly higher in depression ($U=645$, $p=0.009$; $U=89.5$; $p=0.036$), although there were no significant differences on HADS-depression. Factor analysis showed a polarization of bodily experience categories in depression as the first factor (38% of total variance) included negative emotions with somatic sensations of exhaustion and the second factor (10% of total variance) included pleasant sensations and positive emotions with the negative sign of factor loadings. In psychodermatological disorders the first factor (31% of total variance) was quite similar, however the second factor (12% of total variance) included skin and general somatic sensations illustrating the higher concern with somatic symptoms.

Conclusions: Higher health anxiety in depression with somatic symptoms compared to psychodermatological disorders (more concerned with bodily experience) could be associated with patients' complaints of emotional state indicating differences in psychological mechanisms. The research was supported by Russian Foundation for Basic Research with the Grant 20-013-00799.

Keywords: health anxiety; depression with somatic symptoms; psychodermatological disorders

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Features of the influence of hereditary factors on the clinical manifestations of depressive disorders

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Introduction: The urgency of the problem of depression is due to their high prevalence and severity of consequences. At present, the pathogenetic role of heredity in the course of depressive disorders remains unclear. Therefore, studies related to this problem are designed to identify the relationship between hereditary factors and the characteristics of the clinic of depression.

Objectives: The aim was to study the features of the influence of hereditary factors on the clinic of depressive disorders.

Methods: clinical-psychopathological, psychometric, genealogical, statistical.

Results: Based on the study of clinical, psychometric (Hamilton scale (HDRS)), genealogical data of 87 patients with depression, a high level of family burden of depression at all levels of kinship in the pedigree of patients (73.56%), alcohol abuse (39.08%), the presence of hypertension (54.02%), heart disease (42.53%) and endocrine pathology (14.94%) were identified. Moreover, in the pedigree of the examined most often this pathology was found in relatives of I and II degree of kinship. When comparing the factors of heredity with the clinical structure and features of depression revealed the proportion of correlations of such factors as: observation by a psychiatrist of I and II degree of relatedness ($p \leq 0.01$), depressive disorders mainly by II degree of relatedness ($p \leq 0.05$), suicidal behavior according to I and II degree of kinship ($p \leq 0.005$), alcohol dependence mainly on I degree of kinship ($p \leq 0.03$). Selected leading symptom complexes: depressive, asthenic, apathetic, anxiety-phobic, somato-vegetative, hypochondriac.

Conclusions: The data obtained should be taken into account in diagnostic and preventive measures.

Keywords: depression; hereditary factors

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Personalized warning signals for depressive relapse: A qualitative study

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Introduction: An important aspect of depression relapse prevention programs is identifying personalized warning signals (PWS). These PWS are typically defined as depressive symptoms. Yet, no study has investigated to what extent PWS fit within the diagnostic classification framework, and how this compares to a more transdiagnostic, integrative approach towards depression.

Objectives: To examine how well PWS reflect depressive symptoms, describe the remaining PWS, and examine how well PWS can be assigned to domains of an existing transdiagnostic and integrative framework, the positive health concept.

Methods: 162 PWS of 66 individuals with a history of depression were labeled as one or more symptoms of depression or to a residual category. The same process was repeated for labeling the domains of the positive health model. Labeling was done by three independent reviewers (inter-rater percent agreement: symptoms: 0.83 & positive health domains: 0.73). Disagreements were resolved by discussion.