

Cognitive-behavioral factors associated with symptoms of atypical depression: A cross-sectional study

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Background: Although cognitive-behavioral therapy has been recommended as a method of psychological support for atypical depression (Jarret et al., 2006), the cognitive-behavioral factors associated with the symptoms of atypical depression have not been clarified. The purpose of this study was to identify the cognitive-behavioral factors associated with symptoms of atypical depression.

Methods: University students were asked to respond to the following survey materials; (1) demographics, (2) Global Scale for Depression, (3) Automatic Thoughts Questionnaire-Revised (ATQ-R), (4) Behavioral Activation for Depression Scale-Short Form (BADSD-SF), and those who had symptoms of atypical depression were selected for analysis. Spearman's rank correlation coefficients were calculated for each scale score, and the relationship between symptom severity and cognitive-behavioral variables was examined. This study was approved by the Research Ethics Review Committee of the presenter's institution.

Results: 14 participants were classified as "atypical depression" according to their GSD scores ($14 / 174 = 8.0\%$). In subjects classified as atypically depressed, the ATQ-R subscales of "negative self-evaluation" and "negative evaluation of the future" were found to be significantly positively correlated with depressive symptoms (negative self-evaluation: $r_s = 0.72$, $P = 0.01$; negative evaluation of the future: $r_s = 0.67$, $P = 0.02$). On the other hand, positive thinking, a subscale of the ATQ-R, and activation and avoidance behaviors, subscales of the BADSD-SF, were not significantly correlated with depressive symptoms ($P_s > 0.05$).

Conclusions: The results of this study revealed that cognitive variables such as "negative self-evaluation" and "negative evaluation of the future" were associated with the symptoms of atypical depression. In order to improve the effectiveness of psychological support for atypical depression, it is necessary to clarify the psychological variables that contribute to symptom maintenance and to develop a comprehensive model that can explain symptom maintenance.

Keywords: atypical depression, cognitive-behavioral therapy, cross-sectional study

Cognitive-behavioral factors associated with symptoms of atypical depression: A cross-sectional study



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Introduction

- Atypical depression**
- Strongly reactive mood
 - Excessive eating or weight gain
 - Fatigue, weakness, and feeling "weighed down"
 - Excessive sleep
 - Interpersonal sensitivity to rejection

Cognitive-Behavioral Therapy has been recommended for atypical depression (Jarrett et al., 2006).
→ cognitive-behavioral factors associated with the symptoms of atypical depression have not been clarified.

purpose Identify the cognitive-behavioral factors associated with symptoms of atypical depression.

Methods

Participants and materials:

University students were asked to respond to the following survey materials;

- ✓ Demographics
 - ⇒ Sex and age.
- ✓ Global Scale for Depression (GSD: Fukunishi & Fukunishi, 2012)
 - ⇒ Severity of depressive symptoms and classification of depression.
- ✓ Automatic Thoughts Questionnaire-Revised (ATQ-R: Eguchi & Kunikata, 2015)
 - ⇒ Cognitive factors associated with depressive symptoms.
- ✓ Behavioral Activation for Depression Scale-Short Form (BADS-SF: Yamamoto et al., 2015)
 - ⇒ Behavioral factors associated with depressive symptoms.

Data analyses:

- i. Subjects with symptoms of atypical depression were selected according to their GSD ratings.
- ii. Spearman's rank correlation coefficients were calculated for the ratings of the above survey materials to examine the relationship between symptom severity and cognitive-behavioral variables.

Ethical consideration:

This study was approved by the research ethics review committee of the author's institution.

Results

➢ 14 participants were classified as "atypical depression" according to their GSD scores (14 / 174 = 8.0%)

Descriptive statistics of subjects with atypical depression

Materials	Sub-scales	Atypical depression (n = 14)	
		Mean (SD)	95% Confidence Interval
ATQ-R	a) Self-blame	18.3 (3.4)	16.3 – 20.2
	b) Negative evaluation of the future	14.1 (6.0)	10.6 – 17.5
	c) Positive automatic thoughts	18.7 (3.1)	16.9 – 20.5
BADS-SF	d) Activation	12.4 (3.3)	10.5 – 14.3
	e) Avoidance	12.4 (3.2)	10.4 – 14.2

Correlation analysis of symptoms of atypical depression with cognitive and behavioral factors (n = 14)

	Mean	SD	a)	b)	c)	d)	e)
GSD	36.6	5.4	0.72**	0.67*	-0.11	-0.18	0.22

**P < 0.01, *P < 0.05

Conclusions

The results of this study revealed that cognitive variables such as "negative self-evaluation" and "negative evaluation of the future" were associated with the symptoms of atypical depression. In order to improve the effectiveness of psychological support for atypical depression, it is necessary to clarify the psychological variables that contribute to symptom maintenance and to develop a comprehensive model that can explain symptom maintenance.

オンライン学会参加体験記

【大会概要】

2021年7月5日から7月7日にかけて開催された7th Asian Cognitive Behavior Therapy Conferenceに参加した。新型コロナウイルス感染症の影響により、すべてのプログラムがオンラインによって開催された。

【発表内容】

申請者は“Cognitive-behavioral factors associated with symptoms of atypical depression: A cross-sectional study”の標題にてポスターによる研究発表を行なった。本発表は、非定型うつ病の症状と関連する認知行動的要因を明らかにすることを目的とし、大学生と対象とした横断研究の成果について、以下の点を報告した。

(1) 「非定型うつ病」に分類された対象者は14名(14/174=8.0%)であった。

(2) 「自己非難」および「将来に対する否定的評価」が、抑うつ症状と有意な正の相関関係にあることが明らかにされた(自己非難: $r_s = 0.72$, $P = 0.01$; 将来に対する否定的評価: $r_s = 0.67$, $P = 0.02$)。

(3) 「肯定的思考」ならびに「活性化」および「回避行動」は、抑うつ症状との間に有意な相関関係は認められなかった($P_s > 0.05$)。

以上の結果から、メランコリー型うつ病と非定型うつ病では、症状に関連する認知行動的要因が異なる可能性が示唆された。

【学会プログラム体験記】

申請者自身、アジア認知行動療法会議への参加は、第1回のHong Kongでの開催以来であった。第1回の内容は、うつ病・不安症に関連したテーマが中心と占めていたが、第1回と比較するとさまざまな問題に対するCBTの展開をあらためて実感する機会となった。また、新型コロナウイルス感染症に関連する問題への取り組みについてフォーカスされていたことが本学会の特徴であった。さらに、オンライン学会で実施が懸念されるケーススタディについては、ケーススーパービジョンという形式でプログラムに組み込まれており、臨床実践の観点からも満足度の高い内容が準備されていたことは、このような状況下での実践的な学びを継続するヒントとなった。

ポスター発表については、PDFファイルにて提出したポスターデータが画面上に映し出される形式で実施された。オンラインでのポスター発表という形態であったためか、参加者と発表者のディスカッションが多く行われなかった印象があるものの、申請者自身の発表については、提出したポスターのデータにメールアドレスを掲載していたため、貴重なご意見とご感想をいただくことができた。

CBTの研究については欧米発信のものが多く現状ではありますが、日本を含めたアジアから発信するCBTを実現することが課題となるのではないかと考えられる。

(日本語 1200字以内)

採用された方については、ウェブページ等で内容が公開される予定です。