The Netherlands Study of Depression and Anxiety

A study by:
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Leiden University Medical Center
University Medical Center Groningen
WOK (Centre for Quality of Care Research)
NIVEL (Netherlands Institute for Health Services Research)
TRIMBOS-institute
Mental health care institutions (GGZ Buitenamstel, GGZ Rivierduinen, GGZ Groningen, GGZ Drenthe, GGZ Friesland, De Geestgronden, Mentrum)

www.nesda.nl

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Motivation

Approximately one out of three people in the Netherlands suffer from depression or anxiety at some time in their lives, with major consequences for their general health and daily functioning.

It is still not clear what makes people susceptible to depression and anxiety disorders, or why the symptoms are transient or chronic. To answer these questions, it is necessary to follow a large cohort of people for a long time in a longitudinal study. The Netherlands Study of Depression and Anxiety (NESDA) was initiated for this purpose. About 2850 people with and without depression or anxiety symptoms will be monitored for eight years. The researchers will assess not only the psychological functioning of these people but also physical, social and economic aspects. The subjects will be recruited from primary care practices and specialized mental health institutions in several regions in the Netherlands. The research receives funding from the ZonMw Geestkracht program.

NESDA Consortium

The NESDA study is being conducted by a group of academic and non-academic institutions. The Department of Psychiatry of the VU University Medical Center, the University Medical Center of Groningen and the Leiden University Medical Center collaborate with the Trimbos Institute, WOK (Centre for Quality of Care research, Radboud University Nijmegen) and NIVEL (Netherlands Institute for Health Services Research). Mental health institutions (GGZ Buitenamstel, GGZ Drenthe, GGZ Groningen, De Geest-gronden, Mentrum, GGZ Friesland and Rivierduinen) and patient organisations are also participants.

Aims

The main aim of NESDA is to study the long-term course of anxiety and depression disorders in order to contribute to the improvement of health care and the prevention of chronicity. Important questions we hope to answer are: What makes people susceptible to depression or anxiety disorders? Why is one person depressed for three months, while the other is depressed for three years? What are the effects of a depression or anxiety disorder on daily functioning?

Within the overall study, there are four distinct objectives:

- To describe the long-term course of anxiety and depression disorders.
- To explain the long-term course of depression and anxiety disorders by examining demographic, psychosocial, physical, biological and genetic determinants, and combinations of these factors.
- To examine the role of specific gene expression profiles and indicators of brain structures (by neuro-imaging) in the long-term course of depression and anxiety disorders.
- To describe the use and evaluation of care by the patient and the effects on the long-term course of depression and anxiety disorders.

Research sample

The NESDA study is an eight-year longitudinal cohort study that includes 2850 people aged 18-65. NESDA is designed to be representative of those with depression (minor and major depression and dysthymia) and anxiety disorders (social phobia, panic disorder and/or agoraphobia, generalised anxiety disorder) in different health care settings and in different developmental stages of disorders (first and recurrent episodes). The prevalence of current psychiatric disorders is confirmed at the baseline NESDA assessment using the CIDI psychiatric interview.

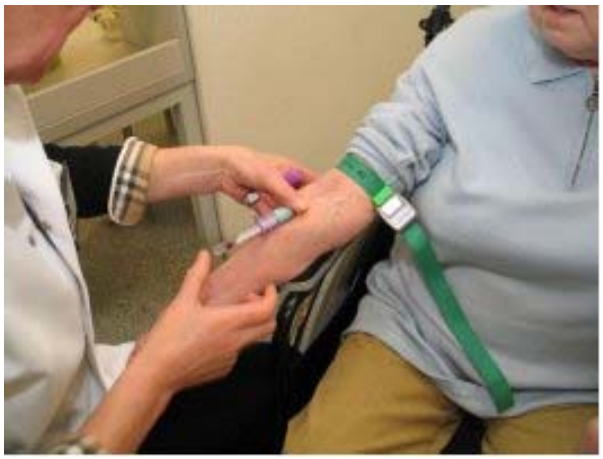
In primary care practices, 750 participants with symptoms of anxiety or depression will be recruited through a three-step

screening procedure (K10 questionnaire, interview by phone, baseline interview). In addition, 800 participants without a depression or anxiety disorder will be recruited. In specialized mental health care, 750 newly registered patients with a depression or anxiety disorder will be recruited. A total of 550 participants with a higher risk of psychiatric problems will be recruited from the general population. We are recruiting 250 subjects with a psychiatric disorder in their past from the now-completed NEMESIS study, and 300 subjects who have family members with a psychiatric disorder from the ARIADNE study.

We will exclude people with a primary diagnosis of another psychiatric disorder (such as a psychotic disorder or severe addiction disorder) or people with an inadequate mastery of Dutch.

Privacy

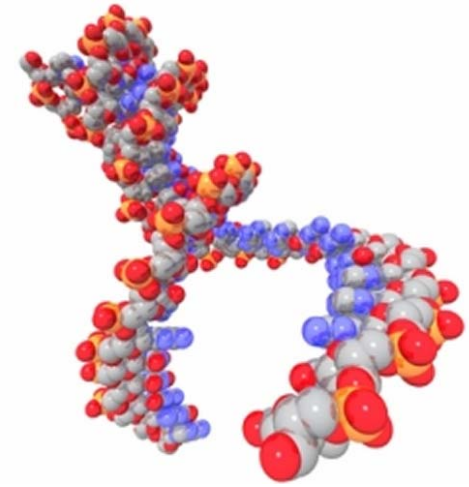
All subjects will be asked for written informed consent prior to inclusion. The data collected during this study will be handled confidentially. All data will be processed anonymously using an encoded number. Only the principal investigator can link the number to the name of the respondent, for example to inform the general practitioner or other care providers if the results are unusual or of particular interest. The NESDA study has been approved by the Medical Ethics Research Committee.



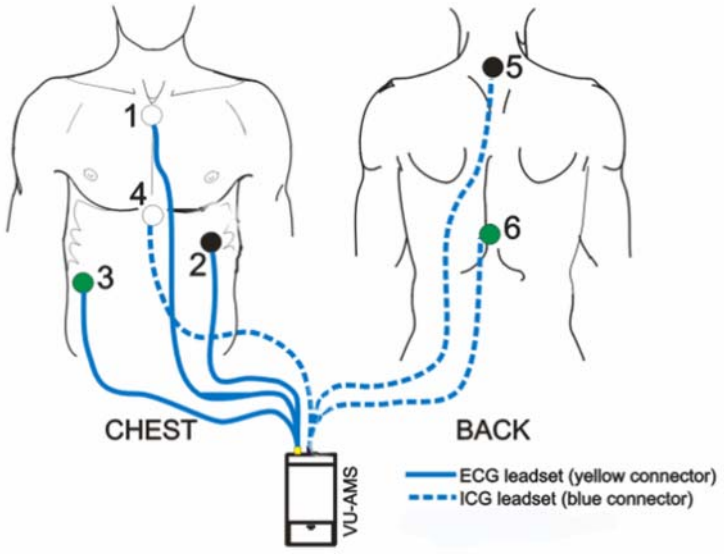
Collecting blood samples

Measurements

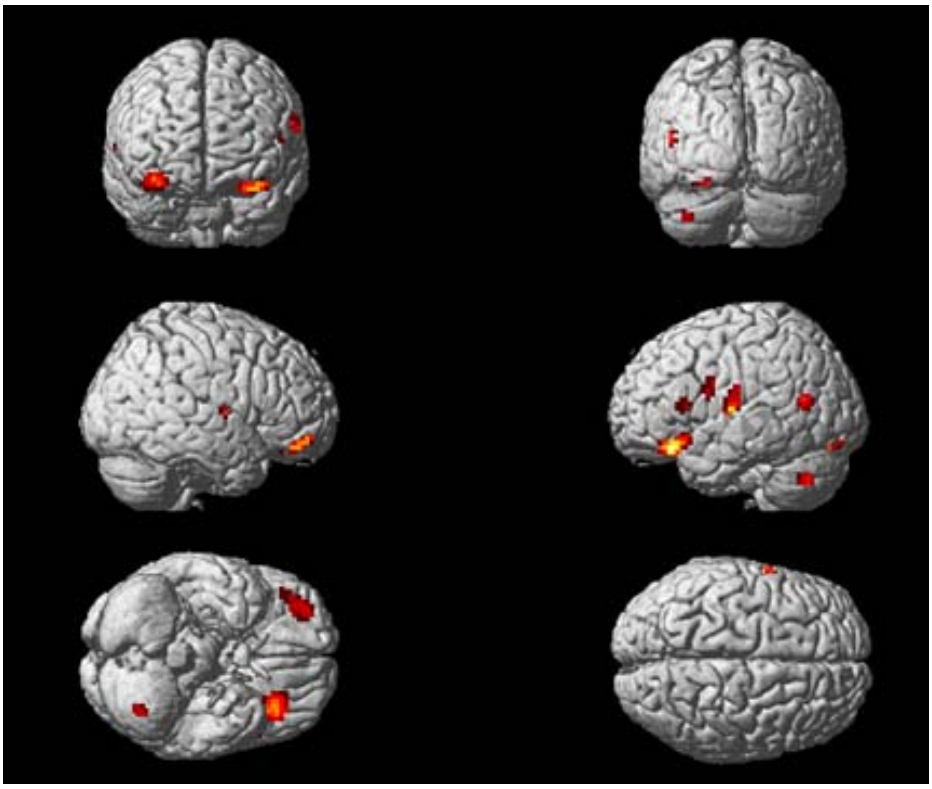
The measurements take place during a clinical visit that is carried out at baseline and after 2, 4 and 8 years. After one year, respondents complete a written questionnaire. The scope is extensive: data will be collected about psychopathology, physical health and functioning, use of health care, personality, and social characteristics. There is also a clinical computer test. In addition, the NESDA study will focus on current and future biological research. A blood sample will be taken from every subject and the samples will be processed to generate information about biomarkers and DNA, RNA and gene-expression profiles for every subject. In order to obtain information about stress systems, we will ask participants to collect seven saliva samples during the day (to determine HPA-axis activity through the measurement of cortisol levels) and we will monitor the autonomic nervous system for two hours.



DNA structure



Use of the VU-AMS monitoring the autonomic nervous system



Images of the brain

A small group of subjects (n=200) will be invited for a functional MRI scan of the brain, during which they will undergo several cognitive tests. The data from this fMRI study will generate information about differences in brain structures or brain activity during cognitive tasks between people with and without anxiety and depression disorders, and about the predictive value of these differences for the course of anxiety and depression.

Data collection will not be restricted to respondents alone. For the family study, family members of certain participants will be asked to provide a “buccal swab” for DNA analysis. The participants’ primary care practitioners will also be involved, completing questionnaires on three occasions about their organisation and their attitudes towards mental health care and guidelines. This will allow the information from the health care providers to be linked to the information from the respondents and make research possible into quality of care. The health care providers will also provide information about the health care use of the participants during the NESDA study.

Time schedule
The NESDA study started in 2004 and will end in 2012.

Interested in NESDA?
Data collection is now in progress. We think the information that we obtain will allow many questions to be answered. If you are interested in receiving more information about the exact NESDA measurements, please ask for the NESDA research protocol (contact nesda@ggzba.nl). If you are interested in learning more about the progress of the study, or if you would like to use the NESDA data for analysis, than you can also contact us by e-mail.

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Interview baseline measurement

Executive Board NESDA

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