NESDA ANALYSIS PLAN

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   If proposer is not a NESDA senior investigator, which NESDA senior investigator will supervise?: Patricia van Oppen

2. Working title of plan: What effect does early childhood trauma have on depression?

3. Give a brief summary of your analysis plan that includes the following:
   a. Research question and/or hypothesis:

   We would like to address the following research questions:

   1) Do depressed people who experienced childhood trauma develop a more severe depression (in number, duration and frequency of episodes), more chronic forms of depression and more comorbidity than depressed people who did not experience childhood trauma?
   2) Do depressed people with a childhood trauma develop their depression earlier in life than depressed people without a childhood trauma?
   3) Do the subtypes of childhood trauma differentiate between age of onset and severity of depression?
   4) Is there a dose-response relationship between the severity of childhood trauma and the severity of depression?

   b. Brief background and rationale for addressing the research question in NESDA:

   Numerous studies have found associations between occurrence of childhood trauma and risk for depression. Studies of childhood abuse and lifetime psychopathology in community samples show that a history of childhood maltreatment is highly prevalent among both men and women and increases the likelihood of lifetime psychopathology (Briere and Elliott, 2003, Macmillan et al., 2001). Epidemiological studies have revealed that stress or emotional trauma is associated with increases in the risk to develop depression, particularly when experienced early in life (Agid et al., 2000).
There have been relatively few studies examining the longitudinal characteristics (e.g., onset, course, and comorbidity) of depression in individuals with self-reported childhood abuse. Bernet and Stein (1999) found in a group of 44 women and 44 men that self-reported history of childhood maltreatment was associated with earlier onset of depression, greater number of depressive episodes, and more extensive comorbidity. Emotional abuse, in particular, accounted for a remarkable amount of variance (25-28%) in predicting age of onset of depression and number of depressive episodes. This was also reported by Moskvina et al. (2006), in a group of 324 subjects, emotional abuse showed the highest correlation with earlier age of onset of depression.

Wise and colleagues (2001) reported a linear dose-response relationship between abuse severity (i.e., none, mild, moderate, severe) and lifetime MDD in a group of 732 women. Additionally, the risk of MDD was highest among women reporting histories of both physical and sexual abuse. Bifulco and colleagues (2002) reported dose-response relationships between abuse severity and chronic or recurrent MDD in a group of 204 women; the greater severity of abuse or number of categories of maltreatment the individual reported, the higher probability of lifetime chronic or recurrent depression.

NESDA data offers the opportunity to study the longitudinal characteristics of depression in individuals with and without childhood trauma in a large sample of 1285 depressed people from various settings: community, primary care and outpatient mental health services. The large sample size makes it possible to study the occurrence and severity of the different subtypes of childhood trauma (parental deprivation, emotional neglect, and physical, emotional and sexual abuse) and their (possibly dose-response) relationship with depression.

When the NESDA data show that childhood trauma is associated with differences in onset, course, and clinical manifestation of depression, it further substantiates the need to consider childhood trauma in depression models. A new typology of depression, based on developmental pathways and neurobiological patterns, might lead towards improved treatment and the identification of predictors of treatment response (Heim et al., 2004).

c. Variables to be used in main analysis (the main predictor and outcome variables must be identified)

1) CIDI
2) IDS
3) Childhood trauma (Nemesis Questionnaire)
4) Descriptive variables: demographic variables (age, gender, education)

d. Outline of analyses:

Analyses will focus on whether early childhood trauma is related to the onset of depression, the severity of depression (one episode versus recurrent depression) and chronic forms of depression. Childhood trauma stressors to be studied include the occurrence and severity of parental deprivation, emotional neglect, and physical, emotional and sexual abuse. These factors will be correlated with the information given from the IDS (severity of the depression) and CIDI: 1) the onset of the depression and 2) the development of the depression. Correlation and logistic regression analysis will be done using SPSS 13.0.
4. Proposed authors:
Jenneke Wiersma, Anneke van Schaik, Patricia van Oppen, Brenda Penninx en Aartjan Beekman

Referenties:

5. Timeline for completion and submission of manuscript

I hereby state that I will use the data only for addressing the research question described in point 3, and not for other purposes, unless I submit a new analysis plan.

Signed

Date