

A COMPARISON OF NEUROTIC AND PSYCHOTIC DEPRESSION USING A STANDARDIZED SCHEDULE

RAJEEV GUPTA¹

N. N. WIG²

USHA RAO³

HARMINDER CHAWLA⁴

SUDHIR KHANDELWAL⁵

V. K. VARMA⁶

SUMMARY

Forty-five patients of psychotic depression have been compared with 22 neurotic depressives, on SAID schedule regarding the sociodemographic and clinical variables. Two groups of these patients have differed on variables like age, duration of present attack, past history and family history of psychiatric illness and the precipitating factors.

Introduction

The nature and classification of depressive disorders continues to be an area of controversy among the psychiatrists. Many attempts have been made to classify the depressive illnesses. In successive classifications of mental disorders in the International Classification of Diseases (ICD), new codes have been added. Two apparently conflicting views have been represented in the debate between 1920 and late 1950s. Separatists in the Kraepelinian tradition (Kraepelin, 1921) draw a sharp distinction between the two types of depression, viz. neurotic and psychotic, while gradualists in the Meyerian tradition (Meyer, 1922) uphold a unitary concept of depression, not considering neurotic and psychotic depressions as distinct clinical entities. Eysenck (1970) in his critique of his statistical studies accepts that there are two types of depressions and that they can be best placed

on a two-dimensional system using two separate and independent continuum of neuroticism and psychoticism. Kiloh et al (1972) used factor analytic technique to differentiate two types of depression. Kendell (1970) regarded depressive illness as a continuum with classical neurotic depression at one pole and the classical endogenous at the other pole with a majority of the patients falling in between. Grinker et al (1961) in their work on 'The phenomenon of the depression' used factor analysis which revealed five factors describing the feelings and concerns of the patients. Though at no stage they mentioned a dichotomy of neurotic-reactive versus psychotic-endogenous depression, some of their factors seem very akin to the traditional endogenous pattern and others more traditionally neurotic. Mendels and Cochrane (1968) concluded from their review of seven factor analytic studies that there was a 'significant consensus

1. Presently Sr. Lecturer, Dept. of Psychiatry, Dayanand Medical College and Hospital, Ludhiana.

2. Prof. and Head, Dept. of Psychiatry, A.I.I.M.S., New Delhi.

3. Ex. Senior Resident.

4. Ex. Research Assistant.

5. Presently Asst. Prof. Dept. of Psychiatry, A.I.I.M.S., New Delhi.

6. Prof. and Head, Dept. of Psychiatry, P.G.I.M.E.R. Chandigarh.

in favour of the independence of endogenous and neurotic groups of disorders'. The fact that no clear line of phenomenological demarcation has emerged from some studies (Paykel, 1971) does not over-ride the strong evidence in favour of the categorically distinct status of the two groups of disorders.

The present paper which is based on an ongoing study attempts to answer some of the questions regarding the two forms of depression, viz neurotic and psychotic by comparing them on Socio-demographic variables, past history and family history of psychiatric illness, and precipitating factors.

Material and Methods

All cases of depression, age 15-70 years seen for the first time during the period June to December 1977 at the psychiatric out patients clinic of the Postgraduate Institute of Medical Education and Research, Chandigarh, belonging to the area of the union territory of Chandigarh were seen for the study. The International classification of diseases, 9th Edition was used for diagnostic purpose. Depression associated with organic illness, schizophrenia, low IQ, abuse of alcohol and drugs were excluded. 70 patients fulfilled the criteria for inclusion in the study who were diagnosed to be suffering from primary depressive disorders.

Out of these 70 patients, 22 were clinically diagnosed as neurotic depression (ND), 45 as psychotic depression (PD) and 3 as other depressive disorders. The 3 patients suffering from other depressive disorders have not been included for comparison. The schedule for Standardized Assessment of Depressive Disorders, 5th draft March 1977 drafted by WHO (SADD) was used for assessment of the patients. The assessment as per SADD included identification data,

sociodemographic variables, detailed psychiatric history, diagnosis and classification. The two clinical groups were compared with each other on socio-demographic and clinical variables.

Results

Two groups of patients with ND and PD have differed on variables like age, duration of the present attacks, past history and family history of psychiatric illness and the presence of precipitating factors. These groups did not differ on other sociodemographic variables like sex, urban/rural distribution, education, marital status and religion (Table).

Discussion

From India there is only one published work of Raju et al (1980) where the two groups of ND and PD have been compared on the sociodemographic variables. Earlier workers (Bagadia et al 1973; Sethi et al 1970 and Ponnudurai et al 1981) have not sub classified the depressive patients. Raju et al (1980) found that ND is more common in younger age group and more patients of PD belong to the older age group. In the same study male preponderance was found in the patients of depressive neurosis.

In the present work the two groups did not differ regarding the presence of continuing psychic stress and the precipitating factors for the given episodes. Since the role of stress in precipitating a psychiatric illness in a predisposed individual is well accepted and thus depression may be considered as result of interaction of one's personality with non-congenial environment. About half of our patient of PD reported precipitating factors which suggests that in all the patients of PD depression may not be purely of endogenous origin.

Table
Socio-demographic variables of Depressed Patients

		Pts. with PD (N = 45)	Pts. with ND (N = 22)	P
Sex	Male	21	12	NS
	Female	24	10	
Age (in yrs)	15-24	4	4	p < .05
	25-34	7	9	
	35-44	15	8	
	45+	19	1	
Religion	Hindu	31	16	NS
	Sikh	14	6	
Education	Illiterate	13	3	NS
	5th	10	7	
	5th-12th	8	7	
	above 12th	14	5	
Marital Status	Single	6	1	NS
	Married	36	20	
	Divorced/widow/separated	3	1	
Duration of present episode	< 3 months	22	4	p < .01
	3 months 1 year	14	3	
	> 1 year	9	15	

Periodicity is considered as an important characteristic of primary affective disorders. About three quarter of a large series of patients had more than one attack in their lives (Rennie, 1942). One half of our patient of PD had suffered from attacks of depression in the past. In our sample significantly more patients with ND gave positive history of past depressive illness. In these patients with ND the duration of illness was significantly longer suggesting that these patients tend to have a chronic course. In patients of PD role of heredity has been well documented in the past (Kallman, 1954; Winokur, 1965). Large number of our patients of PD had positive family history of affective illness in their close relatives, while no significant differences was observed in two groups in family history of other non-affective psychiatric illness.

Nearly one third of our patients of PD had the positive family history of affective illness. In conclusion we would suggest that in India, variables like chronicity, periodicity, along with non-illness variables like such as age and personality need thorough investigations in unselected samples of depressed patients on the general community before valid and stable scheme of classification diagnosis can be arrived at. Thus, in the present work we have highlighted difference in various clinical variables in the patients of two groups of psychotic and neurotic depression, which were assessed using a standardized tool.

References

- BAGADIA, V. N., JESTE, D. V., DAVE, K. P., DOSHI, S. U. & SHAH, L. P. (1973), Depression: a study of Demographic factors in 233 cases, *Indian J. Psychiat*, 15, 209.

- EYSENCK, H. J. (1970), The classification of depressive illness, *British Journal of Psychiatry*, 117, 241.
- GRINKER, R. R., MILLER, J., SABSHIN, M., NUNN, R. & NUNNALLY, J. J. (1961). The phenomenon of depressions, New York: Paul B. Hucker, Ltd.
- ICD-9 (1975), International classification of diseases. Volume 1. Geneva: World Health Organization, 1977.
- KALLMAN, F. J. (1954), Genetic principles in manic depressive psychosis: In Depression, ed Hock, P. H. & Zubin, J, New York: Grune and Stratton.
- KENDELL, R. E. (1970), The Classification of depressive illness *British Journal of Psychiatry*, 117: 34.
- KENDELL, R. E. & GOURLEY, J. (1970), The clinical distinction between psychotic and neurotic depression, *British Journal of Psychiatry*, 117: 257.
- KILOH, L. J., ANDREWS, G., NEILSON, M. & BIANCHI, G. N. (1972), Relationship syndromes called endogenous and neurotic depression, *British Journal of Psychiatry*, 212, 183.
- KRAEPELIN, E. (1921), Manic-depressive Insanity and Paranoia. 8th Edition Trans by Mary Barclay, Edinburg: Livingstone.
- MENDELS, J. & COCHRANE, C. (1968), 'The nosology of depression: The endogenous-reactive concept', *American Journal of Psychiatry*, 124(Suppl) 1-II.
- MEYER, A. (1922), Inter-relations of the domain of Neuro-psychiatry, *Archives of Neurology and Psychiatry*, 15.
- PAYKEL, E. S. (1971), Classification of depressed patients: a cluster analysis derived grouping, *British Journal of Psychiatry*, 118, 275.
- PONNUDURAI, R., SOMASUNDARAM, O., BALAKRISHNAN, S. & SRINIVASAN, N. (1981), Depression-a study of 80 cases, *Indian J. Psychiat*, 23 (33), 256.
- RAJU, S. S., KUMARASWAMY, N. & MANI, A. J. (1980), Sociodemographic factors of depressive disorders in India: A comparative Appraisal, *Indian Journal of Psychiatry*, 22(4) 356.
- RENNIE, T. A. C. (1942), Prognosis in manic-depressive psychosis, *American Journal of Psychiatry*, 98, 801-217.
- SETHI, B. B. & GUPTA, S. C. (1970), An epidemiological and cultural study of depression *Indian Journal of Psychiatry*, 12, 14.
- WINOKUR, G. & PITTS, P. N. (Jr) (1965), A family history study of prevalence, sex differences, and possible genetic factors, *Journal of Psychiatric Research*, 3, 113.