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A Call for Research on the Development of MDD with Psychotic Features

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Part 1: Background

Intro and Occurrence Stats
In recent years, Major Depressive Disorder (MDD) is becoming more recognized in the general population and media. Psychotic symptoms, an often misunderstood specifier for this disorder, are occurring more frequently while being discussed less often. However, MDD continues to affect:

- more than 8% of young adults 18 to 22
- just under 7% of the United States general population

20% of those affected eventually develop psychotic symptoms

According to the DSM 5, a psychotic disorder/symptom is a thought disorder in which a person will experience “gross distortion in reality testing”, usually involving hallucinations, delusions, disorganized speech, and/or disorganized/catatonic movements. While at first it seems that there is a clear division between MDD and such deficits, research shows psychotic comorbidity is not only revealed to be quite common, but also to be a significant factor in the etiology of MDD. This confirms that “psychopathology is represented by a network of overlapping and reciprocally impacting dimensional liabilities.”

Current Research/Methods of Treatment
How can MDD develop psychotic features? Some answers have been found in genetics, neurochemicals, and childhood trauma.

Psychosis-specific treatment, such as Cognitive Behavioral Therapy (CBT), are now emerging as extremely effective in treating MDD.

There is a gap in the literature. Psycho-social developmental aspects need to be researched more thoroughly as they relate to the onset and development of MDD.

Part 2: Literature Review

Neurochemistry
- The Dopamine Hypothesis states that symptoms of psychosis (particularly as seen in schizophrenia, which MDD with psychotic features can mimic or even develop into) can be attributed to a disturbed dopaminergic signal transmission.

- Bupropion, better known as Wellbutrin, is currently one of the more prescribed antidepressants, and according to Moreira et al, extremely effective in the regulation of clinical depression; specifically, as it inhibits the reuptake of dopamine through the dopamine and norepinephrine transporters. It must be noted that this is an unusual function for an antidepressant, although in this case it allows it to work in tandem with anti-psychotics such as Aripiprazole.

- Despite proven success with some of the above mentioned medicative methods, the fact remains that many adults struggling with MDD are not, in fact, able to achieve full or sustainable remission with one or even multiple attempts to find a strictly pharmacological solution

Genetics
- Family members of those with major depressive disorder have a risk 2-4 times greater than the general population; heritability is approximately 40%; and personality traits are neurocognitive accounts for a large part of this particular genetic liability.

- However, a list of numerous limitations for choosing and testing candidate genes is headed by the fact that a single candidate gene has yet to reach genome-wide significance.

Childhood Trauma and Psychosis
- One study utilized a strict definition of bullying encompassing a myriad of actions connected by an intention to overtly cause harm and found this type of bullying to be associated with reported psychotic symptoms, especially early in life.

- Further research acknowledges that “real world” bullying is not limited to a strict definition and still found bullying, under a broader definition, and other types of childhood adversity to be strongly associated with an increased risk for developing psychosis of some kind.

References


Part 3: Psychosocial Development

Erikson’s Psychosocial Development
- Considering Erikson’s psychosocial stage theory, MDD w/ psychotic features onset seems to increase with ego development between adolescence & later life.

- When the fidelity of adolescence falls to the converse of identity, that is, identity confusion, it throws a normative experience into a storm of insecurity, which easily can start and lead to a core disturbance.

- Young adulthood then begins as a search for intimacy, as those at this stage begin to turn outward in an attempt to share their newfound identity. The antithesis of identity evolves, as those who failed to reconcile the preceding identity conflict feel either that they are psychologically misshapen or have no identity at all; ergo, when this person tries to share their sense of identity with a fully formed identity, often feel rejected and turn their anger, shame, and blaming behavior inward.

- Generativity vs stagnation is a stage where there is a final rejection of certain psychosocial values, which can lead to self-rejection when the identity is not functionally developed, intimacy was not properly shared, or with a conflict between self and one’s own held values.

Part 4: Future Research

Psychotic symptoms, in relation to MDD, are becoming more prevalent issue. While research exploring Tx beyond strictly medical solutions looks hopeful to the mental health field, more research needs to occur. Upon examination of the current exploration and implications of the literature review, aspects of psycho-social development stages should also be researched to determine what, if any, relationship they have to the development of psychotic features of MDD.

This research would inform mental health professionals in making treatment decisions. It may also increase the amount of psychopharmacological insight to those experiencing MDD and the development of psychosis.