Psycho-social correlates of treatment-resistant depression: A Literature Review

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Depression is a mood disorder characterized majorly by depressed mood, reduced energy and loss of interests in previously pleasurable activities among other symptoms. It is a common mental disorder and a major component of the priority mental, neurological and substance use disorders identified by the World Health Organization (WHO) requiring treatment scale up and which account for about 14% of global burden of disease according to the disability adjusted life years (DALY).

Epidemiologically, depression is twice as common in females as it is in men, has a 12-month prevalence of 2-5%, a lifetime prevalence of 10-20% and has an average age of onset of 27 years. In terms of prognosis, the average duration of a depressive episode is six months, but about 25% of patients have episodes that last for more than one year, and about 10–20% develops a chronic unremitting course. However, about 30-50% of patients with depression sometimes fail to respond to these treatment approaches and are described as having ‘treatment-resistant depression’ (TRD). TRD is defined as failure of at least 2 antidepressant medications, given at the maximum therapeutic dose for 6–8 weeks, taking into account adequate treatment adherence.

The study aimed to identify the important psychological and social factors that are associated with treatment-resistant depression.

A thorough search for literature was done using Google, Google Scholar and PubMed. A total of 27 articles were identified, but ten articles were excluded because they were focused solely on definition, treatment modalities and biological correlates of treatment-resistant depression, thereby making a total of seventeen articles available for the review.

The psychological correlates of TRD are: co-morbid anxiety disorders, personality traits like neuroticism, co-morbid personality disorders, suicidality, alcohol and substance misuse, melancholic subtype, longer duration of illness, previous history of partial remission. The social factors that may increase the risk for or be associated with treatment-resistant depression are: history of childhood adversity, old age, female gender, poor interpersonal skills, low socioeconomic status, higher number of stressful events, poor social support, poor quality of life.