Absence of the Irritable Dimension within Oppositionality as a Predictor of Depression in a Clinic Sample of Youths

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Introduction

ODD has high prevalence rates in youth and is often associated with other disruptive behavior disorders (e.g., ADHD, CD) (Nock et al., 2007). However, ODD has also been shown to be associated with emotional/internalizing disorders as well (e.g., depression, anxiety disorders) (Burke et al., 2005). Thus, although ODD is viewed as a disruptive behavior disorder, it may have emotional/behavioral symptom dimensions that are precursors to internalizing disorders. In fact, Stringaris and colleagues proposed three dimensions of ODD to predict later psychological disorders: Irritable, Headstrong, and Hurtful (e.g., Stringaris, Maughan, & Goodman, 2010). Headstrong has been found to be predictive of ADHD and Headstrong and Hurtful predictive of CD (Stringaris & Goodman, 2009a). However, of most interest for this study is the dimension of Irritability being predictive of internalizing disorders, including depression (Stringaris & Goodman, 2009b).

A better understanding of the Irritability dimension of ODD is important for a couple reasons. First, differentiating an Irritability dimension (among other ODD dimensions) may have implications for differential interventions. Second, different dimensions of ODD, such as Irritability, may have distinct developmental trajectories, including youth and adult outcomes.

Previous research has been largely based off of a larger epidemiological community survey of youth and two primary measures (i.e., Strengths and Difficulties Questionnaire and Development and Well-Being Assessment). This study follows Stringaris and colleagues’ recommendation to examine this relationship with a more “high-risk” sample and using more formal diagnostic tools for oppositionality.

Study Goal

The primary goal of this study was to determine whether the Irritability dimension of ODD predicted depression. This study also explored possible predictive relationships between Irritability and other internalizing disorders (e.g., generalized anxiety disorder).

Method

Participants

• 310 Youths – age 3 to 19 years old were referred to an outpatient pediatric psychopharmacology clinic in a teaching hospital
• 217 male (70%)
• 164 of youth with a K-SADS ODD Diagnosis
• 91 youth with a Major Depressive Disorder Diagnosis
• 66 youth with a Dysthymia Diagnosis

Measures

• Schedule for Affective Disorders and Schizophrenia for School Age Children (K-SADS)

Supplemental

• Child Behavior Checklist – Parent Report
  – Subscales: Anxious/Depressed, Internal
• Child Depression Inventory
• Clinical Global Impression Severity

Procedure

• Caregivers completed diagnostic interviews and rating scale measures about the child. Information about family, prior treatment, parenting effectiveness, and child school performance was obtained from caregivers. DSM-IV diagnoses were based on a structured diagnostic interview obtained through caregiver report using the Schedule for Affective Disorders and Schizophrenia for School-Aged Children – Epidemiologic version (K-SADS).

Results & Discussion

Following Stringaris and colleagues, the three ODD symptoms of ‘loses temper,’ ‘touch/easily annoyed,’ and ‘angry/resentful’ were clustered together for the Irritability dimension. Logistic regression analyses were used to determine whether the Irritability dimension was able to accurately predict depression. Irritability alone, and as part of a model with Headstrong and Hurtful, was not predictive of depression and other related internalizing disorders (e.g., generalized anxiety disorder).

Although no significant findings were found in this study, there is still value in disseminating this information. First, the inconsistent results between this study and previous work by Stringaris and colleagues may be an indication of differences between examined populations. In other words, this study consisted of youth who had been referred to a pediatric psychopharmacology clinic; a much more clinically severe population compared to youth assessed as part of an epidemiological community survey. Second, this study used the K-SADS, which is a highly reliable and valid diagnostic assessment tool, especially in comparison to questionnaires. In sum, the findings from this study may be a more accurate indication of Irritability as a predictor (or lack thereof) following formal diagnostic criteria with a clinic population.