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To What Extent Does Age Influence the Reporting of Life Events?

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TO WHAT EXTENT DOES AGE INFLUENCE THE REPORTING OF LIFE EVENTS?

Tjoe I. Oei and Frans M. Zwart

A study of life events reporting was carried out among 64 depressed and 74 non-depressed patients. The results show that age as well as depression can affect the number and type of reported life events. The younger age group (<45 years) reported more events than the older group, and the depressed patients reported more events than their non-depressed counterparts. The younger group also listed more desirable events than their elders. There was no evidence of an interaction between diagnosis and age.

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There is some evidence for a connection between life events and depressive behaviour [1] although few systematic studies have been carried out on the role age may play in this relationship. Rutter [2] points out that it is still unclear how age can influence the way in which children react to life events. He submits that one possible explanation is that the meaning and impact of these events may change as the child moves into adulthood. Paykel *et al.* [3] have suggested that even if age is not the prime factor in assessing the influence of life events on the onset of psychic disorders, it should not on the other hand be ignored completely.

Murphy [4] has shown that difficulties, particularly those of health, assume more importance for an elderly female population than for younger women. Ezquiaga *et al.* [5] were recently able to show that a group of (unipolar) depressed patients, all above the age of 45

years, reported more life events in the first and second phases of their illness than the control group.

It is generally believed, and this belief is usually based on subjective considerations, that age can have a negative affect on the way in which individuals experience life events. Perris [6] concluded, on the basis of scored events following a semi-structured interview, that younger depressed patients experienced significantly more life events than the older patients in her study. This was true for both the total number of events and the purely independent events (i.e. events occurring before the onset of the illness) subjected to separate analysis.

Oei and Zwart [7,8] suggest a combination of the self-report method and the interview method, adding that when this is not possible the Questionnaire on Recently Experienced Life Events (QREE) is to be preferred for clinical-epidemiological studies. Paykel, on the other hand, advocates the interview method for clinical-psychiatric analyses in particular [8]. The extent to which the questionnaire and interview methods, either combined or separate, can best be used (e.g. to assess depressions) has been discussed elsewhere [9].

This paper is based on results obtained from a study of the use of the QREE as a means of assessing age as a possible influencing factor in the reporting of life

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Table 1. Mean numbers of reported life events for 4 sub-groups of patients

Patients			Mean number of events reported			
Diagnosis	Age	N	Exits	Undesirable	Desirable	Total
Depressed	<45 years	32	1.03	2.38	0.56	11.34
	≥45 years	32	0.69	1.19	0.34	7.72
Non-depressed	<45 years	43	0.56	1.67	0.65	8.53
	≥45 years	31	0.68	1.74	0.26	5.65

events, for both depressed and non-depressed patients [10].

The QREE is a self-report questionnaire including 60 items covering different types of life event (i.e. illness, work situation, financial status, etc.). Subjects are instructed to look back on their life events experience during the previous 12 months, evaluating the positive and negative impact of each event reported.

The study concentrated on the following aspects :

1. Does age affect the reporting of life events and if so, is this also valid for the three separate event-groups i.e. exits (events of an irreversible character, such as the death of a close relative), desirable events (e.g. promotion) and undesirable events (such as dismissal from work) [11]?

2. Is the effect of age in depressed patients different from that in non-depressives both generally and when assessed against the actual type of event?

Methods

Of the 150 patients approached initially, 138 ultimately participated in the study; of these, 64 had been admitted to hospital suffering from depression with a Hamilton Depression Rating Scale (HDRS) [12] score of 17 or higher (DSM III - major depression with melancholia). In these cases, the depressive period was not preceded by any other kind of psychiatric disorder [13]. The depression was in its first clinical period and serious enough to warrant antidepressant medication. At the time the questionnaire was completed, symptoms had existed for an average of 4 weeks; we were thus able to exclude chronic or relapsing (unipolar) depressions.

The remaining 74 patients suffered from no form of depression (HDRS scale lower than 11, DSM-III - no diagnosis for the first axis); 27 were inpatients in the dermatology department of an academic hospital, and 47 were general practice patients.

The QREE was completed as follows :

- 1. In the case of psychiatric inpatients, when the most serious symptoms had disappeared (usually 2 weeks following admission and/or at the start of antidepressant treatment);
- 2. In the case of the dermatology department inpatients, during the second week following admission into hospital;
- 3. In the case of the general practice patients, during or following attendance at surgery, whichever was most convenient for the researcher.

Assessment of life events

When the self-report questionnaire (QREE) had been completed, the investigator discussed it in detail with each respondent individually, in order to eliminate misunderstandings or discrepancies [7].

Period studied

All respondents were asked to record life events which had occurred in the previous 12 months. In the depressed and dermatological inpatient groups, onset of the illness had preceded completion of the QREE by 1-2 months.

Statistics

The statistical method used was analysis of variance.

Table 2. Summary of multivariate analysis of variance for diagnosis and age

Source	df	MS*	Univariate		Multivariate	
			F	p	F	p
constant	1	73.96 412.70 27.93 9363.87				
diagnosis	1	1.98 0.18 0.00 202.00	1.90 0.05 0.00 5.23	n.s. n.s. n.s. <0.05	3.53	<0.01
age	1	0.43 10.63 3.17 359.63	0.41 3.19 5.39 9.30	n.s. n.s. <0.05 <0.001	2.88	<0.05
diagnosis x age	1	1.82 13.35 0.26 4.58	1.75 4.01 0.44 0.12	n.s. <0.05 n.s. n.s.	1.72	n.s.
within groups	134	1.04 3.33 0.59 38.65				

* Each group of 4 mean squares refer to exits, undesirable, desirable, and total number of events respectively

Results

Patients were divided on the basis of two criteria: depressed versus non-depressed, and younger than 45 years versus 45 years or older.

The depressed group comprised 53 women and 11 men, as against 39 women and 35 men in the non-depressed group. Perris [6] holds that sex (in adults) plays a very limited role in the reporting of life events, and Goodyer *et al.*'s [14] study of children and adolescents supports this view.

Table 1 shows the mean number of reported events in each of the four sub-groups; included are the total number of events, the number of exits and the number of desirable and undesirable events. The means for the subcategories of events do not add up to the value of the mean for the total number of events. This is because

most of the items do not unequivocally satisfy the criteria for "exit", "desirable" or "undesirable".

The influence of diagnosis and age on the four life event categories was studied by performing a multivariate analysis of variance. The results are summarized in Table 2. Multivariate tests showed main effects for both diagnosis and age, but there was no evidence of interaction between these factors. The main effect of diagnosis is restricted to the total number of events; the main effect of age is confined to both the total number of events and the number of desirable events.

Depressed patients, then, will report more events than non-depressed patients and younger patients more than their elders. No effect was ascertainable for the exits category or for the undesirable events category.

Discussion

Our results indicate that the reporting of life events can be influenced by both age and depression. The younger group (<45 years) reported more events than the older group, and the depressed group more than the non-depressed group. As far as the kind of events are concerned, the younger patients reported more desirable events than their elders.

The concept of individual perception is relevant in scaling life events effectively; in life events research in general, especially that linking life event stress to illness, a person's own experience and reporting of the events is decisive.

Our findings, in line with other studies, show that younger patients (both depressed and non-depressed) probably experience more events than older patients [6,15,16]. Although our results seem to point in the same direction as those reported by Perris using the interview technique [6], we reiterate the need for a repeat of this study (on the basis of methodological considerations, which we will discuss later) using the interview method in addition to the self-report questionnaire. It would be unwise at this stage to assume that age alone is the decisive factor behind the tendency for younger patients to report more life events than their elders [2]. When the Social Readjustment Rating Questionnaire is applied and adjusted for age variations, it becomes apparent that age, as well as educational background, income and satisfaction with earlier decision-making, has a definite bearing on a person's perception, be it positive or negative, of the various life events he/she has encountered [16]. Roy-Byrne *et al.* [17] using the interview technique, failed to confirm that age had any influence in the reporting of life events in a group of panic disorder patients.

It is sometimes assumed that socio-demographic variables, such as age, sex and social status, play no real role in life events reporting. There is some justification for this, but since the most widely used life events assessment methods (self-report questionnaires and interviews) are not adjusted for age, sex or social status, they may hide important aspects (Glassner and Haldipur [18]. Age, for instance, should not be viewed separately from the onset of the disorder and may have a partial influence on life events reporting. These researchers found that life events stress has some bearing on "late onset" bipolar depression but not on the "early-onset" type. We know that bipolar-depressives develop the illness at a younger age (20-30 years)

than those affected by unipolar depression (25-40 years) and that vital depressives (major depressives with melancholia) usually develop the disorder after the age of 40 years (in contrast to the personal depressives - dysthymic depressives - who usually decompensate earlier, i.e. between the ages of 20 and 30 years) [19-25]. Whilst factors such as age may be of sufficient impact to earn them, at most, a subordinate role, their influence in life events reporting in the case of depressed patients is negligible.

We chose the self-report questionnaire for our study despite its undeniable methodological limitations (such as "effort after meaning" - the tendency of subjects to rate the distress caused by events as higher if they are subsequently depressed). Respondents may also report events which occurred outside the study period, depending on the individual's accuracy of recall (i.e. when exactly did a particular event take place?) [26]. Lehman [27] pointed out that self-report questionnaires (such as the Schedule of Recent Experiences [28]) may also include items appertaining more to an illness symptom than to a life event. It must also be admitted that the QREE might include items open to purely individual interpretation and which may "contaminate" the respondent's own assessment of the disorder (i.e. depression; item no. 5 - an important change in eating, drinking, smoking or sleeping habits). These items were, therefore, eliminated from our study, as also the following (so as not to confuse our clinical patients): 1a - your admission to hospital; 3a - an illness or wound which incapacitated you for at least 1 month; 6a - an important change in your health. The semi-structured interview contains, in principle, the built-in safeguard of sifting out any misunderstandings, including double meanings and/or items requiring further clarification, by means of subsequent direct and extended questioning of the respondent ("probing") [29]. Paykel [30] reports low (test-retest) reliabilities in 5 studies using self-report methods (concordance coefficients from 0.20 to 0.80) and acceptably high reliabilities (interrater reliability using a semi-structured interview - 95% for specific event and 85% for month of occurrence) with interviews or intermediate methods (interview based on a self-report questionnaire, or a standardized interview without probing).

No wonder, then, that the most prominent life events and depression researchers opt for the interview-method in preference to the self-report questionnaire [31,32,33]. Several authors [4,34] regard the interview

approach to life events research [34] as probably the most reliable method for assessing the relationship between life events and ill-health.

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