ความสัมพันธ์ระหว่างปัญหาสัมพันธภาพระหว่างบุคคลกับโรคซึมเศร้าในผู้ป่วยซึมเศร้าไทย : การศึกษาโดยมีกลุ่มควบคุมแบบจับคู่

พีรพนธ์ ลือบุญธวัชชัย พบ., นันทิกา ทวิชาชาติ พบ., วท.ม.*,*
*สมรัตน์ เลิศมหาฤทธิ์ วท.บ., วท.ม.***

บทคัดย่อ

ที่มาและเหตุผล การศึกษาที่ผ่านมาหลายการศึกษาได้แสดงให้เห็นถึงประสิทธิภาพของจิตบำบัดสัมพันธภาพ ระหว่างบุคคลในการรักษาโรคซึมเศร้า แต่ก็ยังมีการศึกษาเกี่ยวกับกลไกของการรักษาอยู่จำกัด นอกจากนั้นก็ยังมีความแตกต่างกันตามบริบทของสังคมวัฒนธรรมที่ต่างกัน การศึกษาปัญหาสัมพันธภาพระหว่างบุคคลในผู้ป่วยซึมเศร้าไทยจะช่วยให้เข้าใจกลไกการเกิดโรคจากตัวกระตุ้นทางด้านสัมพันธภาพและช่วยในการพัฒนา คู่มือจิตบำบัดสัมพันธภาพระหว่างบุคคลให้เหมาะกับผู้ป่วยซึมเศร้าไทยได้ดียิ่งขึ้น

วัตถุประสงค์ เพื่อค้นหาปัญหาสัมพันธภาพระหว่างบุคคลที่เกี่ยวข้องกับโรคซึมเศร้าในผู้ป่วยซึมเศร้าไทย ได้แก่ อารมณ์เศร้าโศกจากการสูญเสีย ความขัดแย้งทางการเปลี่ยนผ่านบทบาท และความบกพร่องทางสัมพันธภาพระหว่างบุคคล

วัสดุและวิธีการ ศึกษาในผู้ป่วยโรคซึมเศร้าและผู้ที่ไม่ได้ซึมเศร้าจำนวน 90 คู่ โดยจับคู่จากเพศและอายุเดียวกัน อายุตั้งแต่ 18 ปีขึ้นไป ในแผนกจิตเวชศาสตร์ โรงพยาบาลจุฬาลงกรณ์ ตั้งแต่เดือนกรกฎาคม - ธันวาคม 2550 ผู้ป่วยโรคซึมเศร้าที่เข้าร่วมการศึกษา ได้แก่ ผู้ป่วยซึมเศร้ารายใหม่ ภายในช่วง 6 เดือน และมีคะแนน Hamilton Rating Scale for Depression ฉบับภาษาไทย (Thai HRSD) ตั้งแต่ 8 คะแนนขึ้นไป ส่วนผู้ที่ไม่ได้ซึมเศร้า ได้แก่ ผู้ที่มีคะแนน Thai HRSD ต่ำกว่า 8 คะแนน ผู้เข้าร่วมการศึกษาตอบแบบสอบถาม 2 ชุด ได้แก่ 1) แบบสอบถามข้อมูลส่วนบุคคล 2) แบบสอบถามปัญหาสัมพันธภาพระหว่างบุคคลฉบับภาษาไทย วิเคราะห์ความสัมพันธ์ระหว่างปัญหาสัมพันธภาพระหว่างบุคคลกับโรคซึมเศร้าโดยใช้ McNemar's chi-square test โดยกำหนดนัยสำคัญทางสถิติไว้ที่ระดับน้อยกว่า 0.05 และแสดงระดับของความสัมพันธ์เป็นค่า odds ratio (OR) และช่วงความเชื่อมั่นที่ 95% (95%CI)

ผลการศึกษา ผู้เข้าร่วมการศึกษาส่วนใหญ่เป็นหญิงวัยผู้ใหญ่ตอนต้นและตอนกลาง อาศัยอยู่ในกรุงเทพมหานคร และปริมณฑล พบว่าปัญหาสัมพันธภาพระหว่างบุคคลทั้ง 4 ด้านมีความเกี่ยวข้องกับโรคซึมเศร้า ($p < 0.01$) โดยพบระดับความสัมพันธ์ของปัญหาสัมพันธภาพกับโรคซึมเศร้าดังนี้ อารมณ์เศร้าโศกจากการสูญเสีย OR = 7.25 (95% CI = 2.55-28.38) ความขัดแย้งทางบทบาทสัมพันธภาพ OR = 4.30 (95% CI = 2.13-9.60) การเปลี่ยนผ่านบทบาท OR = 15.00 (95% CI = 5.56-56.84) และความบกพร่องทางด้านสัมพันธภาพ OR = 9.00 (95% CI = 3.58-29.05)

สรุป ปัญหาสัมพันธภาพระหว่างบุคคลทั้ง 4 ด้านมีความเกี่ยวข้องกับโรคซึมเศร้าในผู้ป่วยซึมเศร้าไทย โดยปัญหาการเปลี่ยนผ่านบทบาทมีระดับความสัมพันธ์สูงสุด

คำสำคัญ: โรคซึมเศร้า ปัญหาสัมพันธภาพระหว่างบุคคล การศึกษาโดยมีกลุ่มควบคุม

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* ภาควิชาจิตเวชศาสตร์ คณะแพทยศาสตร์ จุฬาลงกรณ์มหาวิทยาลัย
** ภาควิชาเวชศาสตร์ป้องกันและสังคม คณะแพทยศาสตร์ จุฬาลงกรณ์มหาวิทยาลัย

Relationship between interpersonal problem areas and depressive disorder in Thai depressed patients : a matched case-control study

*Peeraphon Lueboonthavatchai, M.D. * Nuntika Thavichachart, M.D., M.Sc. * Somrat Lertmaharit, M.Sc., M.Med.Stat. ***

Abstract

Background: Many previous studies showed the efficacy of interpersonal psychotherapy (IPT) on depressive disorder, but there were still limited studies on the mechanism of IPT. Moreover, interpersonal difficulties were varied due to the different socio-cultural context. Studying interpersonal difficulties of Thai depressed patients will help to understand the mechanism of interpersonal triggers of depression in Thai depressed patients and help to appropriately adapt IPT manual for use in Thai depressed patients.

Objectives: This study was aimed to identify the interpersonal problem areas related to depressive disorder in Thai depressed patients. Four interpersonal problem areas include grief, interpersonal role disputes, role transitions, and interpersonal deficits.

Material and Method: The 90 pairs (matched by gender and age) of the depressed and the non-depressed subjects, age above 18 years old, from Department of Psychiatry, King Chulalongkorn Memorial Hospital, were recruited into the study during July - December 2007. The inclusion criteria for the depressed subjects were new cases of depression (within 6 months) and scores of at least 8 points of Thai Hamilton Rating Scale for Depression (Thai HRSD); the non-depressed subjects: the scores of less than 8 points of Thai HRSD. All subjects completed two questionnaires; 1) Demographic data form, and 2) Thai Interpersonal Questionnaire. The association between interpersonal problem areas and depressive disorder were analyzed by McNemar's chi-square test. A p-value of less than 0.05 was considered statistically significant. The strength of association was reported by using odds ratio (OR) with 95% confidence interval (95% CI).

Results: Most of subjects were young and middle-aged female, living in Bangkok and central region. All four interpersonal problem areas were associated with depressive disorder ($p < 0.01$) as follows: grief: OR = 7.25 (95% CI = 2.55 - 28.38); interpersonal role disputes: OR = 4.30 (95% CI = 2.13 - 9.60); role transitions: OR = 15.00 (95% CI = 5.56 - 56.84); and interpersonal deficits: OR = 9.00 (95% CI = 3.58 - 29.05).

Conclusion: All four interpersonal problem areas (grief, interpersonal role disputes, role transitions, and interpersonal deficits) were associated with depressive disorder in Thai depressed patients. Role transitions had the strongest association to depressive disorder in this study.

Keywords: depressive disorder, interpersonal problem area, case-control study

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* Department of Psychiatry, Faculty of Medicine, Chulalongkorn University

**Department of Preventive and Social Medicine, Faculty of Medicine, Chulalongkorn University

Depressive disorder was one of the leading causes of worldwide disease burden and disabilities, accounting for 4.46% of total disability-adjusted life-years (DALYs), and for 12.1% of total years lived with disabilities (YLDs) in 2000[1]. Both major depressive disorder and dysthymic disorder are two common depressive disorders, with a lifetime prevalence of about 15% and 3 - 6% respectively[2,3]. In Thailand, the lifetime prevalence of depressive disorder is about 5.7-20.9%[4]. Depressive disorder is composed of both biological and psychosocial contributes. This leads to wide treatment modalities for patients with depressive disorders, containing biological treatment - antidepressants, electroconvulsive therapy, and psychosocial treatment - psychotherapies. One of the evidence-based psychotherapies (EBTs) that has been shown the efficacy on treatment of depression is interpersonal psychotherapy (IPT)[5-8].

Interpersonal psychotherapy (IPT), developed by Myrna M. Weissman and Gerald M. Klerman, is a short-term, structure, and focused psychotherapy[9-11]. IPT concept was derived from the interpersonal or social theory of depression, which mentioned that interpersonal or social difficulties lead to psychiatric morbidity, especially depression[12,13]. Interpersonal problem areas include 1) grief or complicated bereavement, 2) interpersonal role disputes, 3) role transitions, and 4) interpersonal deficits. Solving the patients' current interpersonal problems leads to lessening their depressive symptoms[9-11]. Although there are many clinical controlled trials showing the efficacy of IPT on major depressive disorder, dysthymic disorders, and other psychiatric disorders[7, 14-16], there are still limited studies on mechanism of IPT. Moreover, there are no any surveys on these four interpersonal problem areas related to depression until now.

Previous studies focused on the adverse life events related to depression. Adolf Meyer and Harry Stack Sullivan stated that interpersonal problems and social factors contribute to psychiatric morbidities such as depression[12,13]. Thomas Holmes and Richard Rahe reported that the death of spouse was the most severe life event. Other stressful life events include divorce, marital separation, detention in jail, death of a close family member, and major injury or illness[17]. Kenneth S. Kendler reported the stressful life events predicting the onset of major depression included death of a close relative, assault, serious marital problems, and divorce or breakup (odds ratio of more than 10)[18]. John C. Markowitz tried to study the mechanism of IPT by relating interpersonal problem improvement and patients' symptom reduction in 24 patients. The results found the correlation between solving interpersonal problems and symptom improvement[19,20]. However, the limitation of this study was the small sample size and also the methodological limitation to show the causal-effect between interpersonal problems and depressive symptoms.

Interpersonal difficulties: grief or loss, interpersonal conflicts, life transitions, and social isolation; seem to be the universal human experiences and are usually found in depressed patients. However, the quality and quantity of interpersonal problem areas and also interpersonal problem-solving strategies of people indifferent countries may differ due to different socio-cultural background. For example, the study of Helena Verdeli and Kathleen Clougherty's showed that the forth problem area, interpersonal deficits, was not

recognized as a relevant interpersonal trigger of depression in Uganda because people in Uganda were socialized in community by participation in social activities. Therefore, isolation from community was rarely found[21].

Studying interpersonal or social difficulties in Thai depressed patients will help to understand the mechanism of interpersonal triggers of depression in Thai depressed patients and help to appropriately adapt IPT manual for use in Thai depressed patients. Therefore, this study was aimed to identify the interpersonal problem areas related to depressive disorder in Thai depressed patients.

Material and Method

Ninety pairs (matched by gender and age) of the depressed and the non-depressed subjects, above 18 years old, were recruited from Department of Psychiatry, King Chulalongkorn Memorial Hospital, Bangkok during July - December 2007. The approval for the study was obtained from the Ethical Committees, the Institutional Review Board of Faculty of Medicine, Chulalongkorn University. All subjects were informed the objectives and method of the study. They volunteered to participate in the study and gave their written, informed consents. The inclusion criteria for the depressed subjects (cases) were new cases (within 6 months) of depressive disorder by Diagnostic and Statistical Manual of Mental Disorders, 4th edition, Text Revision (DSM-IV-TR) criteria[22] and scores of at least 8 points of Thai Hamilton Rating Scale for Depression (Thai HRSD)[23]. The exclusion criteria were schizophrenia and other psychotic disorders, bipolar disorders, organic mental disorders, and mental retardation. The non-depressed subjects or controls were recruited from patients' family members or caregivers who were not depressed by clinical interview and had the scores of less than 8 points of Thai HRSD. The depressed and the non-depressed subjects were individually matched (1 : 1) by the same gender and age (+/- 5 years of age). All subjects completed two self-administered questionnaires; 1) Demographic data form, and 2) Thai Interpersonal Questionnaire.

Thai HRSD is the Thai version of Hamilton Rating Scale for Depression (HAM-D), the psychiatric rating scale widely used for evaluation of depressive disorder[24], was already tested and found that it had good validity and reliability to measure the severity of depression in Thai depressed patients[23]. (Cronbach's alpha coefficient = 0.74) It is composed of 18 items and had the range of total scores from 0 to 57. The scores of 7 or under indicate an absence of depression; score of 8 to 29 represent mild to major depression; and scores of 30 or above indicate severe depression or psychotic symptoms.

Thai Interpersonal Questionnaire is the questionnaire developed for identifying interpersonal problem areas. This questionnaire was translated and adapted from the therapeutic manual, Comprehensive Guide to Interpersonal Psychotherapy[9] and also Interpersonal Questionnaire Baseline of Myrna M. Weissman and Helena Verdeli. Thai Interpersonal Questionnaire is composed of the four groups of items for identifying interpersonal

problem areas; 1) grief or complicated bereavement (scores: 0 - 12), 2) interpersonal role disputes (0 - 15), 3) role transitions (0 - 9), 4) interpersonal deficits (0 - 12). This questionnaire was already tested, and it showed good validity and reliability. (Cronbach's alpha coefficient for grief = 0.79; interpersonal role disputes = 0.96; role transitions = 0.96; and interpersonal deficits = 0.82) High score on each subscale of interpersonal problem area indicates problem in adjusting in that area. The total range of scores on each problem area was divided into 3 intervals. The scores indicating the subjects' problem areas were the scores above the second interval that were compatible with the problem areas diagnosed by the clinical interview.

The statistical analysis was performed by using STATA for windows version 8.0 software. The baseline demographic characteristics of the depressed (cases) and the non-depressed subjects (controls) were presented in number and percentage. The McNemar's chi-square test was used to test the association between interpersonal problem areas and depressive disorder. A p-value of less than 0.05 was considered statistically significant. The strength of association between interpersonal problem areas and depressive disorder was reported by using odds ratio (OR) with 95% confidence interval (95% CI).

Results

There were 90 pairs of the depressed and the non-depressed subjects in the study. The total number of subjects was 180. (Table 1) Most of them were female (142 subjects, 78.9%). Half of subjects (96 subjects, 53.3%) were in the age range of 31 - 50 years. (mean age = 39.86, SD = 13.49). One hundred and eleven subjects were couples, and lived with their spouses (61.7%), 60 (33.3%) were single, and 9 (5%) were separated, widowed, or divorced. Most of them had above secondary school education (141 subjects, 78.3%) and were employed (125 subjects, 69.4%). Nearly half of them (86 subjects, 47.8%) had an income of 10,000 baht per month or above. Most of them lived in Bangkok and central region (163 subjects, 90.6%).

The demographic characteristics, clinical and family data of the depressed and the non-depressed subjects are shown in Table 1. Each depressed subject was individually matched with a non-depressed subject by the same gender and age.

The scores on Thai HRSD and Thai Interpersonal Questionnaire are shown in Table 2. The scores of Thai HRSD which indicate the severity of depression varied from 0 - 43 (cases: 8 - 43; controls: 0 - 7). The mean Thai HRSD score of total subjects was 14.32 (cases: 25.34 $\pm$ 8.58; controls: 3.29 $\pm$ 2.67). The scores on interpersonal problem areas of total subjects were varied in the range of 0 - 10 for grief (full score = 12); 0 - 15 for interpersonal role disputes (full score = 15); 0 - 9 for role transitions (full score = 9); and 0 - 11 for interpersonal deficits (full score = 12). The scores of all interpersonal problems areas in the depressed subjects were higher than the non-depressed. (Table 2)

Table 1 Demographic characteristics of the depressed (n = 90) and the non-depressed (n = 90) subjects on matching variables: gender and age

Demographic characteristics	The depressed (n = 90) N (percent)	The non-depressed (n = 90) N (percent)	Total (n = 180) N (percent)
Gender			
Female	71 (78.9)	71 (78.9)	142 (78.9)
Male	19 (21.1)	19 (21.1)	38 (21.1)
Age			
18 - 30 years	16 (17.8)	16 (17.8)	32 (17.8)
31 - 40 years	17 (18.9)	21 (23.3)	38 (21.1)
41 - 50 years	32 (35.6)	26 (28.9)	58 (32.2)
51 - 70 years	25 (27.8)	27 (30.0)	52 (28.9)
Mean $\pm$ SD	42.7 $\pm$ 11.9	43.0 $\pm$ 12.1	42.8 $\pm$ 12.0
Min, Max	18 (66)	18 (68)	18 (68)
Marital status			
Couple	59 (65.6)	52 (57.8)	111 (61.7)
Others	31 (34.4)	38 (42.2)	69 (38.3)
Educational level			
Secondary school and lower	52 (57.8)	35 (38.9)	87 (48.3)
Bachelor's degree and higher	38 (42.2)	55 (61.1)	93 (51.7)
Occupation			
Unemployed	39 (43.3)	16 (17.8)	55 (30.6)
Employed	51 (56.7)	74 (82.2)	125 (69.4)
Incomes (baht/month)			
Lower than 10,000	56 (62.2)	38 (42.2)	94 (52.2)
10,000 and above	34 (37.8)	52 (57.8)	86 (47.8)
Residence			
Bangkok and central region	71 (78.9)	78 (86.7)	149 (82.8)
Others	19 (21.1)	12 (13.3)	31 (17.2)

Table 2 Scores on Thai HRSD and Thai Interpersonal Questionnaire of the depressed (n = 90) and the non-depressed (n = 90) subjects

Scores	The depressed (n = 90) Mean, SD	The non-depressed (n = 90) Mean, SD	Total (n = 180) Mean, SD
Thai HRSD (0 - 52)	25.34, 8.58	3.29, 2.67	14.32, 12.75
(Min, Max)	(8, 43)	(0, 7)	(0, 43)
Thai Interpersonal Questionnaire			
Grief (0 - 12)	2.87, 3.61	0.88, 1.53	1.87, 2.93
(Min, Max)	(0, 10)	(0, 6)	(0, 10)
Interpersonal role disputes			
(0 - 15)	7.61, 4.80	3.42, 4.14	5.52, 4.94
(Min, Max)	(0, 15)	(0, 14)	(0, 15)
Role transitions (0 - 9)	4.56, 3.19	0.54, 1.40	2.56, 3.18
(Min, Max)	(0, 9)	(0, 7)	(0, 9)
Interpersonal deficits (0 - 12)	4.20, 3.01	1.56, 1.97	2.68, 2.96
(Min, Max)	(0, 11)	(0, 7)	(0, 11)

The relationship between interpersonal problem areas and depressive disorder in the depressed and the non-depressed subjects on matching variables: gender and age is shown in Table 3. All interpersonal problem areas were associated with depressive disorder. ($p < 0.01$) The strength of association was shown in odds ratio (OR) with 95% CI in Table 3. (grief: OR 7.25, $p < 0.01$; interpersonal role disputes: OR 4.30, $p < 0.01$; role transitions: OR 15.00, $p < 0.01$; and interpersonal deficits: OR 9.00, $p < 0.01$) In the problem area of role transitions, the common life changes that the subjects reported included separation and divorce, a move, job loss, health problems or physical illness, and financial problems.

Discussion

From the demographic characteristics, most of subjects were female and were young adults and the middle age. They were educated and employed. Most of them lived in Bangkok and central region.

Regarding interpersonal problem areas associated with depressive disorder, the results showed that all four interpersonal problem areas: grief, interpersonal role disputes, role transitions, and interpersonal deficits, were associated with depressive disorder in Thai depressed patients ($p < 0.01$). Role transitions seem to have the highest strength of association among other problem areas (OR = 15.00, 95% CI = 5.56 - 56.84). The finding may relate to the age group of the subjects

Table 3 Relationship between interpersonal problem areas and depressive disorder in the depressed and the non-depressed on matching variables: gender and age

Interpersonal problem areas	Number of pairs (n = 90)			Odds ratio (OR)	95% CI of OR	McNemar's X^2	p-value
Grief	The non-depressed						
The depressed	Exposed	Unexposed	Total	7.25	2.55 - 28.38	18.94	< 0.0001**
Exposed	7	29	36				
Unexposed	4	50	54				
Total	11	79	90				
Interpersonal role disputes	The non-depressed			4.30	2.13 - 9.60	20.55	< 0.0001**
The depressed	Exposed	Unexposed	Total				
Exposed	24	43	67				
Unexposed	10	13	23				
Total	34	56	90				
Role transitions				15.00	5.56 - 56.84	49.00	< 0.0001**
The depressed	The non-depressed						
	Exposed	Unexposed	Total				
Exposed	2	60	62				
Unexposed	4	24	28				
Total	6	84	90				
Interpersonal deficits	The non-depressed						
The depressed	Exposed	Unexposed	Total	9.00	3.58 - 29.05	32.00	< 0.0001**
Exposed	12	45	57				
Unexposed	5	28	33				
Total	17	73	90				

**p-value < 0.01

in this study. Most of subjects were young adults and the middle age. There are many issues on role transitions in young adults and the middle age, both developmental and situational issues. The developmental issues include occupation, marriage, and parenthood[25]. The situational issues include occupational status change or advancement, beginning or ending of the relationship, separation and divorce, a move, job loss, retirement, health problems or physical illness, and financial problems[25]. Many subjects reported unsatisfactory experiences and difficulties to adjust to the significant life changes such as separation and divorce, job loss,

physical illness, and financial problems. They usually were used to their old roles and felt uncomfortable with their new roles. Loss of social support from the old role, experiencing new environment, and fear of lacking skills in new roles made the person perceived the new role as overwhelming, anxiety-provoking, and difficult to adjust[10]. From previous study, 17% of men and 11% of women reported their life after retirement as unsatisfactory[26]. Besides losing salaries, they may perceive the loss of their social status, their self-confidence, and the social support from their workplaces[25,26].

Grief or complicated bereavement, especially spousal bereavement, is the most stressful life event predicting depression[17]. From the present study, grief was found as an interpersonal problem areas related to depression, but this problem area did not show the highest strength of association among other problem areas (OR = 7.25, 95% CI = 2.55 - 28.38). This may be explained that the subjects were young adults and the middle age while spousal bereavement usually found in the middle age to the elderly. From previous study, annually in the US approximately 800,000 people were newly widowed[27]. At the age of 65, 51% of all women and 14% of all men were widowed at least one time and experienced spousal bereavement[27]. Depressive disorder was found in 24 - 42% of the bereaved at 1 month, decreasing to 16% at 1 year, but was found in only 4% of the non-bereaved[28-31].

Interpersonal role disputes is the interpersonal problem areas associated with depressive disorder in this study (OR = 4.30, 95%CI = 2.13 - 9.60). Interpersonal role disputes include arguments or disagreements with a spouse (marital conflicts), other family member, boss, colleague or co-worker, or a close friend[9-11]. Interpersonal disputes are a part of all human relationships. Interpersonal disputes will turn to be a problem when they can not be resolved or remain chronic[10]. These will make the person feel frustrated, annoyed, angry, or suffered. Some qualitative data from the study showed that many subjects with interpersonal role disputes reported maladaptive communication patterns such as ambiguous or indirect verbal and nonverbal communication, low assertiveness, incorrect assumption that others understood their opinions or their needs, or closing off communication or being silence. From the previous studies, the depressed patients had more problematic interpersonal relationships than the non-depressed individuals such as marital dissatisfaction, marital instability, spouse coercion, physical injury, relationship problems with their child, family, and friends[32-35]. About the quality of interaction, the depressed individuals had significantly fewer positive interactions and more negative interactions with their spouses or partners than those with the non-depressed ones[36].

Interpersonal deficits are also found as the interpersonal problem area related to depressive disorder (OR = 9.00, 95% CI = 3.58 - 29.05). Interpersonal deficits include lack of interpersonal or social skills and lack of social support[9,10,11]. Some indicators for interpersonal deficits include limited friends or family contact, lack of socially rewarded relationship, and repeated relationship failures[10]. Persons with interpersonal deficits usually found difficulties in life adjustment when experiencing the interpersonal crises such as grief or loss, or role transitions because they have difficulties to develop social connection with

others, or new social relationships after loss or life changes[10].

In summary, all four interpersonal problem areas were found to be associated with depressive disorder in Thai depressed patients. Helping depressed patients by therapeutic methods of IPT: resolving grief or interpersonal disputes, helping to adjust to the new role, and enhancing interpersonal or social skills, will help persons overcome interpersonal crisis and lead to reduction of depressive symptoms.

This study tried to reduce confounding factors by matching the gender and age and also using the same-based controls from the hospital. However, the findings should be interpreted in the context of young adults and middle-age depressed patients in clinical setting. The context of clinical setting and age range of subjects may have influence on interpersonal problem areas that they experienced.

Conclusion

All four interpersonal problem areas (grief, interpersonal role disputes, role transitions, and interpersonal deficits) were associated with depressive disorder in Thai depressed patients. Role transitions had the strongest association to depressive disorder in this study. Helping depressed patients by therapeutic methods of IPT: resolving grief or interpersonal disputes, helping to adjust to the new role, and enhancing interpersonal or social skills, will help persons overcome interpersonal crisis and lead to reduction of depressive symptoms.

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