

Late Life Mood Disorders: A Multi-Site Registry Project

The Geriatric Mood Disorders Task Group

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BACKGROUND

- Many studies of late life depression and bipolar disorder are limited by small, demographically homogenous sample sizes, reducing the ability to generalize findings to a broader population of older adults experiencing mood disorders.
- Multi-site studies can overcome some of the limitations inherent in single-site designs, by including larger sample sizes and increased participant diversity.

AIMS

- Ongoing data deposits to a multi-site data registry that capitalizes upon overlapping measures used in studies of healthy older people and those with depression and bipolar Disorder.
- Generation of a manuscript to a journal that reports on findings resulting from this project and demonstrates the ability of the investigative team to work collaboratively.
- Submission of a multi-site grant proposal on the topic of transdiagnostic phenotypes in late life mood disorders, for which these data will serve as preliminary results.

METHODS

- The database includes data collected by investigators at the following institutions
 - Harvard-McLean
 - University of Illinois at Chicago
 - University of Michigan
 - University of Utah
 - Stony Brook University
- The data set currently includes demographic and clinical information, symptom severity rating scales, and neuropsychological tests. We intend to add blood-based biomarker and neuroimaging data
- 206: Major Depressive Disorder, 238: Bipolar Disorder, 243: Healthy Controls (aged 55-89).
- Investigators from NNDC sites can submit a Data Access Application to request data for subsequent analyses.

PROJECT 1

- Apathy is a neurobehavioral syndrome characterized by reduced motivation for self-initiated goal-directed behaviors, and blunted affect.
- Apathy can be a symptom of mood disorders and that apathy has been associated with neurodegenerative diseases.

- We investigated the frequency of apathy (defined as a score ≥ 2 of item # 8 of the MADRS) and its associations with processing speed and executive functioning (Trail Making Test, Stroop Task) across mood disorders as a preliminary analysis in a subset of participants, using independent samples t-tests.
- The frequency of apathy is high, but performances were not different between groups with high versus low levels of apathy (all ps > .05). Analyses will be repeated using the entire sample and additional cognitive measures.

Whole sample	Control	MDD	BD
N= 108	24	48	36
Sex M/F 50/58	13/11	17/31	20/16
Age 68.82±7.88	65.92±8.94	70.31±7.40	68.78±7.42
Apathy = 35	0	21 (43.75%)	14 (38.8%)

CONCLUSIONS

- We anticipate using the database to apply for a multi-site study proposing to investigate neuropsychiatric symptoms and behaviors and their underlying neurobiology from a trans-diagnostic perspective in late life mood disorders.

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