

McLean HOSPITAL Somatic Symptoms and Stress-Induced Cortisol Response in Current and Past Major Depressive Disorder

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Introduction

- Previous studies in major depressive disorder (MDD) suggest that males show greater cortisol increases to acute stress compared to females, who tend to show a more blunted response.¹
- Somatic symptoms, such as headaches and muscle aches, often occur in those with MDD, as well as in response to stress.²
- Few studies have explored whether cortisol responses to stress and somatic symptoms are related.
- In the present exploratory analyses, we investigate the relation between cortisol response to acute stress and somatic symptoms in a group of young adults with current or remitted MDD, as well as healthy controls.

Methods

- Somatic symptoms were assessed using the Mood and Anxiety Symptoms Questionnaire (MASQ).³ We formed a new subscale consisting of 18 MASQ questions focused only on somatic symptoms (Cronbach's α = 0.92; e.g., racing heartbeat, gastrointestinal upset).
- Serum cortisol levels were collected across six time-points before and after exposure to a stressor combining the Maastricht Acute Stress Test (MAST) and Montreal Imaging Stress Task (MIST).
- Area under the curve with respect to ground (AUCq) and increase (AUCi) were calculated for each participant's cortisol levels across the session. AUCg represents the magnitude of the cortisol response, and AUCi represents the change in cortisol from time-point 1.
- The MAST/MIST combined stressor requires the participant to do mental math under social evaluation while placing his/her hand in ice water.^{4,5}

Results

- The mean score on the Somatic Subscale across all participants was 22.28 (SD = 8.00).
- Linear regression models of increasing complexity were compared to determine the model of best fit. The linear regression models that included somatic symptoms and group were not significantly better than the models that only included somatic symptoms (ps > 0.13).
- Somatic symptom scores significantly predicted AUCg in a simple linear regression, F(1, 65) = 7.95, p = 0.006, adjusted $R^2 = 0.095$. Greater somatic symptoms predicted lower AUCg values, b = -14.49, 95% CI [-24.76, -4.23], p = 0.006. Group, sex, and age were not significant predictors (ps > 0.36).
- For AUCi, neither somatic symptoms, group, nor age were significant predictors (ps > 0.225). However, women showed a lower AUCi than men, t(65) = 2.02, p =0.047.



Figure 2. Changes in mean serum cortisol by sex over six time points. The AUCi of females was significantly lower than the AUCi of males, indicating that females (p = 0.497).

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Table 1. Demographics of Participants			$63 - 57 \times 1$ $GABA MRS scan$
Group	Male	Female	enters scanner
Healthy Controls	N =21; M age = 21.2 ; SD = 2.3	N =15; M age = 21.3; SD = 2.6	Negative verbal feedback (1) Negative verbal feedback (1)
MDD	N =3; M age = 19.0 ; SD = 1.0	N =14; M age = 20.7 ; SD = 1.8	
rMDD	N =5; M age = 23.0 ; SD = 2.1	N =9; M age = 21.6 ; SD = 1.9	
Demographics of Sample: $N = 67$ participants; 38 female, <i>M</i> age = 21.3 years. <i>SD</i> = 2.2			WRONG I 9 WRONG I 9 3 4 7 5 5 5 5 5 5 5 5 5 5 5 5 5
,,			Figure 1. Overview of the MAST/MIST combined stressor.

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Linear Regression of Somatic Score versus AUCg



Figure 3. The linear regression showed that somatic symptoms significantly predict AUCg (p = 0.006).

Discussion

- Higher scores on the somatic symptom scale predicted lower overall cortisol response to stress, independent of depression history, age, and sex. This suggests that the presence and/or severity of somatic symptoms may be related to hormonal stress response and dysregulation in the HPA axis.
- Since somatic symptoms significantly predicted AUCq but not AUCi, this suggests that there is a relationship between somatic symptoms and the total magnitude of cortisol produced in response to stress, but not the change in cortisol from baseline.
- Consistent with past research, women showed a blunted response to stress as compared to men, as reflected by a lower AUCi. However, future studies should seek to replicate this finding.
- Limitations include the small number of males in the MDD and rMDD group, as well as reduced variability in somatic symptom endorsement.
- Future work should clarify the relationship between somatic symptoms, depression, and cortisol stress response by utilizing an explicit report of stress or a dimensional approach to depressive symptoms.

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