

Cognitive Impairment in Major Depressive Disorder

Clinical Relevance, Biological Substrates, and Treatment Opportunities





Cognitive Impairment in Major Depressive Disorder

Clinical Relevance, Biological Substrates, and Treatment Opportunities

Edited by

Roger S. McIntyre, MD, FRCPC

Roger S. McIntyre is Professor of Psychiatry and Pharmacology, University of Toronto, Executive Director of the Brain and Cognition Discovery Foundation (BCDF), and Head of the Mood Disorders Psychopharmacology Unit, University Health Network, Toronto, ON, Canada. Dr. McIntyre has been named by Thomson Reuters as one of the World's Most Influential Scientific Minds.

Associate Editor

Danielle S. Cha, HBSc, MSc Candidate

Researcher at the Institute of Medical Science, University of Toronto, and the Mood Disorders Psychopharmacology Unit, University Health Network, Toronto, ON, Canada





CAMBRIDGE UNIVERSITY PRESS

University Printing House, Cambridge CB2 8BS, United Kingdom

Cambridge University Press is part of the University of Cambridge.

It furthers the University's mission by disseminating knowledge in the pursuit of education, learning, and research at the highest international levels of excellence.

www.cambridge.org

Information on this title: www.cambridge.org/9781107074583

Cognitive Impairment in Major Depressive Disorder, ed. Roger S. McIntyre. Published by Cambridge University Press.

© Cambridge University Press 2016

This publication is in copyright. Subject to statutory exception and to the provisions of relevant collective licensing agreements, no reproduction of any part may take place without the written permission of Cambridge University Press.

First published 2016

Printed in United Kingdom by Clays, St Ives plc

A catalogue record for this publication is available from the British Library

Library of Congress Cataloguing-in-Publication data

 $Cognitive\ impairment\ in\ major\ depressive\ disorder: clinical\ relevance,\ biological\ substrates,\ and\ treatment\ opportunities\ /\ edited\ by\ Roger\ S.\ McIntyre\ ;\ associate\ editor,\ Danielle\ S.\ Cha.$

p.; cm.Includes bibliographical references and index.

Summary: "Major depressive disorder (MDD) is a leading cause of disability globally in both developed and developing nations. The staggering economic costs attributable to MDD are largely a consequence of impairment in role function. Evidence indicates that disturbance in the domain of cognitive function in individuals with MDD is the principal determinant of health outcome. This is the first book to comprehensively explore the domain of cognition in MDD. The literature describing cognitive dysfunction is reviewed with particular focus on clinical determinants, pathophysiology, and causative factors. The patient subpopulations most susceptible are defined. A summary of contemporary assessment tools for research and clinical purposes is provided. Multimodality treatments and prevention strategies are described. This book is an invaluable resource for psychiatrists, neuropsychologists and other members of the mental health team, as well as for policy makers, vocation rehabilitation experts, disability providers, and other stakeholders interested in improving health outcomes in MDD"—Provided by publisher.

ISBN 978-1-107-07458-3 (hardback)

I. McIntyre, Roger S., editor. II. Cha, Danielle S., editor.

[DNLM: 1. Cognition Disorders—etiology. 2. Depressive Disorder, Major—complications. 3. Cognition Disorders—physiopathology. 4. Cognition Disorders—therapy. WM 204] RC537

616.85'270651—dc23

2015016410

ISBN 978-1-107-07458-3 Hardback

Cambridge University Press has no responsibility for the persistence or accuracy of URLs for external or thirdparty internet websites referred to in this publication, and does not guarantee that any content on such websites is, or will remain, accurate or appropriate.

Every effort has been made in preparing this book to provide accurate and up-to-date information which is in accord with accepted standards and practice at the time of publication. Although case histories are drawn from actual cases, every effort has been made to disguise the identities of the individuals involved. Nevertheless, the authors, editors, and publishers can make no warranties that the information contained herein is totally free from error, not least because clinical standards are constantly changing through research and regulation. The authors, editors, and publishers therefore disclaim all liability for direct or consequential damages resulting from the use of material contained in this book. Readers are strongly advised to pay careful attention to information provided by the manufacturer of any drugs or equipment that they plan to use.



Contents

List of figures vii
List of tables ix
List of contributors xi
Preface xv
List of abbreviations xvii

Part I — Clinical relevance of cognitive dysfunction in major depressive disorder

- Does cognitive dysfunction predate the onset of incident depression? 1
 Julia Buthmann, Danielle S. Cha, and Roger S. McIntyre
- 2 Understanding the importance of cognitive dysfunction and cognitive change in major depressive disorder 15
 Paul Maruff and Judith Jaeger
- 3 Cognition in MDD: implications for primary care 30Larry Culpepper
- 4 Neurocognition in pediatric depression 47
 Dwight F. Newton, Melanie R. Naiberg, and Benjamin I. Goldstein
- Neuroanatomy of cognition in major depressive disorder 60 Guy M. Goodwin
- Hot and cold cognition in major depressive disorder 69
 Oliver J. Robinson, Jonathan P. Roiser, and Barbara J. Sahakian

- Social cognition and emotional processing in major depressive disorder 81
 Philippe Fossati and Sophie Hinfray
- The role of social cognition in major depressive disorder 92
 Bernhard T. Baune and Michael Weightman
- 9 Are cognitive deficits in major depressive disorder progressive? 110 Marie Laure Cléry-Melin and Philip Gorwood
- Implications of cognitive impairments on functional outcomes in major depressive disorder 125
 Tracy L. Greer and Cassandra R. Hatt
 - Part II Underlying biological substrates associated with cognitive dysfunction in major depressive disorder
- 11 Cognition and biomarkers in major depressive disorder: endophenotype or epiphenomenon? 145 Shane J. McInerney, Philip Gorwood, and Sidney H. Kennedy

V



vi Contents

- 12 Inflammation and cognition in major depressive disorder 160 Bernhard T. Baune
- HPA axis and cognitive dysfunction in mood disorders 179
 Rebecca Strawbridge and Allan H. Young
- 14 White matter neurobiology and cognitive dysfunction in major depressive disorder 194 Geoffrey Chern-Yee Tan and Kang Sim
- 15 Insulin resistance and implications for hippocampal volume/function and the default mode network 209 Heather A. Kenna, Tonita E. Wroolie, Danielle R. Balzafiore, and Natalie L. Rasgon

Part III — Evaluating cognitive dysfunction in major depressive disorder

- 16 Measuring the mind: detecting cognitive deficits and measuring cognitive change in patients with depression 229
 John E. Harrison
- Subjective measures of cognitive dysfunction in major depressive disorder 242
 Raymond W. Lam

Part IV — Treatment opportunities for ameliorating cognitive dysfunction in major depressive disorder

- Neuroscience of functional outcomes and treatment targets in major depressive disorder 257
 Lisanne M. Jenkins, Amy Peters, Rachel H. Jacobs, and Scott A. Langenecker
- 19 Treatment of cognitive dysfunction in adults with major depressive disorder 274 Roger S. McIntyre, Kahlood Syeda, and Danielle S. Cha
- 20 A novel treatment targeting cognitive dysfunction in mood disorders 289 Kamilla W. Miskowiak
- Cognitive remediation for major depressive disorder 306
 Christopher R. Bowie
- 22 **Exercise and cognition** 321 Guy Faulkner, Markus J. Duncan, and Mehala Subramaniapillai

Index 339 Color plate section between pp. 233 and 234



Figures

- 1.1 The impact of hot and cold cognitive processes on depressive symptoms. 7
- 2.1 Comparison of the magnitude of impairment in psychomotor function, attention, working memory, and learning in patient groups with Alzheimer's disease, chronic schizophrenia, and major depressive disorder. 17
- 2.2 Proportion of the sample in three studies, Alzheimer's disease, chronic schizophrenia, and major depressive disorder, who reported that they were in full- or part-time employment or education. 18
- 2.3 Comparison of the magnitude of impairment in psychomotor function, attention, working memory, and learning in patient groups with major depressive disorder and in healthy adults who had low-level alcohol intoxication (blood alcohol concentration = 0.05%) or who had been awake for 24 hours. 19
- 2.4 Magnitude of impairment in psychomotor function, attention, working memory, and learning in an employed group of people with major depressive disorder. 22
- 6.1 The impact of depression on cold cognitive function. Reproduced with permission from Rock et al. (2014). 71
- 6.2 A neurocognitive model of depression. Reproduced with permission from Roiser et al. (2012). 73
- 7.1 SENSO framework showing biological, cognitive, neural, and behavioral responses following social rejection or threat of rejection. 87
- 11.1 Neuropsychological model of depression. Adapted from Roiser et al. (2013), with permission. 150
- 12.1 A phase-specific neuroimmune model of clinical depression with remission. 163
- 12.2 A phase-specific neuroimmune model of clinical depression: chronic major depressive episode with progressive depressive features and cognitive dysfunction. 164
- 12.3 Immune dysfunction impacts on emotion deregulation and cognitive dysfunction in MDD. 170
- 13.1 A simplified diagram depicting the HPA axis and its feedback mechanism. 180
- 15.1 Scatterplot between HOMA-IR and right hippocampal volume corrected for total brain volume. 217
- 15.2 Scatterplot between HOMA-IR and MMSE (Rasgon et al., 2011). 218

vii



978-1-107-07458-3 - Cognitive Impairment in Major Depressive Disorder: Clinical Relevance, Biological Substrates and Treatment Opportunities

Edited by Roger S. McIntyre

Frontmatter

More information

viii List of figures

- 15.3 Functional connectivity maps for the higher insulin and lower insulin contrast groups.
 (A) Brain regions that showed positive association with seed regions' time series. (B)
 Between-group differences in functional connectivity. 219
- 15.4 Functional connectivity maps for the higher insulin and lower insulin groups. Brain regions that displayed positive associations with seed regions' time series. 220
- 16.1 Cognitive tests and their associated domains identified by Lee et al. (2012). 234
- 16.2 Possible grouping of endpoints employed in the FOCUS study by cognitive domain. 238
- 17.1 Percentage of subjects with clinically significant cognitive complaints based on the BC-CCI. Adapted from Iverson & Lam (2013). 243
- 17.2 Functional impairment (as measured by SDS and WPAI scores) increases with greater self-perceived cognitive dysfunction (as measured by PDQ-D-5 Severity Category). Adapted from Saragoussi et al. (2013). 243
- 17.3 Percentage of subjects in each severity category on the BC-CCI. Adapted from Iverson & Lam (2013). 247
- 17.4 Mean change from baseline to week 8 in PDQ total score and PDQ subscale scores. Adapted from McIntyre et al. (2014). 249
- 19.1 Standardized effect size (Cohen's d) of Vortioxetine (10 mg and 20 mg) on objective neuropsychological measures (McIntyre et al., 2014). 278
- 20.1 (a): The percentage improvement from individual baseline in a memory composite score. (b): The percentage improvement from individual baseline in the cognition composite score of overall speed of complex cognitive processing score. 301
- 20.2 Schematic overview of the three lines of research that together point to erythropoietin (EPO) as a novel candidate compound to target persistent cognitive dysfunction in mood disorder. 302
- 21.1 Number of minutes of online homework on a computerized cognitive training program, as a function of treatment response status (defined as magnitude of change in cognitive ability). 313
- 21.2 A simplistic model of how using cognitive training exercises might lead to changes in brain function, ultimately manifesting in adaptive everyday behavior changes. 314
- 21.3 A model of cognitive remediation as a psychotherapy that represents the three main pillars of therapist-guided intervention. 314
- 21.4 An illustration of how tangible, action-based activities can be used to foster transfer of cognitive skills from computer-based training to everyday functional tasks. 315
- 21.5 The model of psychotherapy known as Action-Based Cognitive Remediation. 317



Tables

- A1.1 Summary of research findings supporting cognitive deficits acting as an antecedent to the development of depression. 8
- 2.1 Impairment in work performance in patients with MDD with cognitive dysfunction who were employed or in school at the time of assessment. 21
- 3.1 Questions on commonly used depression assessment tools that might indicate hot and cold cognitive problems in patients with depression. 33
- 3.2 Tests for objective assessment of cognitive functions. 36
- 3.3 Potential impact of hot and cold cognitive deficits on patients' roles as patient. 42
- 4.1 Summary of studies regarding cognition among adolescents with major depressive disorder. 49
- 8.1 Case-control studies investigating differences in social cognitive performance between patients with major depressive disorder and controls. 96
- 8.2 Case-control studies investigating social cognitive performance in remitted major depressive disorder. 101
- 8.3 Association between severity of depressive symptoms and social cognitive performance. 103
- 9.1 Overview of longitudinal studies on the burden of MDD on cognitive functions. 114
- 10.1 Overview of studies measuring both functional and cognitive outcomes in major depressive disorder. 129
- 11.1 Cognitive deficits in different phases of MDD. 147
- 13.1 Main findings comparing cognition, mood disorder, and HPA-axis measurement. 186
- 17.1 Subjective cognitive scales that are psychometrically validated in major depressive disorder. 246
- 19.1 Method factors to determine direct effect of cognition in adults with MDD. 282
- 19.2 Treatments with demonstrated direct effect on disparate measures of cognitive function in individuals with MDD. 284
- 19.3 Treatments with possible, yet unproven, direct effects on disparate measures of cognitive function in younger individuals with MDD. 286

iх



x List of tables

- 20.1 Animal studies of the effects of systemically administered erythropoietin on depression-relevant cognitive function. 292
- 20.2 Randomized controlled proof-of-concept studies of the effects of single erythropoietin administration on hippocampus-dependent memory, executive function, and emotional processing in healthy individuals. 295
- 20.3 Randomized controlled proof-of-concept studies of the effects of single erythropoietin administration on hippocampus-related memory and emotional processing in depressed patients. 298
- 20.4 Randomized controlled trials of long-term erythropoietin treatment in patients with different neuropsychiatric disorders. 300



Contributors

Danielle R. Balzafiore

Adjunct Professor, Palo Alto University, Palo Alto, CA, USA

Bernhard T. Baune

Professor and Chair of Psychiatry, University of Adelaide, Adelaide, Australia

Christopher R. Bowie

Department of Psychology, Department of Psychiatry, and Centre for Neuroscience Studies, Queen's University, Kingston, Ontario, Canada and Centre for Addiction and Mental Health, Toronto, ON, Canada

Julia Buthmann

Mood Disorders Psychopharmacology Unit, University Health Network, Toronto, ON, Canada

Danielle S. Cha

Mood Disorders Psychopharmacology Unit, University Health Network, Institute of Medical Science, University of Toronto, Toronto, Canada

Marie Laure Cléry-Melin

Centre Hospitalier Sainte-Anne (CMME), Paris Descartes University, Paris, France

Larry Culpepper

Professor of Family Medicine, Boston University School of Medicine, and Attending Physician, Boston Medical Center, Boston MA, USA

Markus J. Duncan

Faculty of Kinesiology and Physical Education, University of Toronto, Toronto, ON, Canada

Guy Faulkner

School of Kinesiology, University of British Columbia, Vancouver, BC, Canada

Philippe Fossati

Professor of Psychiatry, Institut du Cerveau et de la Moelle (ICM), Social and Affective Neuroscience Laboratory, Pitié-Salpêtrière Hospital, Department of Psychiatry, APHP, Université Paris 6, Paris, France

Benjamin I. Goldstein

Associate Professor of Psychiatry and Pharmacology, University of Toronto, Toronto, ON, Canada

Director, Centre for Youth Bipolar Disorder, Sunnybrook Health Sciences Centre, Toronto, ON, Canada

Guy M. Goodwin

Department of Psychiatry, Warneford Hospital, University of Oxford, Oxford, UK

Philip Gorwood

Centre of Psychiatry and Neuroscience (Paris Descartes University), Centre Hospitalier Sainte-Anne (CMME), Paris, France

Tracy L. Greer

Associate Professor of Psychiatry, University of Texas Southwestern Medical Center, Dallas, TX, USA

John E. Harrison

Principal Consultant, Metis Cognition Ltd., Warminster, UK

Associate Professor, Alzheimer Center, VU Medical Center, Amsterdam, the Netherlands

χi

xii

List of contributors

Cassandra R. Hatt

University of Texas Southwestern Medical Center, Dallas, TX, USA

Sophie Hinfray

Institut du Cerveau et de la Moelle, Social and Affective Neuroscience Laboratory, Pitié-Salpêtrière Hospital, Department of Psychiatry, Paris, France

Rachel H. Jacobs

Research Assistant Professor, Department of Psychiatry, University of Illinois at Chicago, Chicago, IL, USA

Judith Jaeger

Clinical Professor of Psychiatry and Behavioral Sciences, Albert Einstein College of Medicine, Bronx, New York, USA

Lisanne M. Jenkins

Postdoctoral Research Associate, Department of Psychiatry, University of Illinois at Chicago, Chicago, IL, USA

Heather A. Kenna

Department of Psychiatry and Behavioral Sciences, Stanford, CA, USA

Sidney H. Kennedy

Department of Psychiatry, University of Toronto, University Health Network, Toronto, ON, Canada Arthur Sommer-Rotenberg Chair in Suicide Studies, St Michael's Hospital, Toronto, ON, Canada

Raymond W. Lam

Professor and Associate Head for Research, Department of Psychiatry, University of British Columbia, Vancouver, BC, Canada; Medical Director, Mood Disorders Centre, Djavad Mowafaghian Centre for Brain Health, Vancouver, BC, Canada

Scott A. Langenecker

Associate Professor of Psychiatry and Psychology, University of Illinois at Chicago, Chicago, IL, USA

Paul Maruff

Florey Institute for Neuroscience and Mental Health, University of Melbourne, Parkville, Australia

Shane J. McInerney

University Health Network, University of Toronto, Toronto, ON, Canada

Roger S. McIntyre

Professor of Psychiatry and Pharmacology, the University of Toronto;

Executive Director of the Brain and Cognition Discovery Foundation, Head of the Mood Disorders Psychopharmacology Unit, University Health Network, Toronto, ON, Canada

Kamilla W. Miskowiak

Psychiatric Centre Copenhagen, Copenhagen University Hospital, Rigshospitalet, Copenhagen, Denmark

Melanie R. Naiberg

Sunnybrook Health Sciences Centre, Toronto, ON, Canada

Dwight F. Newton

Sunnybrook Health Sciences Centre, University of Toronto, Toronto, ON, Canada

Amy Peters

Department of Psychiatry, College of Medicine, University of Illinois at Chicago, Chicago, IL, USA

Natalie L. Rasgon

Professor of Psychiatry and Behavioral Sciences, Stanford University Medical Center, Stanford, CA, USA

Oliver J. Robinson

Institute of Cognitive Neuroscience, University College London, London, UK

Jonathan P. Roiser

Institute of Cognitive Neuroscience, University College London, London, UK

Barbara J. Sahakian

Department of Psychiatry, MRC/ Wellcome Trust Behavioural and Clinical Neuroscience Institute, University of Cambridge, Cambridge, UK



List of contributors

xiii

Kang Sim

Department of General Psychiatry, Research Division, Institute of Mental Health, Singapore

Yong Loo Lin School of Medicine, National University of Singapore, Singapore

Rebecca Strawbridge

Centre of Affective Disorders, Department of Psychological Medicine, Institute of Psychiatry, King's College London, London, UK

Mehala Subramaniapillai

Faculty of Kinesiology and Physical Education, University of Toronto, Toronto, ON, Canada

Kahlood Syeda

Mood Disorders Psychopharmacology Unit, University Health Network, Toronto, ON, Canada

Geoffrey Chern-Yee Tan

Institute of Mental Health, National Healthcare Group, Agency for Science, Technology and Research, Singapore

Michael Weightman

Discipline of Psychiatry, School of Medicine, University of Adelaide, Adelaide, Australia

Tonita E. Wroolie

Clinical Assistant Professor, Psychiatry and Behavioral Sciences, Stanford School of Medicine, Stanford, CA, USA

Allan H. Young

Centre of Affective Disorders, Department of Psychological Medicine, Institute of Psychiatry, King's College London, London, UK





Preface

The global economic topography has witnessed a tectonic plate shift toward the "human capital economy." The skillsets required to be an effective participant in the global workforce were previously described as "simple" and "manual," but today are characterized as "complex" and "cognitive." An observation, aligned with the conceptual macroeconomic framework of the Solow–Swan effect, was that the troika of technological advance, productivity, and workplace opportunity are positively correlated. The digital revolution, however, represents an exception to the foregoing correlation insofar as the unprecedented technological capability for automation, lean manufacturing, and efficiency has increased productivity (in some sectors), yet has decreased workplace opportunities.

Economists often refer to the "polarization" of the workforce, referring to the significant reduction of "midlevel" positions and instead a disproportion of job availability for those at the entry level, often low skill and low paying positions, or high skillset positions requiring significant education attainment. The emphasis on the STEMs (Science, Technology, Engineering, and Math) as an asset to increase the probability of entering into higher paying jobs instantiates the relevance of cognitive capability in the global economy. "Cost of illness" and "workplace depression" studies consistently identify depressive disorders as a leading cause of cost and disability globally. Symptom structure analyses indicate that residual cognitive problems are identified by patients as a principal quality of life detractor and barrier to full functional recovery.

It has been recognized for a long time that cognitive dysfunction is an intrinsic aspect of depressive disorders. Notwithstanding, cognitive function in depressive disorders has received relatively less attention than other common and/or severe brain disorders across the developmental trajectory (e.g. bipolar disorder, schizophrenia, autism, dementing disorders). A highly reproducible finding has been that a substantial proportion of adults with depressive disorders have clinically significant deficits across disparate cognitive functions during and between acute episodes. The pertinence of cognitive dysfunction in depression is underscored by the observation that cognitive dysfunction is a critical mediator of adverse psychosocial outcomes as well as work-related disability. For the past several decades, remission of symptoms has been emphasized as the desired therapeutic objective in depressive disorders. Notwithstanding, most individuals with depressive disorders in remission continue to evince prominent psychosocial difficulties. The disconnection between conventional mood symptoms and functional outcome provided the impetus for identifying proximate mediators of functional outcome. Depressive disorders, like most brain disorders, are impairing largely due to the pervasiveness and persistence of cognitive deficits.

The moniker, "Systemically Important Financial Institutions" (SIFIs), a key output of the Dodd-Frank Act (2010), refers to financial organizations that are so critical to the global economic infrastructure that their demise would have catastrophic economic effects globally. Cognition in depressive disorders can also be conceptualized as a SIFI: a "Systemically Important Functional Index." In other words, cognitive function amongst individuals with depressive disorders is "Too Big to Fail" given its centrality to human positive mental health, day-to-day function, and the human capital economy.

X۷



xvi Preface

This textbook contains contributions from global experts in psychiatry, psychology, primary care, psychometrics, neuroscience, and healthcare policy. The overarching aims of this textbook are: to increase awareness of cognitive dysfunction in major depression; to underscore its impact from clinical and population health perspectives; to review the underlying pathoetiological substrates as well as moderational influences; and to provide practical approaches to assessment, measurement, treatment, and prevention. Across many chronic diseases (e.g. heart disease, diabetes mellitus), optimal health outcomes are achieved by identifying proximate determinants of health outcomes. The evidence indicates that in depressive disorders (as well as most other brain disorders), cognitive function is the critical determinant of health outcome.

It is my hope that this book serves not only as an encyclopedic repository of information but also provides a comprehensive survey of the "cognitive landscape" capturing both the surreal advances that have been made in the field as well as directions for future research. I thank all of the contributors for their enormous effort and commitment to this field. In addition, I want to particularly thank the patients and families I've had the privilege to meet throughout my career who have inspired me and have always reminded me that Osler was correct when he stated, "Listen to your patient, he is telling you the diagnosis."

Dr. Roger S. McIntyre



Abbreviations

3HK: 3-hydroxykynurenine

Aβ: amyloid-beta

AACAP: American Academy of Child and Adolescent Psychiatry

ABCR: action-based cognitive remediation

ABM: attention bias modification ACC: anterior cingulate cortex

ACGC: Applied Cognition-General Concerns

ACT: alpha(1)-antichymotrypsin ACTH: adrenocorticotrophic hormone

AD: Alzheimer's disease

ADAS-cog: Alzheimer's Disease Assessment Scale - Cognitive Subscale

ADHD: attention-deficit/hyperactivity disorder

ADL: activities of daily living AFT: Advanced Finances Task AIC: anti-inflammatory cytokines

AmNART: American National Adult Reading Test

ANT: Attention Network Task

APA: American Psychiatric Association

AQP4: aquaporin-4

ASRS: Attention Deficit/Hyperactivity Disorder Self-Report Scale

AVLT: Auditory Verbal Learning Test

AVP: vasopressin

BAC: blood alcohol concentration

BASIS: Behavior and Symptom Identification Scale

BBB: blood-brain barrier

BC-CCI: British Columbia Cognitive Complaints Inventory

BD: bipolar disorder

BDI-II: Beck Depression Inventory, 2nd Edition

BDNF: brain-derived neurotrophic factor

BDQ: Brief Disability Questionnaire

BLA: basolateral nucleus BMI: body mass index

BOLD: blood oxygen level detection

BPI: Brief Pain Index

xvii



978-1-107-07458-3 - Cognitive Impairment in Major Depressive Disorder: Clinical Relevance,

Biological Substrates and Treatment Opportunities

Edited by Roger S. McIntyre

Frontmatter

More information

xviii

List of abbreviations

BRIEF-A: Behavior Rating Inventory of Executive Function

BSAT: Brixton Spatial Anticipation Test

CA: cornu ammonis

CADASIL: cerebral autosomal dominant arteriopathy, subcortical infarcts, and

leukoencephalopathy

CADSS: Clinician-Administered Dissociative States Scale

CAM: complementary alternative medicine

CAMCOG: Cambridge Cognitive Examination

CAMCOR: Cambridge Cognitive Examination-Revised

cAMP: cyclic adenosine monophosphate

CANTAB: Cambridge Neuropsychological Test Automated Battery

CAT: computerized adaptive testing

CBB: CogState Brief Battery

CBT: cognitive behavioral therapy

CCN: cognitive control network

CDQ: Cognitive Dysfunction Questionnaire

CDR: Cognitive Drug Research

CeA: central nucleus

CEPO: carbamylated erythropoietin

CFS: chronic fatigue syndrome

CGI-I: Clinical Global Impression – Improvement

CGI-S: Clinical Global Impression – Severity

CGS-I/S: Clinical Global Scale - Improvement/Severity

CI: confidence interval

CIAS: Cognitive Impairment Associated with Schizophrenia

CNS: central nervous system

COWAT: Controlled Oral Word Association Test

CPFQ: Cognitive and Physical Functioning Questionnaire

CPT: Continuous Performance Test

CR: cognitive remediation

CREB: cAMP response element-binding protein

CRF: adrenocorticotrophic-releasing factor

CRH: corticotropin-releasing hormone

CRP: C-reactive protein

CRT: Choice Reaction Time

CRT: cognitive remediation therapy

CSF: cerebrospinal fluid

CSH: cognitive speed hypothesis

CT: computerized tomography



978-1-107-07458-3 - Cognitive Impairment in Major Depressive Disorder: Clinical Relevance,

Biological Substrates and Treatment Opportunities

Edited by Roger S. McIntyre

Frontmatter

More information

List of abbreviations

xix

CVLT: California Verbal Learning Test

dACC: dorsal anterior cingulate cortex

DBS: deep brain stimulation

DDS: Denver Developmental Screening Test DEFS: Deficits in Executive Function Scale

DHEA: dehydroepiandrosterone

DLPFC: dorsolateral prefrontal cortex DLRF: daily living and role functioning

DM2: type II diabetes

DMN: default mode network

dmPFC: dorsomedial prefrontal cortex

DSM: Diagnostic and Statistical Manual of Mental Disorders

DSST: Digit Symbol Substitution Test DST: dexamethasone suppression test

DTI: Diffusion-tensor imaging

DZ: dizygotic

EAAT: excitatory amino acid transporter

ECT: electroconvulsive therapy

EF: executive function EN: emotion network EPO: erythropoietin

EPO-R: erythropoietin receptor ERP: event-related potentials

EWPS: Endicott Work Productivity Scale

FA: fractional anisotropy

FDA: Food and Drug Administration

fMRI: functional magnetic resonance imaging

FPRS: Faces Pain-Rating Scale GABA: gamma-aminobutyric acid GFAP: glial fibrillary acidic protein

Glut 1: glucose transporter 1

GM: Gray Matter

GR: glucocorticoid receptor

GSK3β: glycogen synthase kinase 3 beta

HAM-D: Hamilton Psychiatric Rating Scale for Depression

HC: healthy control HC: hippocampal

HIF: hypoxia inducible factor

HOMA-IR: Homeostatic Model Assessment - Insulin Resistance



978-1-107-07458-3 - Cognitive Impairment in Major Depressive Disorder: Clinical Relevance,

Biological Substrates and Treatment Opportunities

Edited by Roger S. McIntyre

Frontmatter

More information

XX

List of abbreviations

HPA: hypothalamic-pituitary-adrenal

HR: hazard ratio

IAPS: International Affective Picture System

IBS: irritable bowel syndrome

IC: insular cortex

ICD: International Classification of Diseases

IFNγ: interferon-Gamma

IGF-1: insulin-like growth factor 1

IGT: Iowa Gambling Task

IL: interleukin

ILF: inferior longitudinal fasciculus

IMDCP: International Mood Disorders Collaborative Project

IPT: interpersonal psychotherapy

IQ: intelligence quotient

IR: insulin resistance

IS: imperative signal

ISH: in situ hybridization

IU: international unit

JAK: janus kinase

JNK: C-jun N-terminal kinases

LIFE-RIFT: Longitudinal Interval Follow-Up Evaluation-Range of Impaired Functioning

Tool

LTD: long-term depression

LTP: long-term potentiation

MADRS: Montgomery-Åsberg Depression Rating Scale

MAO-A: monoamine oxidase A

MAPK: mitogen-activated protein kinase

MCCB: MATRICS Consensus Cognitive Battery

MCI: mild cognitive impairment

MD: mean difference

MDD: major depressive disorder

MDE: major depressive episode

MDPU: Mood Disorders Psychopharmacology Unit

MMSE: Mini Mental Status Exam

MNS: mirror neural system

MoCA: Montreal Cognitive Assessment

MOS-Cog: Medical Outcomes Study Cognitive Functioning Scale

MPFC: medial prefrontal cortex MR: mineralocorticoid receptor



978-1-107-07458-3 - Cognitive Impairment in Major Depressive Disorder: Clinical Relevance,

Biological Substrates and Treatment Opportunities

Edited by Roger S. McIntyre

Frontmatter

More information

List of abbreviations

xxi

MRI: magnetic resonance imaging

MS: multiple sclerosis

MSIF: Multidimensional Scale of Independent Functioning

MZ: monozygotic

NAA: *N*-acetylaspartate NAcc: nucleus accumbens

NART: National Adult Reading Test

NCS-R: National Comorbidity Survey Replication

NEAR: Neuropsychological and Educational Approach to Remediation NF- κ B: nuclear factor kappa-light-chain-enhancer of activated B cells

NIMH: National Institute of Mental Health

NMDA: N-methyl-D-aspartate

NTB: Neuropsychological Test Battery OCD: obsessive-compulsive disorder ODD: oppositional defiant disorder

OFC: orbitofrontal cortex

OR: odds ratio

PA: physical activity

PCC: posterior cingulate cortex

PDQ: Perceived Deficits Questionnaire PET: positron emission tomography

PFC: prefrontal cortex

PHQ: Patient Health Questionnaire PI3K: phosphoinositide 3-kinase PICs: pro-inflammatory cytokines

PKB: protein kinase B

PRMQ: Prospective and Retrospective Memory Questionnaire

PROMIS: Patient Reported Outcome Measurement Information System

PST: prednisolone suppression test

QA: quinolinic acid

QIDS-SR: Quick Inventory of Depressive Symptomatology-Self Report

Q-LES-Q: Quality of Life Enjoyment and Satisfaction Questionnaire

rACC: rostral anterior cingulate cortex RAVLT: Rey Auditory Verbal Learning Test

RBANS: Repeatable Battery for the Assessment of Neuropsychological Status

RCI: Reliable Change Index

RCT: randomized controlled trial RDoC: Research Domain Criteria

RNA: ribonucleic acid



978-1-107-07458-3 - Cognitive Impairment in Major Depressive Disorder: Clinical Relevance,

Biological Substrates and Treatment Opportunities

Edited by Roger S. McIntyre

Frontmatter

More information

xxii

List of abbreviations

ROS: reactive oxygen species

RR: relative risk

rs-fMRI: resting state functional magnetic resonance imaging

RSO: relation to self and others

rTMS: repetitive transcranial magnetic stimulation

SAME: S-adenosyl methionine SCG: subgenual cingulate cortex SCL-90: Symptom Checklist-90

SD: standard deviation

SDS: Sheehan Disability Scale

SE: standard error

SF-12: 12-item Short Form Health Survey SGAC: subgenual anterior cingulate cortex

SLF: superior longitudinal fasciculus SMD: standardized mean difference

SMILE: Standard Medical Interventions and Longterm Exercise

SN: salience network

SNPs: single-nucleotide polymorphisms

SNRI: serotonin-norepinephrine reuptake inhibitor

SPC: superior parietal cortex SRE: self-reference effect SRT: Simple Reaction Time

SSPA: Social Skills Performance Assessment

SSPG: steady state plasma glucose

SSRI: selective serotonin reuptake inhibitor

STAR*D: Sequenced Treatment Alternatives to Relieve Depression

STAT: signal transducer and activation of transcription TAK-1: transforming growth factor β -activated kinase 1

TBRI: to be remembered item

tDCS: transcranial direct current stimulation TGF-β: transforming growth factor beta

TMT: Trail Making Test
TNF: tumor necrosis factor

TNFR: tumor necrosis factor receptor

ToM: theory of mind

TRD: treatment-resistant depression

TrkB: tyrosine kinase receptor B TSR: threat of social rejection

UPSA: University of California San Diego Performance-Based Skills Assessment



Cambridge University Press 978-1-107-07458-3 - Cognitive Impairment in Major Depressive Disorder: Clinical Relevance, Biological Substrates and Treatment Opportunities

Edited by Roger S. McIntyre

Frontmatter More information

List of abbreviations

xxiii

VBM: voxel-based morphometry

VEGF: vascular endothelial growth factor

VFT: Verbal Fluency Test

VLPFC: ventrolateral prefrontal cortex WAIS: Wechsler Adult Intelligence Scale WCST: Wisconsin Card Sorting Test WHO: World Health Organization

WHS: World Health Survey

WISC-III: Wechsler Intelligence Scale for Children-Third Edition

WLQ: Work Limitations Questionnaire

WM: white matter WM: working memory

WMD: weighted mean difference WMH: white matter hyperintensities WMS: Wechsler Memory Scale

WWIS. Weelister Memory Scale

WPAI: Work Productivity and Activity Impairment

YoE: years of education