

What is the relationship of depression and inability to express emotions in middle-aged men?

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Alexithymia, a difficulty in recognizing and expressing thoughts and emotions, is more common among men. In this study, a group of Finnish investigators examined whether long-term alexithymia is associated with male aging per se, or to aging-related psychological and somatic symptoms. In addition, they examined whether gonadal hormone levels affect these associations.

The study was part of the longitudinal population-based Kuopio Depression Study (KUDEP) in the central-eastern part of Finland. Study questionnaires were mailed to the participants in May 1998 (T1, 2,050 respondents, aged 25-65 years). Follow-ups were performed in 1999 (T2; n = 1,722) and in 2001 (T3; n = 1,593). Altogether, 1,347 subjects responded all 3 times. The present study sample was a subgroup from this 3-year follow-up study. The inclusion criteria for the study were based on self-reported adverse mental symptoms prevailing at baseline and at both follow-ups. An adverse mental symptoms group was formed from participants who reported depressiveness (Beck Depression Inventory, BDI-21), alexithymic features (Toronto Alexithymia scale: TAS-20) or life dissatisfaction ([Life Satisfaction](#) Scale: LS-4) at all 3 follow-ups.

The final study sample comprised 55 symptomatic and 59 asymptomatic men. In 2005, i.e. 7 years from the baseline, the subjects completed a questionnaire on their background, smoking status and [alcohol](#)

[consumption](#). Alexithymia was assessed by using the Finnish version of the 20-item TAS-20. The cumulative alexithymic burden was assessed by calculating the sum of TAS scores for each individual during the 3 previous assessment points (1998, 1999 and 2001); thus, reflecting the individuals' long-term symptomatic load. Based on the median of these TAS-20 sum scores, the study sample was divided into 2 groups (high alexithymic burden:TAS sum scores 137-233 points, n = 58; low alexithymic burden:TAS sum score 72-136 points, n = 56).

The Finnish updated version of the 17-item Aging Males' Symptoms (AMS, range 17-85) scale was used to assess agingrelated symptoms. The diagnosis of major depressive disorder (MDD) was confirmed by using the Structured Clinical Interview for DSM-IV in 2005. Suicidality was estimated by one of the BDI items (item 9). The General Health Questionnaire (GHQ-12) was used to assess psychological distress. The cut-off for hypogonadism was 160 pmol/l of free testosterone. The statistical methods included Pearson χ^2 analysis for categorical variables, and Student's t test or the Mann-Whitney U test for continuous variables. Logistic regression analysis was performed to determine the factors independently associated with a high alexithymic burden.

This is the first study showing that a high alexithymic burden is associated with aging males' symptoms. Earlier population studies have reported that age is a major determinant of aging males' symptoms; however, the results of this study were independent of age. Men with biochemically severe hypogonadism were found with elevated TAS sum scores, whereas long-term alexithymia was not directly related to serum testosterone. Thus, alexithymic features appear to be associated with the hypogonadic state in particular. One possible explanation might be that in this sample hypogonadism and alexithymia were linked by depressive symptoms. Depression is characterized by disturbed glucocorticoid regulation , which can also lead to lowered serum testosterone levels.

These findings highlight that psychological, somato-vegetative and sexual symptoms of aging males are associated with longterm alexithymia. A high alexithymic burden was also associated with MDD. These findings are of clinical relevance, as persistent features of alexithymia relate not only to depression but also to aging males' symptoms, which may additionally be amenable to treatment.

More information: Honkalampi, K. ; Lehto, S.M. ; Hintikka, J. ; Koivumaa-Honkanen, H. ; Niskanen, L. ; Viinamäki, H. Symptoms of Depression and Alexithymic Burden in Middle-Aged Men. *Psychother Psychosom* 2010;79:259-261.

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