

High status job means you are less likely to respond to treatment for depression

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An international study has found that having a high status job means that you are less likely to respond to standard treatment with medications for depression. These results, which may have implications for clinicians and their patients, employers and public policy, are presented at the ECNP Congress in Vienna.

Up to a third of patients who receive drug treat for depression do not respond to treatment. Knowing which groups don't respond could help [clinicians](#) understand which treatments are appropriate to which person. In the case of workers, it may also enable employers to take steps to ease [stressful conditions](#). Although there is a wealth of research showing that low social and [economic status](#) is associated with a greater risk of depression, there has been little work focusing on how occupational levels respond to treatment.

A group of international researchers from Belgium, Italy, Israel and Austria enlisted 654 working adults attending clinics for depression, and classified their work according to occupational level. 336 (51.4%) held high occupational level jobs, 161 (24.6%) middle-level, and 157 (24%) low level. Around two-thirds of the patients were female (65.6%), which reflects the normal gender difference in reported depression. Most patients were treated with SRIs (Serotonin Reuptake Inhibitors), although other pharmaceutical agents were also used, as well as psychotherapy. Those in the higher levels were found to have received fewer SRIs and more psychotherapy.

On analysing results after treatment, they found that 55.9% in the highest occupational group were resistant to treatment. In contrast, only 40.2% of the middle-level workers remained treatment resistant, and 44.3 of the low-level workers. This difference was also reflected in the degree of remission, with only around one in 6 in remission in the higher status group, as against around one in 4 for the other groups.

Commenting, Professor Siegfried Kasper (Vienna, Austria) said "Though these findings should be considered preliminarily, they indicate that high occupational levels may be a risk factor for poor response to treatment. A number of variables may explain these findings. For example, there may be specific working environment demands and stressors; people may find it difficult to accept or cope with illness, or to continue with medication; or there may be other factors, related for example to cognitive, personality and behavioural differences."

Co-worker Professor Joseph Zohar (ECNP Past-President, Tel-Hashomer, Israel) said; "This shows that the need for precise prescribing is not only related to the symptoms and genetics but also to occupational level; one might need to prescribe different medication for the same disorder and need to take into account the occupational level in order to reach optimum effect."

Professor Eduard Vieta (ECNP Executive Committee member and Chair of the Department of Psychiatry and Psychology, Hospital Clinic, University of Barcelona), commented:

"The results of this study might sound counterintuitive, but people with highly demanding jobs are subject to a lot of stress, and when they breakdown with depression it may be particularly difficult to cope with their previous life. An alternative explanation, which cannot be ruled out given the naturalistic design of the study, is that high-status job patients may be more prone to request psychosocial treatments without the

support of pharmacotherapy. The ideal treatment of [depression](#) is, in general, the combination of both pharmacotherapy and psychotherapy."

More information: Laura Mandelli et al. High occupational level is associated with poor response to treatment of depression, *European Neuropsychopharmacology* (2016). [DOI: 10.1016/j.euroneuro.2016.05.002](#)

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