

# Sexual abuse as a child changes the body's biochemical response to stress

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]Anxious depression, often resulting from childhood trauma, causes body changes which mean that standard depression treatments are often ineffective, according to new research presented at the ECNP in Barcelona.

Major depressive disorder (MDD) affects up to 20 percent of Europeans, and around half of these people have "anxious depression" (psychological anxiety like high levels of anxiety and nervousness, plus somatic anxiety, such as gastrointestinal symptoms); which is associated with greater severity, poorer outcomes, and higher possibility of suicide. Now scientists have concluded that the biochemistry of patients with MDD and anxious depression is different, and that patients with anxious depression need to be treated differently. In addition, patients with anxious depression who have undergone sexual abuse or neglect as a child have a tendency to have a changed biochemistry.

The team worked with 144 patients with MDD. A subgroup of 78 patients were identified as having anxious depression, and these patients showed a greater severity of symptoms, and a poorer response to treatment than patients with general MDD. They found that 30 percent of the patients with anxious depression had suffered sexual abuse as children (versus 16 percent with 'normal' depression, MDD), and 76 percent suffered from emotional neglect (versus 58 percent with 'normal' depression).

This difference was also reflected in how their bodies reacted to stress hormones.

As research leader Dr. Andreas Menke (University Hospital Wuerzburg) said;

"We could show that childhood [trauma](#) is clearly overrepresented in patients with anxious depression, especially sexual abuse. In addition, we

showed that patients with anxious depression have a heightened sensitivity to stress-hormones such as glucocorticoids (cortisol), whereas major depression is more or less associated with a reduced sensitivity to stress-hormones. In addition, we observed that patients who have experienced childhood [sexual abuse](#) have more reactive immune cells. This is a surprising finding, because this is not found in anxious depressive patients in the absence of [childhood abuse](#) or trauma. We suspect that this is because the type of trauma these patients have experienced in early life has conditioned their immune system to react differently.

In practical terms, the difference we see between the biochemical responses would explain why anxious depressed patients have a worse outcome compared to non-anxious depressed patients with the standard treatment approaches. This really means that, for a significant subgroup of depressed [patients](#), the standard drugs just don't work sufficiently well, thus we have to find alternatives."

Commenting, Professor Brenda Penninx (Amsterdam UMC), said:

"This is an interesting study suggesting that anxious [depression](#) and/or [childhood trauma](#) may identify a specific depressed patient group where glucocorticoid receptor function is dysregulated. However, whether this truly explains worse outcomes to standard treatment – as now indicated by the study authors – needs to be formally tested in a larger study before we can think about it affecting clinical practice".

Dr. Penninx was not involved in this research, this is an independent comment.

**More information:** Andreas Menke et al. Childhood trauma dependent anxious depression sensitizes HPA axis function, *Psychoneuroendocrinology* (2018). [DOI:](#)

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