



Depressie & ADHD: een transdiagnostisch perspectief

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nov. 2023



Mediant
geestelijke
gezondheidszorg



neurocare nederlands

Radboudumc

Depressie

prevalentie wereldwijd 5%¹



**SYMPTOMEN
DEPRESSIE**

ADHD

prevalentie wereldwijd 2.6%²



**SYMPTOMEN
ADHD**

¹ Institute of Health Metrics and Evaluation. Global Health Data Exchange (GHDx). <https://vizhub.healthdata.org/gbd-results/> (Accessed 4 March 2023); ² Song P, Zha M, Yang Q, et al. The prevalence of adult attention-deficit hyperactivity disorder: A global systematic review and meta-analysis. Journal of Global Health. 2021;11:04009

Depressie + non-respons



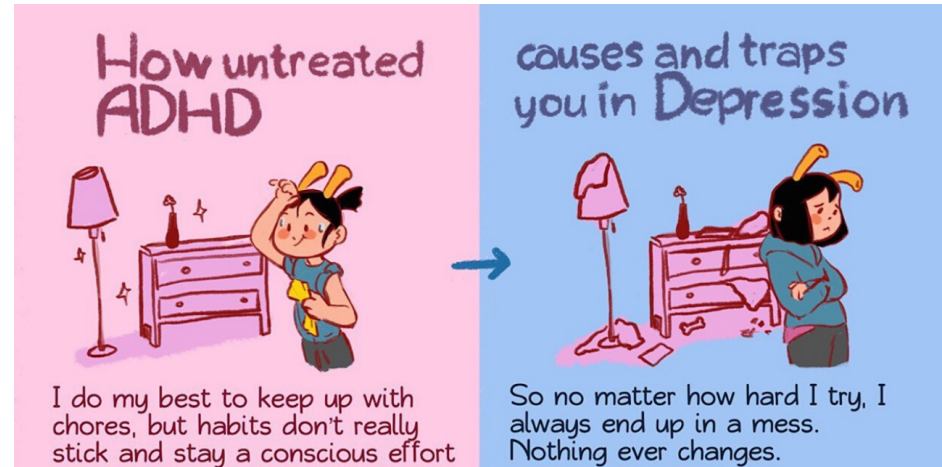
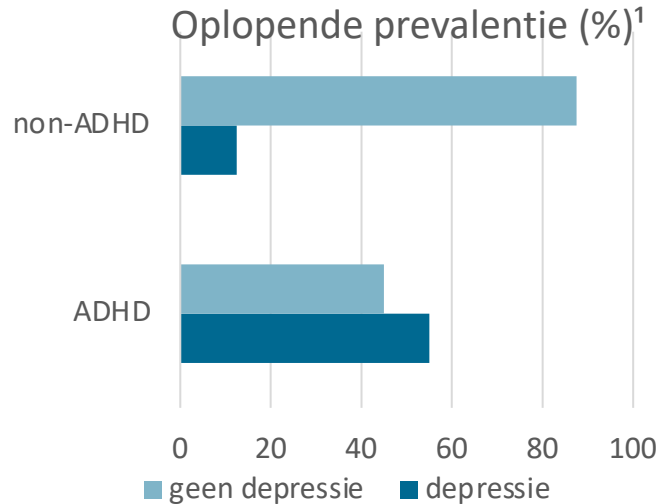
- Matige behandel-effecten; persisteert & keert terug
- Verminderde cognitieve prestaties, vergelijkbaar ADHD¹
- Actueel: cognitie ≠ behandeldoel
- Aanwijzing: cognitief functioneren bij depressie treatment-marker^{2, 3}

¹Mayer, J.S., et al. (2021). Cognitive mechanisms underlying depressive disorders in ADHD: a systematic review. *Neurosci. Biobehav. Rev.* 121, 307–345.

²Listunova L., et al. (2020). Predictors of cognitive remediation therapy improvement in (partially) remitted unipolar depression. *J. Aff. Disorders.* 264, 40-49.

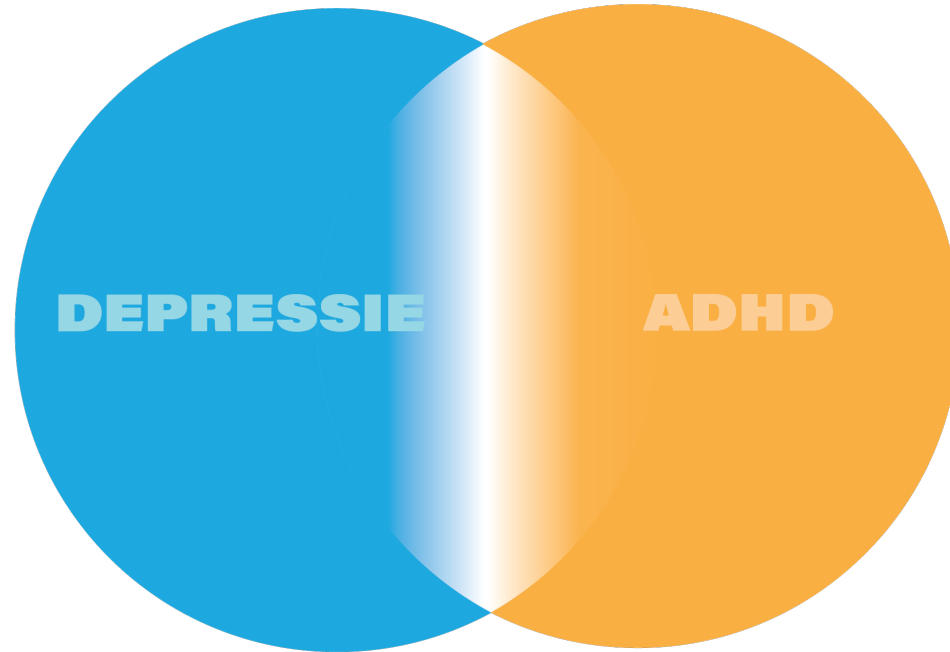
³Joormann, J.. & Quinn, M.E. (2014). Cognitive processes and emotion regulation in depression. *Depression and Anxiety.* 31(4), 308-315.

ADHD + huidige depressieve stoornis



¹ Choi, W.S., Woo, Y.S., Wang, S.M., Lim, H.K., Bahk, W.M., 2022. The prevalence of psychiatric comorbidities in adult ADHD compared with non-ADHD populations: a systematic literature review. PLoS One 17 (11), e0277175. <https://doi.org/10.1371/journal.pone.0277175>.

Overlap¹....



¹Katzman, M.A., Bilkey, T.S., Chokka, P.R., Fallu, A. and Klassen, L.J. (2017) Adult ADHD and comorbid disorders: clinical implications of a dimensional approach. BMC Psychiatry. 17, 1-15.

Onze studie naar depressie en ADHD

Journal of Psychiatric Research 165 (2023) 315–324



ELSEVIER

Contents lists available at [ScienceDirect](#)

Journal of Psychiatric Research

journal homepage: www.elsevier.com/locate/jpsychires



A transdiagnostic view on MDD and ADHD: shared cognitive characteristics?

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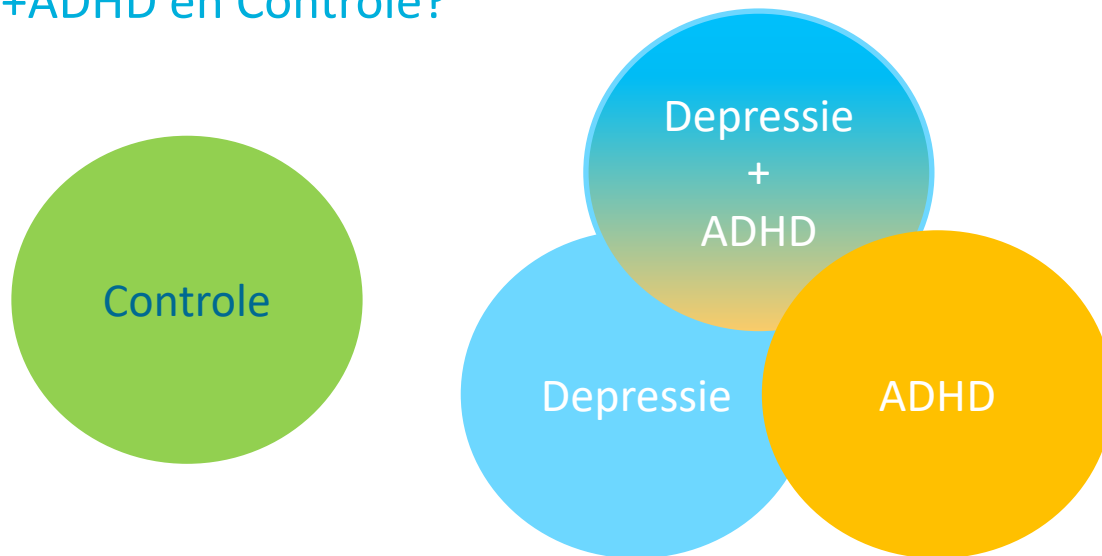
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Onderzoeksvraag

- ➔ Wat is de discriminerende waarde van symptoom-/cognitieve vragenlijsten en cognitieve taken, bij het onderscheiden van de groepen Depressie, ADHD, Depressie+ADHD en Controle?



Schaarste onderzoek ADHD+depressie

Paucke (2021)	Our study (2023)
Three patient groups: <ul style="list-style-type: none">○ ADHD: BDI < 13○ ADHD: BDI > 13○ MDD	Three patient groups: <ul style="list-style-type: none">○ ADHD – no MDD○ ADHD + MDD○ MDD
Control N = 54 MDD N = 23 ADHD N = 18 ADHD+ N = 26	Control N = 123 MDD N = 103 ADHD N = 78 MDD+ADHD N = 29
Q: CAARS, BDI T: TAP Alertness, GO/Nogo	Q: CAARS, IDS, BRIEF-A T: TAP Alertness, GO/Nogo, Incompatibility CANTAB-SWM, WAIS-Coding

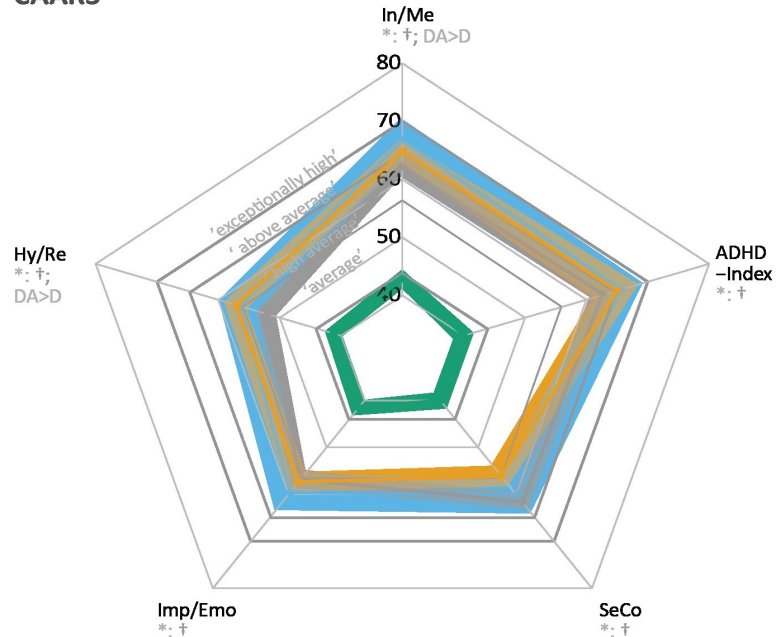
Resultaat - vragenlijsten

Questionnaires

Groups

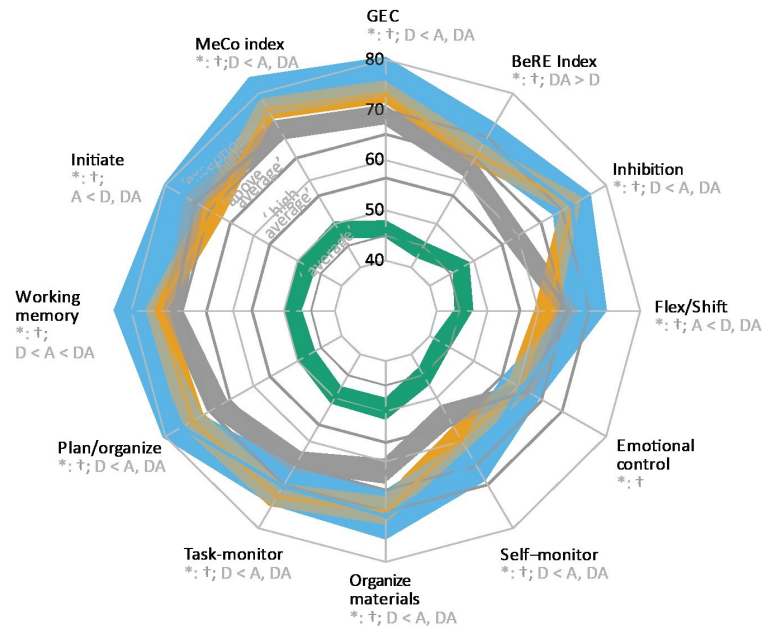


CAARS



* Significant between-group difference p<.05, MANCOVA, post hoc Tukey corrected (age covariate)
 † Control < ADHD, MDD, MDD+ADHD

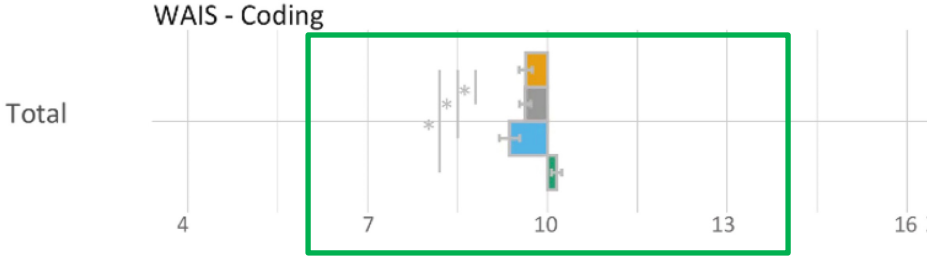
BRIEF-A



* Significant between-group difference p<.05, MANCOVA, post hoc Tukey corrected (age covariate)
 † Control < ADHD, MDD, MDD+ADHD

Resultaat – cognitieve taken

Groups



DFA – verschillende modellen

Input discriminant function analysis	Eigenvalue ¹		Predicted correctly ¹ , %				
	Function 1	Function 2	Total	Control	MDD	ADHD	MDD+ADHD
<i>Separate models</i>							
Only IDS	2.787	-	72.9	98.3	78.1	47.9	0.0
Only CAARS	1.930	.230	71.8	95.9	69.5	55.6	8.3
Only BRIEF-A	2.928	.531	79.1	95.9	80.0	67.9	34.5
Only cognitive tasks	.199	.085	48.8	76.1	40.9	27.3	14.8
<i>Combination models</i>							
IDS and CAARS	3.106	.599	81.1	97.5	86.3	73.6	0.0
IDS, CAARS and BRIEF-A	4.437	.902	86.9	100	85.2	81.9	41.7
IDS, CAARS and cognitive tasks	3.403	.793	84.6	99.1	85.9	76.7	27.3
IDS, CAARS, BRIEF-A and cognitive tasks	5.159	1.139	88.0	100	89.0	81.7	40.9

Abbreviations: Group, Control, healthy control participants, ADHD, ADHD in absence of MDD, MDDD, MDD in absence of ADHD, MDD+ADHD, ADHD in presence of comorbid MDD IDS, self-report questionnaire for symptoms of depression; CAARS, self-report questionnaire for symptoms of ADHD; BRIEF-A, self-report questionnaire for symptoms of executive dysfunction; Cognitive tasks, TAP-Alertness, TAP-GO/Nogo, TAP-Incompatibility, CANTAB-SWM, CANTAB-MOT and WAIS-Coding.

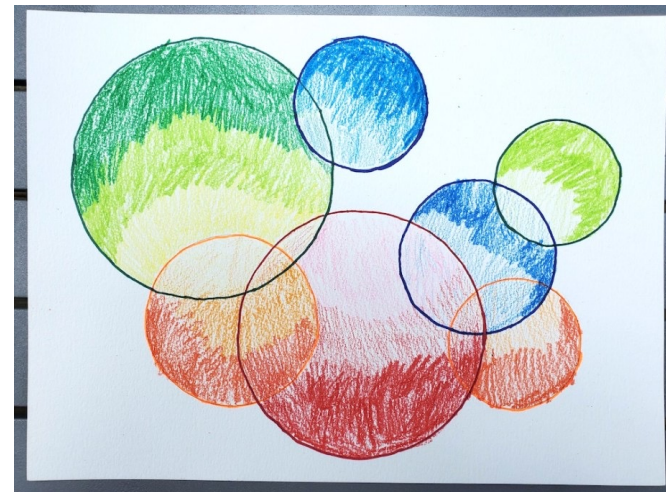
Statistics: ¹Discriminant function analysis, raw data, computed for group size. All data log transformed (ln).

Overzicht resultaten

Groep	ADHD en EF symptomen (zelf-rapportage)	Cognitieve taken (TAP, CANTAB, WAIS-SS)	DFA-classificatie
Depressie (geen ADHD)	Klinische niveaus	Gemiddelde range	86% correct middels IDS en CAARS
ADHD (geen depressie)	Klinische niveaus	Gemiddelde range	74% correct middels IDS en CAARS
Depressie+ADHD	Klinische niveaus	Gemiddelde range	Niet te onderscheiden middels IDS en CAARS (0%) Wél te onderscheiden na toevoeging BRIEF-A (42% correct geclassificeerd)

Take home

- Depressie: executief functioneren óók klinisch relevant
- BRIEF-A: signaleren van comorbide depressie en ADHD
- Transdiagnostische bril: overlap en interactie



Met speciale dank aan: Janna Vrijsen & Dirk Geurts
Indira Tendolkar, Joesje Kist, Philip van Eindhoven, Rose Collard

Disclosure belangen spreker NedKAD	
Geen (potentiële) belangenverstremgeling	Werkzaam bij
✓ Geen sprake van sponsering, financiële vergoeding, aandeelhouder of anderszins potentiële belangenverstremgeling	Mediant en Neurocare: ✓ Klinisch neuropsycholoog, i.o.t. psychotherapeut / KP Radboudumc: ✓ Promovendus, eerste promotor dr. Janna Vrijsen