



New Trends
in Psychology

The Impact of Anxiety-Depressive Disorders in Young Adults

Carmen Hurduc (Zalum)¹

Abstract: Beyond the precise classifications of psychopathology, it is important to understand the idea that anxiety can represent both as a trait and as a condition an emotional aspect full of meanings whose understanding by each leads to integration of polarities, unlocking - paradox (or not) - balance and ultimately to unification. Embarking on the study of anxiety and depression is a challenge because the different explicit models touch on one facet of them, opening up possibilities of understanding, but also new questions. What does anxiety tell us, but depression? What do they hide? What are their mechanisms? Is it ultimately a negative or a positive aspect? Do we have to fight these anxiety-depressive disorders? The paper will review the existing literature on cognitive impairment in depressive and anxiety disorders, particularly among adults. In addition, the focus of the adult age group and the effect of confounding variables on study results will be discussed. In **conclusion**, it can be said that cognitive-behavioral therapy of anxiety disorders is time-limited, problem-focused and based on the cognitive model of anxiety. Cognitive disorders are common in both major depression and anxiety disorders. However, more research is needed to confirm and extend these findings and to extend knowledge into clinical practice. Controlling for confounding variables in future studies is highly recommended.

Keywords: major depressive disorder; cognitive disorders; psychotherapeutic process; link between anxiety and depression, anxiety-related questions

¹ Student, 2nd year, Faculty of Behavioural and Applied Sciences, specialization Psychology, Danubius University of Galați, Romania, Address: 3 Galați Blvd., Galați 800654, Romania, Tel: +40372361102, Fax: +40372361290, Corresponding author: hurduc_c@yahoo.com.

1. Introduction

According to the WORLD HEALTH ORGANIZATION, 1 in 8 people in the world suffer from a mental disorder. The most prevalent mental health problems among young adults are anxiety (currently affecting 301 million people), depression (currently affecting over 280 million people) and eating disorders (bulimia, anorexia, body dysmorphia).

According to the National Institute of Mental Health (NIMH), young adults aged 18-25 have the highest prevalence of mental disorders compared to adults aged 26-49 and over 50.

The onset of mental disorders - and related cognitive impairments - in young adulthood can be associated with serious and long-lasting psychosocial difficulties. Young adulthood is a key period for both prevention and treatment of mental disorders to avoid chronicisation of symptoms (Kessler et al., 2005, Newman et al., 1996). This paper reviews the existing literature on cognitive deficits related to depressive and anxiety disorders among young adults and discusses the impact of confounding variables on measures of neuropsychological functioning. Young adulthood is a period of risk for the development of many mental disorders (Kessler et al., 2005, Kim-Cohen et al., 2003).

The incidence of mental disorders increases from childhood through mid-adolescence and peaks in late adolescence and young adulthood (Newman et al., 1996).

Estimates of the prevalence of mental disorders are relatively consistent in cohorts of young adults (in epidemiological studies, usually defined as between 18 and 35 years) in industrialised countries, using DSM criteria (APA, 1994): Prevalence estimates of 17-24% for 1 month (Aalto-Setälä et al., 2001, Regier et al., 1993), 38-48% for 1 year (Feehan et al., 1994, Kim-Cohen et al., 2003, Newman et al., 1996, Turner & Gil, 2002) and 52-61% lifetime (Kessler et al., 2005, Turner and Gil, 2002) have been reported for mental disorders in general, with anxiety disorders, mood disorders and substance use disorders being the most prevalent. Women are more likely to be diagnosed with depressive and anxiety disorders and men with substance use disorders (Aalto-Setälä et al., 2001, Feehan et al., 1994, Kessler et al., 2005, Newman et al., 1996, Regier et al. Moreover, it has been suggested that early-onset depression is a more severe form of the disorder: it leaves more psychosocial scars

(Rohde et al., 1994) and is associated with a greater number of comorbid mental disorders (Rohde et al., 1991) than late-onset depression.

The onset of a major depressive or anxiety disorder in young adulthood may double the risk of subsequent substance abuse or dependence (Chilcoat & Breslau, 1998, Christie et al., 1988). Having depression in early childhood triples the risk that offspring will develop an anxiety disorder, major depression or substance dependence (Weissman et al., 2006). These findings imply that depression and anxiety may affect younger patients more severely than older ones.

Studies of cognitive impairment related to psychiatric disorders typically report the use of well-known standard neuropsychological tests. Among the most widely used test batteries are the Wechsler Adult Intelligence Scale (WAIS; Wechsler, 1997) and the Wide Range Achievement Test (WRAT; Jastak and Wilkinson, 1984), which are used to estimate an individual's general intelligence, and the Wechsler Memory Scale (WMS; Wechsler, 1987), which consists of subtests that measure several subfunctions of memory performance. Also, the automated Cambridge Neuropsychological Test Battery (CANTAB; Robbins et al., 1994) and the Luria-Nebraska Neuropsychological Battery (LNNB; Golden et al., 1985) are among the most widely used test batteries for assessing various components of cognition. For measuring verbal memory and learning, the California Verbal Learning Test (CVLT; Delis et al., 1987) and the Rey Auditory Verbal Learning Test (RAVLT; Schmidt, 1996) are most commonly used.

Long- and short-term non-verbal memory is often measured with the Rey-Osterrieth Figure Complex Test (ROCF; Meyers & Meyers, 1995) and the Benton Visual Retention Test (BVRT; Sivan, 1992). The Trail Making Test (TMT; Reitan & Wolfson, 1993), the Stroop Color Word Interference Test (SCWIT; Golden, 1978), the Continuous Performance Test (CPT; Conners, 2000), the Paced Audit Serial Addition Test (PASAT; Gronwall, 1977), and the Controlled Oral Word Association Test (COWAT; Benton & Hamsher, 1989) are used to measure attentional and executive functioning. It is of great relevance to study characteristics that may associate with and function as mediating factors in depressive and anxiety disorders in young adulthood. To date, research has provided very little information on the pattern, nature and extent of cognitive dysfunction involved in mental disorders, particularly among young adults. This review aims to bring together and assess in detail the existing literature on cognitive deficits in major depressive and anxiety disorders among young adult patients.

2. Research Objectives

General objective - Anxiety-depressive disorder has been an inexhaustible source of research ideas, both in terms of symptoms, which perhaps best reflects the interdependence between physical and mental, as well as the etiology, evolution and ways of improvement in case of its onset. This is why there is a multitude of studies that address this issue and highlight the effectiveness of psychotherapy in treating anxiety-depressive disorders. However, the focus is on the usefulness of certain techniques (especially cognitive-behavioural ones) in the therapeutic approach to anxiety, especially in view of its symptoms.

Because it stores an unimaginable amount of negatively polarized energy, the anxious person can experience, harness and regain in a therapeutic approach the strength that he or she is blocking in fear. Anxiety and its most intense form, the panic attack, use and consume the person's physical, emotional and cognitive resources, physically and mentally preparing them as if they were facing a harmful stimulus. "As if" because, most of the time, the stimulus does not come from outside, it is not an obvious reality, the person clearly stating that "all things are good and beautiful in his life" and that "suddenly, without prior preparation, the panic attack occurs". Analysing the situation, the question arises: is the anxiety an effect of reactivation of an older emotional aspect that has been hidden for a while and has appeared in a personal life context? Is it a signal of an "unresolved internal problem", of a strong prescription that is activated in certain life contexts, of an "unfinished business" with oneself or with introjected figures who "command", "overprotect", "order" or "make decisions"? The situational reality of each client must be taken into account, unlocking their own availabilities, resulting in therapeutic objectives that lead to the restructuring and optimization of their own personality configuration, so that the client can solve their problems in a more realistic and strongly neurotic way.

2.1. Practical-applicative Objectives

1. Identify the subjective psychological mechanisms of anxiety;
2. To study anxiety-depressive disorders in the couple's family context (identification of the psychological implications of a family member's anxiety-depressive disorder on him/her, the role of the family/couple in the therapeutic approach and in the validation of the results obtained by the client within it, the

effects of solving the psychological problems of the affected person on the family/couple.

3. To valorise the results obtained by identifying some practical and practical optimisation implications.

3. Research Methods

Electronic databases were searched to identify research articles focusing on cognitive impairment in depressive or anxiety disorders among young adults published in English during 1990-2006. PubMed and PsycInfo electronic searches were conducted to identify research articles that focus on cognitive findings in depressive or anxiety disorders in young adulthood and were published in English during 1990-2006. Various forms and combinations of the following search terms were used: depression, dysthymia, anxiety, panic disorder, phobia, generalized anxiety disorder, post-traumatic stress disorder, obsessive-compulsive disorder, neuropsychology, cognitive.

3.1. What Cognitive Areas are Affected in Depressive Disorders?

Most of the studies investigating the association between depression and cognitive dysfunction have been conducted among middle-aged and elderly patients, or among patients regardless of age. Prevalence rates of mental disorders are high among young adults, with depressive and anxiety disorders being among the most prevalent. However, research has so far provided very little information on the neuropsychological profile in affective disorders among young adults with congruently defined age ranges. Consequently, in including studies for the present review, criteria for sample age were defined relatively broadly.

4. Results

Cognitive disorders are common in young adults with major depression and anxiety disorders, although their nature remains partly unclear. Accordingly, executive dysfunction is evident in major depression, but other more specific deficits appear to depend crucially on the characteristics of the disorder. The profile of cognitive dysfunction appears to depend on the subtype of anxiety disorder, but at least

obsessive-compulsive disorder is associated with deficits in executive functioning and visual memory. Conflicting results may be explained by heterogeneity of study participants, such as disease status, comorbid mental disorders and medication, and other methodological issues, including inadequate matching of study groups and different testing procedures.

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