News
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April 25, 1985

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***Family depression study needs volunteers

DALLAS--Wanted: 45 family groups to participate in a scientific study taking a look at the relationship between depression and a physiological measurement of sleep--REM latency. (REM latency means the time from falling asleep to the first rapid eye movement (REM) period. REM sleep is a normal stage in which the brain processes are very active while the rest of the body is experiencing extremely inhibited muscle activity. It is the period most often associated with dreaming.)

Dr. Donna Giles, research assistant professor of Psychiatry at The University of Texas Health Science Center at Dallas, is seeking volunteers for a $292,000 grant funded by the National Institutes of Mental Health for three years. Giles, who is also associate director of the department's Affective Disorders Unit, says that past studies, including those done in the UTHSCD Sleep Laboratory, headed by Dr. Howard Roffwarg, have shown that many patients with depression have a reduced REM latency time. If it can be established that a pattern of reduced REM latency runs in the same family groups in which depression has been diagnosed in at least one family member, then perhaps a "marker" for vulnerability might be established, says Giles.

"In our studies here we have found that 60-70 percent of endogenous depression (a depression in which biological abnormalities are found and in which the experience of depression is very unlike normal sadness) have reduced REM latency," she says.

The research psychologist says that if a relationship is found between depression families and reduced REM latency time, then sleep-lab tests may have a beneficial screening procedure for depression. Individuals who are at risk by virtue of family relationships could be more sensitive to early signs and symptoms of depression.

It is speculated that differences in REM latency might exist with different kinds of depression. The investigation of these depression subgroups is an exciting new research topic, and findings may help with the development of new diagnostic tools for classifying subgroupings. This in turn could lead investigators to more accurate choices for treatment for individual patients. REM latency may be one such possibility, says Giles.

These include a general feeling of sadness, apathy or loss of enjoyment in pastimes that used to be fun, changes in sleep and eating habits, the beginning of a negative attitude and negative thinking--even suicidal thoughts.

"We ultimately hope to learn more about the genetic transmission of depression," she continues. However, it must be stressed that these are all long-term goals and the current study is just 'a piece of the puzzle.'"

The researcher says she hopes that volunteers who have had a documented case of depression, that is, who have been diagnosed and/or treated for the disorder, will come forward. In addition to the person who has had a problem with depression in the past or who is currently experiencing a problem, researchers would ideally like two parents and two brothers and sisters. Participants must be between

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the ages of 20 and 70 because these are the times considered "at risk" for depression. (Giles says that ages 15-19 are also considered at risk, but adolescents tend to have a longer REM latency.) Another combination might be two parents and two of their adult children. In addition to the 30 families with depression as established by diagnostic interviews and testing, Giles says there is a need for 15 control families. In the control groups, there must be no one with a diagnosis of depression.

Giles says that while there is no payment built into the grant for the depression groups, she hopes that people who know they have a history of the disorder in their families will want to participate. "Because those who are related to individuals with depression are at increased risk themselves for developing depression, anything we can learn will help them, either directly or indirectly."

The volunteers who have already stepped forward include a family in which the mother has depression problems. The father has never had such problems, but a son in his early thirties has a serious case of depression, which is characterized by a complete inability to function. A younger child has not so far suffered from a depressive illness.

Another case includes a husband and wife who have suffered no depressive episodes. However, one of their adult children, a fraternal twin, suffered from a severe depression that ended in suicide. To date the remaining children have shown no signs of depression.

Participants in the study will have a psychiatric evaluation and spend two to three nights in the UTHSCD Sleep Lab. When necessary, transportation expenses will be paid for family members who live outside the Dallas area.

"There is much to be learned about the physiology, biochemistry, psychology and genetics of depression. The last 20 years of research has resulted in significant advances in our understanding, and we believe that systematically following leads available to us can only help," says Giles.

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