

# DRO

Deakin University's Research Repository

## This is the published version:

Gałecki, Piotr, Talarowska, Monika, Anderson, George, Berk, Michael and Maes, Michael 2015, Mechanisms underlying neurocognitive dysfunctions in recurrent major depression, *Medical Science Monitor*, vol. 21, pp. 1535-1547.

## Available from Deakin Research Online:

<http://hdl.handle.net/10536/DRO/DU:30073852>

Reproduced with the kind permission of the copyright owner.

**Copyright** : 2015, Medical Science Monitor (CC BY-NC-ND licence)

Received: 2014.11.29  
Accepted: 2014.12.22  
Published: 2015.05.27

# Mechanisms Underlying Neurocognitive Dysfunctions in Recurrent Major Depression

Authors' Contribution:  
Study Design A  
Data Collection B  
Statistical Analysis C  
Data Interpretation D  
Manuscript Preparation E  
Literature Search F  
Funds Collection G

AG 1 Piotr Gałeczki\*  
AEF 1 Monika Talarowska\*  
AEF 2 George Anderson  
AEF 3,4,5,6 Michael Berk  
AEF 6,7,8 Michael Maes

1 Department of Adult Psychiatry, Medical University of Łódź, Łódź, Poland  
2 CRC Scotland & London, London, UK  
3 Orygen Research Centre, Parkville, VIC, Australia  
4 Department of Psychiatry, University of Melbourne, Parkville, VIC, Australia  
5 Forey Institute for Neuroscience and Mental Health, Parkville, VIC, Australia  
6 IMPACT Strategic Research Centre, Deakin University, Geelong, VIC, Australia  
7 Psychiatry Department, Faculty of Medicine, Chulalongkorn University, Bangkok, Thailand  
8 Health Sciences Graduate Program, Health Sciences Center, State University of Londrina, Londrina, PR, Brazil

\* Both authors contributed equally to this manuscript

Corresponding Author: Monika Talarowska, e-mail: [talarowskamonika@wp.pl](mailto:talarowskamonika@wp.pl)

Source of support: Michael Berk is supported by a NHMRC Senior Principal Research Fellowship 1059660. Michael Maes is supported by a CNPq (Conselho Nacional de Desenvolvimento Científico e Tecnológico) PVE fellowship and the Health Sciences Graduate Program fellowship, Londrina State University (UEL). Piotr Gałeczki, Monika Talarowska – this study was supported with scientific research grants from the National Science Centre (no. 2011/01/D/HS6/05484 and no. 2012/05/B/NZ5/01452)

Recent work shows that depression is intimately associated with changes in cognitive functioning, including memory, attention, verbal fluency, and other aspects of higher-order cognitive processing. Changes in cognitive functioning are more likely to occur when depressive episodes are recurrent and to abate to some degree during periods of remission. However, with accumulating frequency and duration of depressive episodes, cognitive deficits can become enduring, being evident even when mood improves. Such changes in cognitive functioning give depression links to mild cognitive impairment and thereby with neurodegenerative conditions, including Alzheimer's disease, Parkinson's disease, schizophrenia, and multiple sclerosis. Depression may then be conceptualized on a dimension of depression – mild cognitive impairment – dementia. The biological underpinnings of depression have substantial overlaps with those of neurodegenerative conditions, including reduced neurogenesis, increased apoptosis, reactive oxygen species, tryptophan catabolites, autoimmunity, and immune-inflammatory processes, as well as decreased antioxidant defenses. These evolving changes over the course of depressive episodes drive the association of depression with neurodegenerative conditions. As such, the changes in cognitive functioning in depression have important consequences for the treatment of depression and in reconceptualizing the role of depression in wider neuroprogressive conditions. Here we review the data on changes in cognitive functioning in recurrent major depression and their association with other central conditions.

MeSH Keywords: Cognition • Depression • Inflammation • Neurogenesis • Oxidants

Abbreviations: ACTH – adrenocorticotrophic hormone; AD – Alzheimer's disease; APOE – apolipoprotein E4; ASMT – N-Acetylserotonin O-methyltransferase; AVLT – auditory verbal learning test; AVP – arginine vasopressin; BDNF – brain-derived neurotrophic factor; CES-D – Center for Epidemiologic Studies Depression scale; CFS – chronic fatigue syndrome; CHC – chronic hepatitis C; CNS – central nervous system; COPD – chronic obstructive pulmonary disease; CRF – corticotrophin releasing factor; HDRS – Hamilton Depression Rating Scale; HIOMT – hydroxyindole-O-methyltransferase; HPA – hypothalamic-pituitary-adrenal axis; IDO – indoleamine 2,3-dioxygenase; IL – interleukin; LPS – bacterial lipopolysaccharide; MCI – mild cognitive impairment; MDA – malondialdehyde; MMSE – Mini-Mental State Examination; N-acetyl-5-methoxytryptamine – melatonin; NAS – N-acetylserotonin; NCAM – neural cell adhesion molecule; NCWd – Naming Color of Words Different; NO – nitric oxide; OFC – orbitofrontal cortex; PD – Parkinson's disease; PFC – prefrontal cortex; rDD – recurrent depressive disorders; REM – rapid eye movement; ROS – reactive oxygen species; SLE – systemic lupus erythematosus; SSRIs – selective serotonin reuptake inhibitors; TAS – total antioxidant status; TDO – tryptophan 2,3-dioxygenase; TMT – Trail Making Test; TNF- $\alpha$  – tumor necrosis factor-alpha; TPGs – thiol protein groups; TrkB – tyrosine receptor kinase B; TRYCATs – tryptophan catabolites; VLPFC – ventrolateral prefrontal cortex



Full-text PDF: <http://www.medscimonit.com/abstract/index/idArt/893176>

6451 1 2 124

