

The Publication of Data on Trajectories of Depressive Symptoms in Older Adults and Risk of Dementia Gives Rise to Broadening this Issue on Problems of Patient's Overall Life Trajectories

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Abstract

Recent publications of data on the trajectories of depressive symptoms prompted the authors to consider the advisability of widening the debate on the possibilities of setting and recording 'general, overall trajectories of life'. The authors set themselves the goal of formulating the outline of a method for determining the overall trajectory of life and ways of presenting such a data set. The authors argue that if the trajectory of life concerns aspects related to the estimation of health, then the most concise and useful way of its presentation is to formulate the so-called 'Sequence of adverse life events' that led to the illness or health disaster. The authors cite an example of such a record. They also emphasize that considering the general trajectory of life requires not only the use of methods arising from neural sciences (autobiographic memory) and various schools of psychology, but that it is very useful to refer to distinguished literary (cultural) works.

Keywords: Trajectories of depressive symptoms; Autobiographic memory; Overall trajectories of life; Sequence of adverse life events; Geriatrics

Introduction

Kaup et al. reminds us that "depression has been identified as a risk factor for dementia" [1]. They remark, however, that the depressive symptoms till now were evaluated at only one point in time, and older adults "may show different patterns of depressive symptoms over time" [1]. In their presented prospective cohort investigation of older adults, which lasted 5 years, they succeeded in distinguishing three types of depressive symptom trajectories, namely: consistently minimal symptoms, moderate and increasing symptoms, high and increasing symptoms. They found that the last kind constitutes a significant risk for dementia. Depressive symptom trajectories are only a fragment of the overall life trajectory of older people, which are relatively easy to evaluate.

Considering the life trajectories of older people, it is possible to note many different influences related to the "high and increasing depressive symptoms." Genetic conditioning of depressive syndromes do not generally have a developmental character.

It seems to us that further cohort studies, recording evolutionary impacts should take into account, in particular, the psychological and social impact, which have a significant relationship to the known reasons for the gradual deterioration of the emotional state.

Kaup et al. publication of data on the trajectories of changes in symptoms of depression incline us to broaden this issue on the problems of the overall life trajectories of patients. The reasons for that are the significant relationships between adverse life trajectories and the unfavorable development of depressive symptoms.

Few authors have discussed so far the impact of assessing the course of one's own life on the well-being and "successful aging" of older people [2]. Nevertheless, Janssen et al. recognize the significance of the so-called "balanced perception of their own life" [3]. They write that: "The majority of the respondents narrated with pride their achievements... some described how a balanced vision helped them to put negative things into perspective..."

Janssen et al. however, do not formulate detailed guidance on how to obtain this "balanced perception of their own lives." We do not find such tips either in papers of other authors who speak about the nature of resilience of older people or assessment of the so-called "trajectory of life" [2,4,5]. Therefore, we conclude that it would be useful to attempt to formulate a method of insight into how older people remember and even how they arrange the memories of their own biography.

We presented this method briefly in our previous work [6]. However, this is only one of the specific elements of the problem how to characterize the overall trajectory of life (OTL). It is not possible to find in the literature many tips on how one can establish and record patients' overall trajectory of life-even in those aspects which are relevant to the overall state of health. Therefore, we decided to make here an attempt to formulate the outline of a method for determining and presenting OTL.

Outline of method to determine and present overall trajectory of life, taking into account aspects relevant to overall state of health

We derive the proposal of determining and presenting the overall trajectory of life from our earlier attempts to determine the trajectory of life of patients who attempted suicide by taking toxic substances [7-9], and on the basis of endeavors to formulate a so-called

structuralized interview aimed at identifying the risk factors of cognitive impairment [10,11].

Briefly and intuitively determining OTL involves completing and overlapping several data sets. In addition to the presentation of: (a) the typical components of medical history, as is done in the descriptions of case studies i.e. data from the medical interview, data on the clinical status, including the results of additional tests, and a description of the treatment, (b) the data obtained through a structuralized interview, focused on the possible risk factors-it is necessary to (c) ask a patient about the specific data for any CV (Curriculum Vitae).

As we emphasized already in our earlier paper [6] on autobiography memorization, one should pay attention not only to biographical facts but also to (d) important 'psychological transformations' concerning decisions on one's own further anticipated actions and behavior.

An example would be the decision that "it is not worth striving for good grades in school or even to get a formal education because prosperity in life depends on other conditions" or for example "that monogamy is not an advantageous pattern of behavior".

In our view, establishing a useful OLT also requires assessing (e) extremely important facts which determine the course of life, resulting from dramatic, often hidden biographical events such as exclusion from family, broken family ties, sexual abuse like rape, incest, the suicide of someone close, the death of the mother in childhood, war or disaster experiences. They cause so called entanglements, and sometimes acts of revenge or plans to take vengeance [12-14]. As we mentioned, various literary works contain thrilling descriptions of such key mental changes [6].

If we have to distinguish an OLT record taking into account aspects relevant to the state of health, then the obtained data contained in sets (a, b, c, d) allow us to record (e), the so-called 'sequence of adverse events' (SAE) which led to the disease or catastrophe e.g. suicide [7,8]. It is a subset of the data, because we can also specify a similar, but more 'optimistic' (f) 'sequence of significant life events' (SSLE).

The data collected in sets {a, b} can be illustrated graphically using a diagram in the form of a rosette, as used to present the results of the Word Justice Projects which illustrate the living conditions established in various countries around the world [15]. The method of graphical presentation of the (c, d, e, f) data sets so far has not been elaborated and it is a challenge for scientists.

For intuitive presentation of the proposed methods of determining OLT, it will be useful to cite an example of a 'sequence of adverse events'. Thus in one of our previous papers [7], we first gave the (a, b, c, d, e) data for a 25-year-old man, a patient with the initials B.K. who attempted suicide. The 'sequence of adverse events' that happened in his life was as follows:

- Mental illness of patient's father.
- Depressive disorders of his mother.
- Adverse conditions at home during childhood (psychological abuse by his father and the lack of support from his mother's side).
- Bad parenting patterns, difficulties in school.
- Disintegration of his parents' marriage (their separation due to father's illness).
- Dependence on psychoactive drugs, alcohol abuse.
- Dark, negative self-esteem [8]. Self-injury behavior (self-mutilation).
- Previous suicide attempts [10]. Poverty (lack of permanent job).

- Unsatisfactory relationships with women.
- Low libido.
- A sense of emptiness and meaninglessness.
- Attempt of suicide.

Conclusions

- The concept of health trajectories, proposed some years earlier was related to recording the time-course changes in the appearance of a symptom, syndrome or results of medical examinations.
- The natural consequence of determining the trajectories of health is to take into consideration the overall trajectory of life.
- It is possible today to propose how to determine and describe such general, overall
- life trajectories, however, it requires an interdisciplinary approach.
- Consideration of the overall trajectory of life requires not only the use of methods derived from neural sciences (autobiographic memory) and various schools of psychology, but it is also useful to use distinguished literary (cultural) achievements.

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