

# The epidemiology of comorbid depressive and conduct disorders in early adolescence

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**Background:** Youth with both depressive disorders (DD) and conduct disorders (CD) have poorer functioning and worse prognosis than those with either type of psychopathology alone. However, etiological and intervention studies of youth with mental illness have tended to exclude those with comorbidities. We sought to address a portion of this knowledge gap by examining the prevalence of, and sociodemographic risk factors for, comorbid and non-comorbid forms of depressive and conduct disorders over the course of early adolescence in a community-based sample.

**Methods:** We used data from the Developmental Pathways Project, a longitudinal, population-based study of internalizing and externalizing psychopathologies over the course of adolescence. Past-year diagnoses of DD (major depression, minor depression and dysthymia) and CD (oppositional defiant disorder and conduct disorder) were ascertained using the combined youth/parent report of the Computerized Diagnostic Interview Schedule for Children during annual assessments in 6th, 7th and 8th grades. Sociodemographic data were collected at the 6th grade assessment. Weights were applied to estimate the overall and sex-specific prevalence of DD, CD and comorbid DD+CD over the middle-school years. We then used chi-square tests to examine whether youth in mutually exclusive DD, CD and DD + CD and neither psychopathology groups differed by sex, race, ethnicity, income, parent nativity (born in the US or not) and custody status.

**Results:** An estimated one-third of youth had one or both types of disorder at some point during middle school: 10.9% (95% CI: 7.5-15.7) DD only, 12.6% (95% CI: 9.6-16.4) CD only, and 10.4% (95% CI: 7.6-14.2) with both. The prevalence of each type of disorder was slightly higher in boys. Of youth with a diagnosis of depression in middle school, almost half (48.9%) also had a CD. Of those with a conduct disorder, 45.3% also manifested a DD. Of youth meeting criteria for DD+CD, 85.3% manifest concurrently, and 14.7% sequentially. Non-comorbid DD was associated with Black race, low income and living with one biological parent. Non-comorbid CD was associated with White race and not living with any biological parent. Comorbid DD+CD was associated with Hispanic ethnicity, Black or Native American race, low income and not living with both biological parents.

**Conclusions:** These results provide further evidence that presence of a single disorder is the exception, rather than the rule, even among young adolescents, and that the prevalence of heterotypic comorbidity at this stage of development is high. Risk factors for comorbid DD+CD are somewhat distinct from either DD or CD alone. Application of multivariate analyses is warranted.

## **Thesis Committee:**

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