

## Relationships between anhedonia and depressive symptoms in major depressive disorder

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Anhedonia, the lowered ability to experience pleasure, is an important symptom for the definition of depressive disorders, namely for the endogenous or melancholic subtypes. In a previous work Loas *et al* (1992), using an operational definition of anhedonia, based on two reliable rating scales (Physical Anhedonia Scale, PAS, Chapman *et al*, 1976; Fawcett-Clark Pleasure Capacity Scale, FCPCS, Fawcett *et al*, 1983), we have shown that patients meeting criteria for a major depressive episode compared to controls, were more anhedonic. On the other hand, anhedonia seems to be a marker of depressive severity since there was a positive correlation ( $r = 0.33$ ,  $P = 0.009$ ) between PAS score and the Hamilton Depression rating scale (HDRS).

Dr Snaith (University of Leeds), in reaction to this work, has suggested that it would be interesting to study the relationships between the anhedonia scales and each item of the HDRS. This work was conducted according to his suggestion.

The characteristics of the subjects have been previously mentioned (see Loas *et al*, 1992). Sixty-one inpatients (15 males, 46 females; mean age = 43.9,  $sd = 12$ ) meeting the RDC criteria for primary major depressive disorder completed the PAS and the FCPCS. The depressive symptomatology was evaluated by the HDRS (17 items form). The subjects were evaluated during the first few days of their hospitalization and were undergoing treatment. The correlations (Pearson correlation coefficient) between both scores at anhedonia scales and the HDRS items are given in table I (only the statistically significant correlations are indicated:  $P < 0.05$ ). Four significant correlations can be evidenced for PAS and one for FCPCS. PAS score

correlates significantly with the following HDRS items: retardation, anxiety (psychic), suicide and somatic symptom (gastro-intestinal). The link between anhedonia and psychomotor retardation has already been found by Pogue-Geile and Harrow (1984) in major depression and schizophrenia and by Kulhara and Chadda (1987) in schizophrenia. The relationship between anhedonia and suicide was suggested by Watson and Kucala (1978). More recently Fawcett *et al* (1990) have shown that anhedonia was associated with suicide within one year in major affective disorders and suggests that effective pharmacotherapy and cognitive therapy could modify the influence of this risk factor.

It would be of interest to use PAS as a measure of anhedonia in depressed patients. This self-rating scale is easy to fill out and could predict, in the case of elevated scores, an imminent suicide attempt, emphasizing the usefulness of the guidelines suggested by Fawcett.

**Table I.** Intercorrelations between PAS, FCPCS and HDRS items in patients presenting primary major depression ( $P < 0.05$  for all the values).

HDRS	PAS	FCPCS
Suicide	0.28	
Retardation	0.33	
Anxiety psychic	0.31	
Somatic gastro-intestinal	0.26	
Somatic general		(-) 0.29

**References**

- Chapman LJ, Chapman JP, Raulin ML (1976) Scales for physical and social anhedonia. *J Abnorm Psychol* 4, 374–382
- Fawcett J, Clark DC, Scheftner WA, Gibbons RD (1983) Assessing anhedonia in psychiatric patients; the pleasure scale. *Arch Gen Psychiatry* 40, 79–84
- Fawcett J, Scheftner WA, Fogg L, Clark DC, Young MA, Hedeker D, Gibbons R (1990) Time-related predictors of suicide in major affective disorder. *Am J Psychiatry* 147, 9, 1189–1194
- Kulhara P and Chadda R (1987) A study of negative symptoms in schizophrenia and depression. *Comp Psychiatr* 28, 3, 229–235
- Loas G, Salinas E, Guelfi JD and Samuel-Lajeunesse B (1992) Physical anhedonia in major depressive disorder. *J Affect Disord* 25, 139–146
- Pogue-Geile MF, Harrow M (1984) Negative and positive symptoms in schizophrenia and depression: a follow up. *Schizo Bull* 10, 3, 371–387
- Watson CG, Kucala T (1978) Anhedonia and death. *Psychol Rep* 43, 1120–1122