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Stress and the City: why cities drive us mad and why they're still good for us

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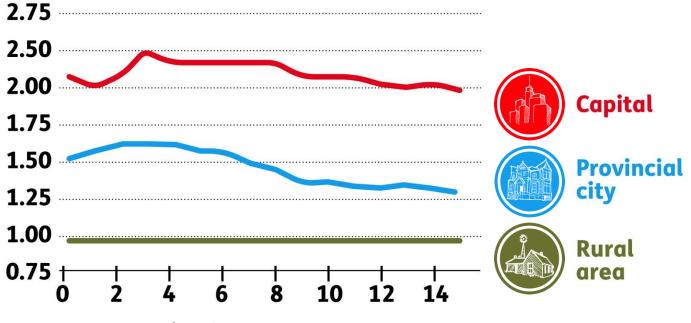






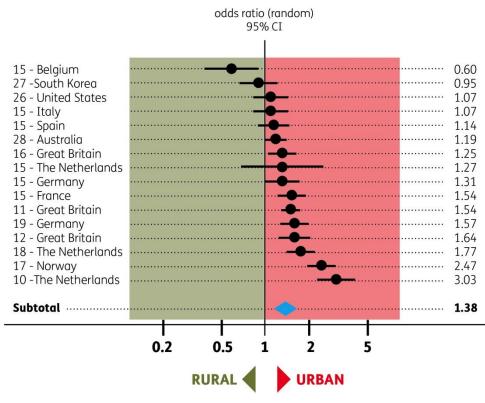


Relative risk of schizophrenia depends on urbanicity and age at residence



Age at onset of residence

Mental health problems are more frequent in urban than in rural populations



Meta-Analysis

Risk difference urban vs. rural

mood disorders (e.g. depression)	39%
anxiety disorders	21%

Peen et al. 2010, Acta Psychiatr Scand

CAUSATION HYPOTHESIS



urban environment causes mental-ill health

CAUSATION HYPOTHESIS



urban environment causes mental-ill health

SELECTION HYPOTHESIS



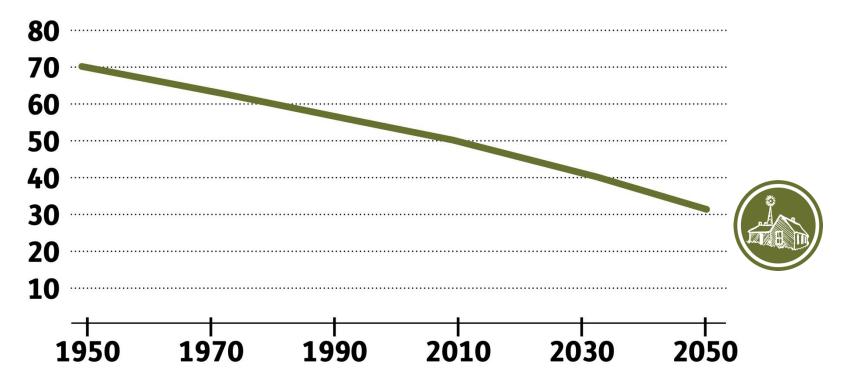
high-risk individuals move into urban areas

The percentage of the global population living in urban regions is growing dramatically.



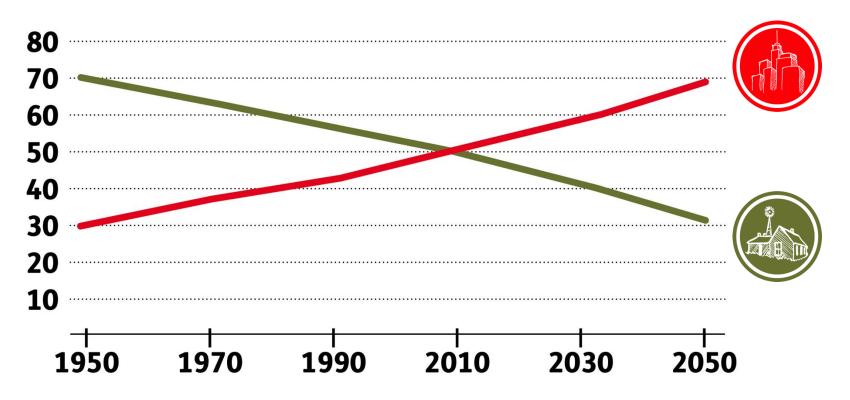
Urbanization is THE global change of the next 30 years.

Percentage of world population living in rural areas



Kennedy & Adolphs, Nature 2011

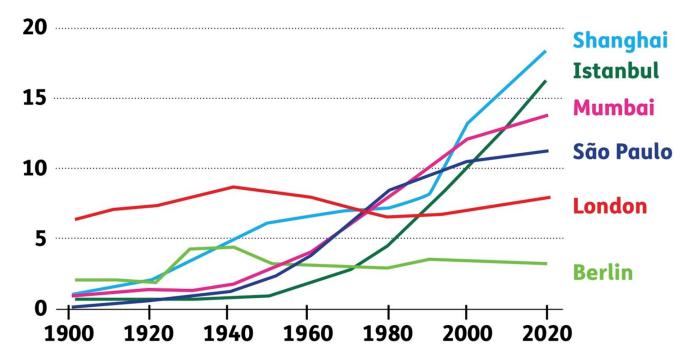
Percentage of world population living in cities



Kennedy & Adolphs, Nature 2011

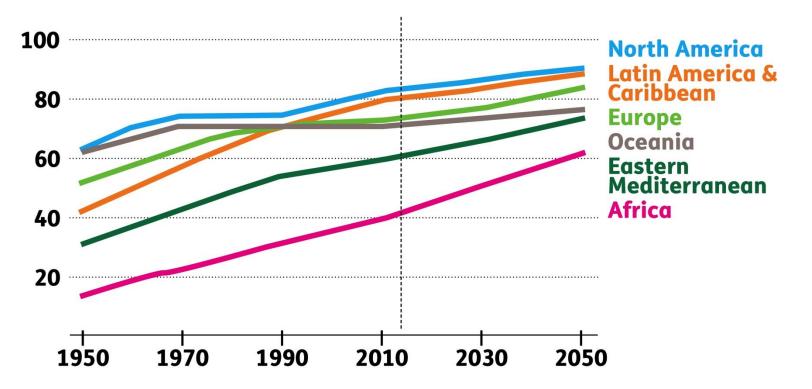
Population increase in selected megacities

million people



LSE Cities

Growth of urban population until 2050



LSE Cities

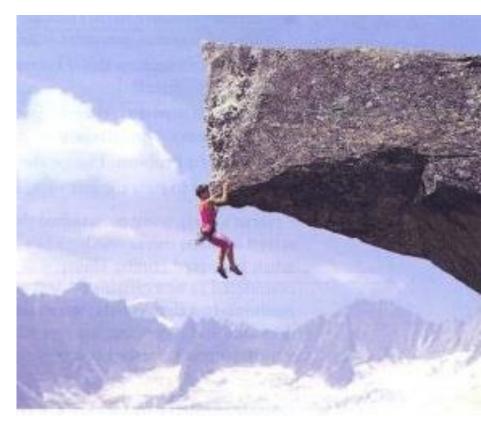
Is there anything like "urban stress"?



The definition of stress:

Stress is an unspecific physical and psychological reaction of the organism to a challenge ahead.

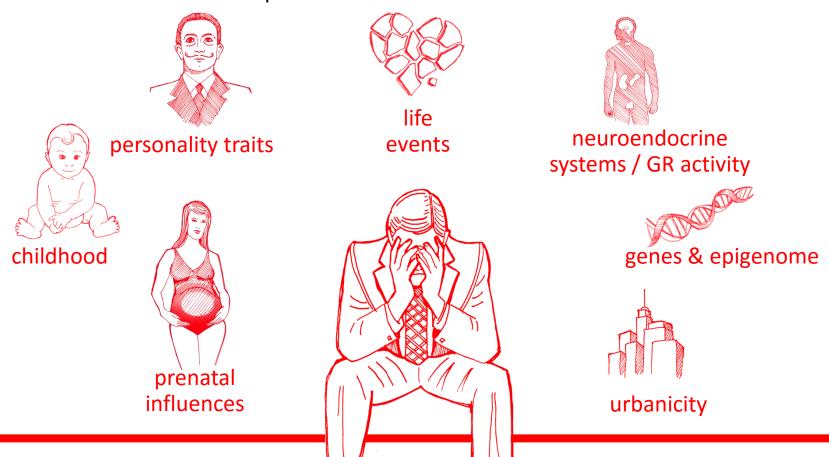
Mason, 1968



The WHO has declared stress to be one of the major health challenges of the 21st century.



Modulators of the stress response





social density



social density

social isolation

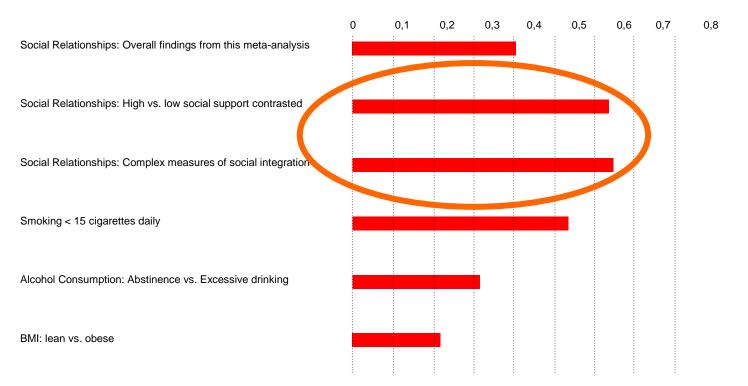


social isolation



Social density leads to behavioural alterations, irritability, mental ill health and higher mortality in many species.

Social isolation predicts premature mortality



Meta-analysis: 148 studies, 308.849 participants

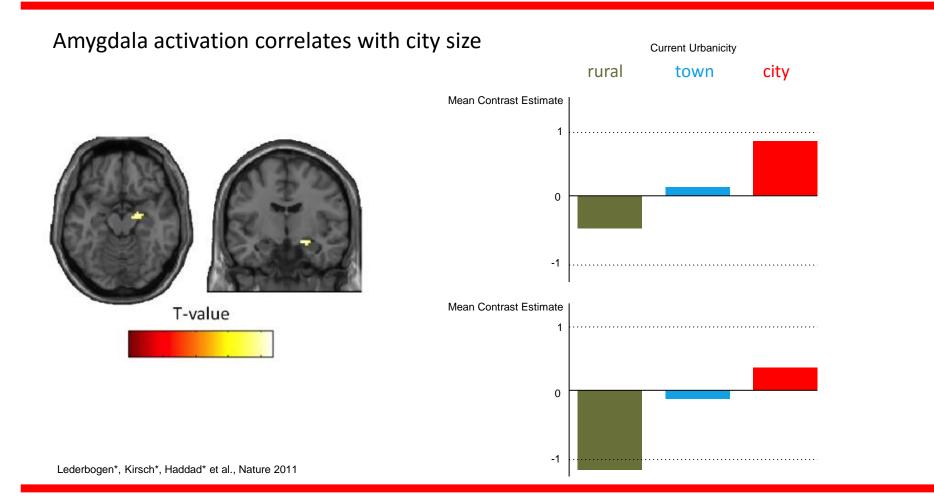
Holt-Lunstadt et al. 2010, PLoS Medicine



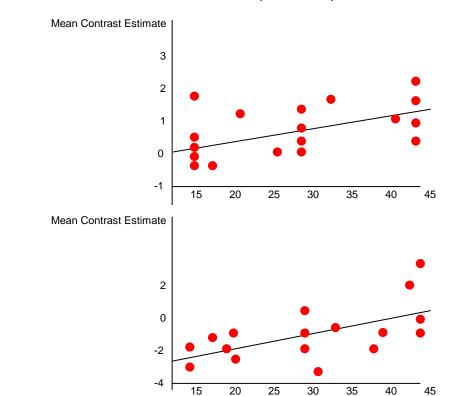
rural

town

city



Urban birth tunes cingulate activation



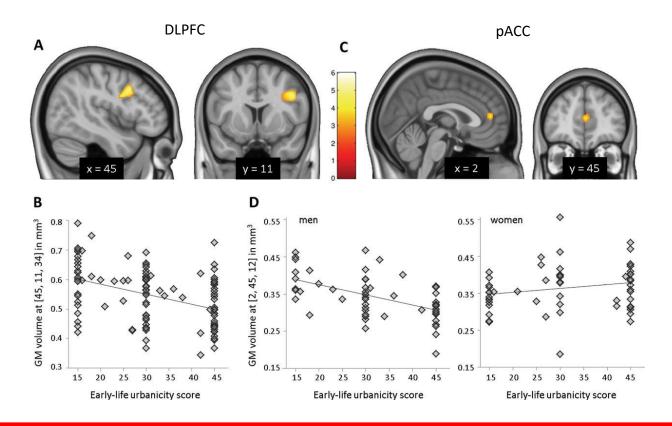
Early Life Urbanicity Score

T-value



Lederbogen*, Kirsch*, Haddad* et al., Nature 2011

Early-life urbanicity and GM volume



Haddad L et al. Schizophr Bull 2014

When local poverty is more important than your income: Mental health in inner cities (Rapp et al. 2015)

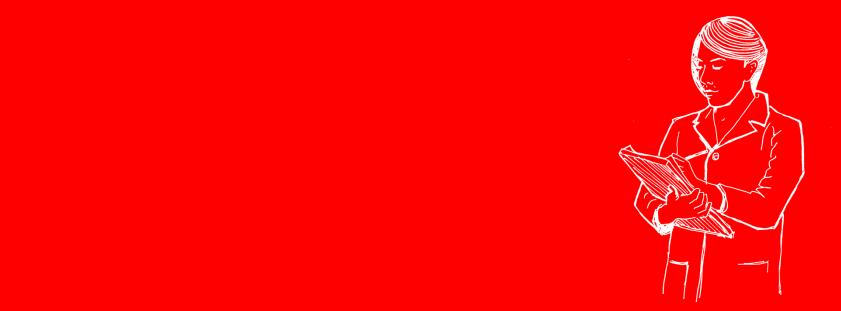


Mental distress (mean GHQ-28 scores) as a function of local poverty levels, as defined by the percentage of residents on public welfare, in 11 local neighbourhoods in the inner city district of Berlin (Mitte). Percentage of residents on public welfare is depicted in yellow (low) to red (high) colour coding, and mean levels of mental distress are shown as column heights in each local neighbourhood.

Consequences ?



There is still a lot to understand.



Stress-associated emotional processing



Investigate inter-individual differences of stress vulnerability

Identify high-risk populations (migrants, elderly, singles)



Identify types and degrees of urban stressors



Investigate the effect of urban stressors on the developing brain



Understand health-protective factors in cities

"urban advantage"



JAMA Psychiatry | Original Investigation

Association of Urbanicity With Psychosis in Low- and Middle-Income Countries

Jordan E. DeVylder, PhD; Ian Kelleher, MD, PhD; Monique Lalane, MSW; Hans Oh, PhD; Bruce G. Link, PhD; Ai Koyanagi, MD, MSc, PhD

Figure 2. Countrywise Association Between Urban Residence (Exposure) and Psychotic Disorder (Outcome) by Country Income Level

A Low-income countries

	No. of		Favors No Psychotic	Favors Psychotic	Weight,
Country	Respondents	OR (95% CI)	Disorder	Disorder	%
Bangladesh	5942	1.67 (0.73-3.80)	-		6.81
Burkina Faso	4948	0.88 (0.38-2.06)			6.58
Chad	4870	1.10 (0.64-1.89)	-	•	10.90
Ethiopia	5089	1.53 (0.83-2.83)	-		9.67
Ghana	4165	1.81 (0.76-4.30)	-	- - -	6.39
Kenya	4640	1.19 (0.33-4.36)			3.45
Laos	4988	2.23 (0.67-7.49)	-		3.85
Malawi	5551	0.70 (0.17-2.84)			3.03
Mali	4886	0.42 (0.18-0.98)			6.62
Mauritania	3902	0.81 (0.37-1.79)	_		7.25
Myanmar	6045	1.15 (0.28-4.67)			3.02
Nepal	8820	0.71 (0.39-1.30)		_	9.81
Pakistan	6501	0.72 (0.35-1.47)		_	8.10
Senegal	3461	0.28 (0.11-0.70)			5.88
Zambia	4165	0.93 (0.28-3.07)			3.92
Zimbabwe	4290	0.50 (0.17-1.44)		_	4.74
Overall heterogeneity: 1 ² =32.4%, P=.10	82 263	0.91 (0.70-1.18)	<		100.00
			0.01 1	.0 9	ר 7.0
				5% CI)	

untries

	No. of Respondents	OR (95% CI)	Favors No Psychotic Disorder	Favors Psychotic Disorder	Weight, %
Bosnia and Herzegovina	1031	1.90 (0.14-26.47)		-	0.67
Brazil	5000	0.99 (0.47-2.11)	_		6.17
Croatia	993	0.90 (0.31-2.61)			3.58
Czech Republic	949	4.83 (0.46-50.12)	_		0.84
Dominican Republic	5027	0.54 (0.23-1.24)		_	5.22
Ecuador	5675	1.12 (0.42-3.02)	_		4.02
Estonia	1020	12.17 (1.53-97.03)			→ 1.06
Georgia	2950	0.98 (0.27-3.52)			2.60
Hungary	1419	0.62 (0.30-1.28)		_	6.40
Kazakhstan	4499	0.34 (0.11-1.08)			3.06
Latvia	929	1.05 (0.11-10.31)			0.88
Malaysia	6145	1.70 (0.43-6.78)	_		2.26
Mauritius	3968	0.53 (0.20-1.42)		-	4.07
Mexico	38746	1.56 (0.87-2.78)			8.79
Morocco	5000	1.93 (0.62-6.00)	_	_ .	3.18
Namibia	4379	0.86 (0.43-1.69)	_	_	7.07
Paraguay	5288	0.73 (0.30-1.80)			4.73
Philippines	10083	0.41 (0.19-0.89)			5.86
South Africa	2629	0.50 (0.19-1.30)		-	4.27
Sri Lanka	6805	1.41 (0.28-7.19)		•	1.67
Swaziland	3117	0.86 (0.51-1.47)	_	_	9.69
Tunisia	5202	0.76 (0.43-1.34)	_	_	9.03
Ukraine	2860	1.74 (0.53-5.73)	_	- -	2.93
Uruguay	2996	1.26 (0.28-5.60)		•	1.95
Overall heterogeneity: 1 ² =19.5%, P=.20	126710	0.88 (0.71-1.10)	Ċ.		100.00
		c	.01 1	.0	97.0
			OR (9	5% CI)	

B Middle-income countries

Devylder et al. 2018, JAMA Psychiatry

How to stimulate participation and adoption of the urban habitat ?



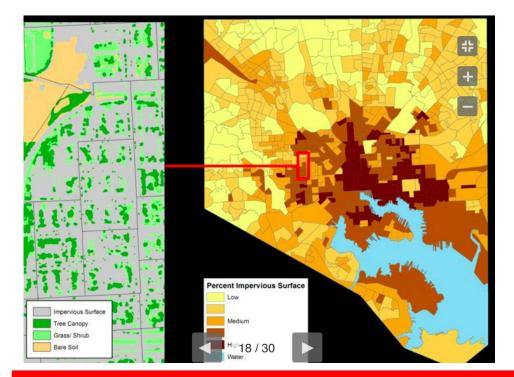


...which factors increase seggregation and fragmentation of urban societies ?

Sao Paolo, Brazil



Social Life Under Cover: Tree Canopy and Social Capital in Baltimore, Maryland

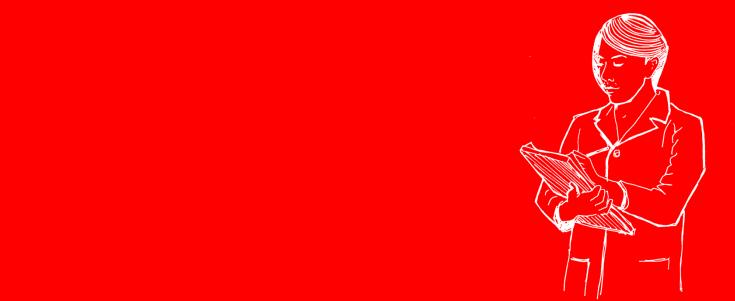


...higher tree canopy density \rightarrow stronger social cooperation



Holtan et al. , Env & Behav, 2015

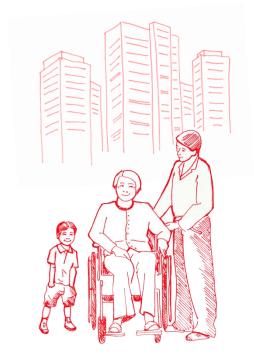
Immediate action points



Minimize the experience of uncontrollable density for the individual



Minimize social isolation particularly in high-risk populations



Public spaces have an important public health impact.



Develop prevention strategies for public mental-health in cities.



Towards a "NEURO-URBANISM"



Bosco Verticale, Milan by Stefano Boeri

