

# Prevalence of depressive disorder in patients attending outpatient department of a tertiary care hospital

Mariam K A

Associate Professor, Department of Psychiatry, Government Medical College, Maharani Hospital, Jagdalpur, Bastar Dt. Chhattisgarh.

Email: [valsala.dbs@gmail.com](mailto:valsala.dbs@gmail.com)

## Abstract

**Background:** Depression is one of the most common mental disorders affecting 350 million people. Despite its increased prevalence, persons with depression do not seek treatment. This study was conducted to study the prevalence of depressive disorder in patients attending outpatient department of a tertiary care hospital. **Material and Methods:** This cross sectional study included 180 male and female patients between 18-60 years age attending department of Psychiatry and Medicine outpatient department. Demographic data and risk factors for depression was recorded. Depressive symptoms were measured by the Center for Epidemiologic Studies Depression Scale. **Results:** The Prevalence of depression in the current study was 76 (42.2%). 39.7% males and 44.1% females were depressed. Severe depression was observed in 60.7% separated or widowed participants. Depression was seen in 54.2% non educated participants. **Discussion:** Female gender, illiteracy, widow or separated and unemployment are the predictors of depression and such people should be screened in outpatient department.

**Key Word:** Depression, outpatient, demographic data, prevalence

## Address for Correspondence:

Dr. Mariam KA, Associate Professor, Department of Psychiatry, Government Medical College, Maharani Hospital, Jagdalpur, Bastar Dt. Chhattisgarh, INDIA 494001.

Email: [valsala.dbs@gmail.com](mailto:valsala.dbs@gmail.com)

Received Date: 07/02/2017 Revised Date: 20/03/2017 Accepted Date: 15/04/2017

DOI: <https://doi.org/10.26611/1004913>

## Access this article online

Quick Response Code:



Website:  
[www.medpulse.in](http://www.medpulse.in)

Accessed Date:  
26 September 2017

## INTRODUCTION

Depression is a significant contributor to the global burden of disease and affects people in all communities across the world. It is one of the most common mental disorders and presents with variety of symptoms such as depressed mood, loss of interest or pleasure, decreased energy, feelings of guilt or low self-worth, disturbed sleep or appetite, and poor concentration<sup>1</sup>. It is estimated to affect 350 million people and will be the second largest killer after heart disease by 2020<sup>2</sup>. Considering the significance of depression in the current era, WHO has declared the theme of world health day 2017 to be

“Depression: Let’s talk.” Lifetime prevalence of depression varies across countries<sup>3</sup>. Studies from developed countries tend to report higher rates while lower rates are reported in lower and middle income countries. While depression is the leading cause of disability for both males and females, the burden of depression is 50% higher for females than males. Depressive disorder has the highest lifetime prevalence of 17% of any psychiatric disorders. Different Indian studies have reported prevalence of depression in outpatient department ranging from 4.3%-39.3%<sup>4</sup>. Despite its increased prevalence, persons with depression do not seek treatment. Barriers to treatment care include the social stigma associated with mental disorder, erroneous symptoms, lack of resources and lack of trained providers. Number of well-defined and evidence based strategies are available that can effectively combat depression if addressed early. It can be managed in primary care settings with generic antidepressant drugs and brief psychotherapy and it is feasible, affordable and cost-effective. This study was conducted to study the prevalence of depressive disorder in patients attending outpatient department of a tertiary care hospital.

## MATERIAL AND METHODS

This cross sectional study included 180 male and female patients between 18-60 years age attending department of Psychiatry and Medicine outpatient department. Patients with psychosis and terminal illness were excluded. The study protocol was approved by the Institutional Human Ethics Committee. The study subjects were interviewed using questionnaire after getting informed consent from them. If the patients had difficulty understanding the questionnaires due to low literacy level or any other reason the questions were clarified. Demographic data and risk factors for depression including details of presenting complaint, past medical history, past psychiatric illnesses and medications was taken. Diagnosis of current and past illnesses was extracted from diagnosis cards and clinical records available with the patient. Depressive symptoms were measured by the Center for Epidemiologic Studies Depression Scale (CES-D)<sup>5</sup>. The CES-D is a 20-item self-rated scale with a maximum possible score of 60. Higher scores indicate more symptomatic morbidity. It has been validated for use in general and clinical populations for identification of depression. Depressive disorder was diagnosed when the total score was  $\geq 16$ . Severe depression was diagnosed when the score was  $\geq 22$ . Data collected was entered in Excel spread sheet and analysis was done using SPSS version 20.

## RESULTS

In the present study, most of the participants i.e., 72 (40%) were between the age group of 51-60 years of age. Out of 180 participants, 102 were female and 78 were males. Most of the participants 132 (73.3%) were educated and among these 132 educated participants, 98 have studied till high school level and remaining 34 were graduates. A total of 124 (68.9%) were married and 88 (48.8%) were employed (Table 1). Severity of depression was measured by the CES-D scale. Depressive disorder was diagnosed when the total score was  $\geq 16$ . Severe depression was diagnosed when the score was  $\geq 22$ . The Prevalence of depression in the current study was 76 (42.2%). 31 (39.7%) of 78 males and 45 (44.1%) of 102 females among the study group were depressed. Severe depression was seen in most of the females. Among the married people, 27 (48.2%) were depressed and 49 (39.5%) of separated or widowed participants were depressed. Severe depression was observed in 34 (60.7%) separated or widowed participants. Among<sup>71</sup> unemployed participants, 39 (54.9%) were found to be depressed. Depression was seen in 26 (54.2%) of 48 non educated participants whereas, 50 (37.8%) cases were educated.

**Table 1:** Demographic characteristics of the study group

Demographic Characteristic	Number (%)
<b>Age (yrs)</b>	
21-30	20 (11.1%)
31-40	22 (12.2%)
41-50	54 (30%)
51-60	72 (40%)
>60	12 (6.66%)
<b>Sex</b>	
Male	78 (43.3%)
Female	102 (56.7%)
<b>Marital status</b>	
Married	56 (31.1%)
Unmarried/separated	124 (68.9%)
<b>Education</b>	
Educated	132 (73.3%)
Non educated	48 (26.7%)
<b>Occupation</b>	
Employed	88 (48.8%)
Non employed	71 (39.4%)
Student	21 (11.7%)

## DISCUSSION

Among mental disorders, depression is one of the most common disorders which presents with a variety of symptoms. More than 150 million persons suffer from depression at any point of time in the world<sup>1</sup>. The prevalence of depression in present study was found to be 42.2%. This finding is similar to the observation made in another study carried out in India by Bhowmik K *et al*<sup>6</sup> with 43% prevalence of depression. The slightly more prevalence of 56% was observed in the study by Mookambika RV *et al*<sup>7</sup> and Kohli C *et al*<sup>8</sup> reported a prevalence of 30.1% in rural hospital, New Delhi. Severe depression was seen in most of the females. For both males and females, the burden of depression is 50% higher for females than males. In fact, depression is the leading cause of disease burden for women in both high-income and low- and middle-income countries<sup>9</sup>. Different studies have also shown that depression is more common among female gender<sup>10,11</sup>. In present study, 48.2% married people were depressed and 39.5% of separated or widowed participants were depressed. Severe depression was observed in 60.7% separated or widowed participants. In a study by Mookambika RV *et al*<sup>7</sup>, 79.3% of depressed people were married and 75% in a study conducted in Delhi<sup>8</sup>. Depression was reported to be prevalent more in widowed or divorced in a study carried out by Kohli *et al*<sup>8</sup> and Poongothai S *et al*<sup>12</sup>. Unemployment is considered as a risk factor for depression<sup>13</sup>. In current study, 54.9% of depressed people were unemployed. Mookambika RV *et al*<sup>7</sup> and Kohli C *et al*<sup>8</sup> also observed the increased prevalence rate of 62% and 65.3% respectively in unemployed people. Depression was seen in 54.2% of non-educated

participants as compared to 37.8% educated people. Prevalence of 61.5% was seen in people who have not crossed primary school in Delhi<sup>8</sup> and 76.2% in a study by Mookambika RV *et al*<sup>7</sup>. From the present study it can be concluded that female gender, illiteracy, widow or separated and unemployment are the predictors of depression and such people should be screened in outpatient department. This requires an effective mental health care policy and implementation of mental health program in the rural primary healthcare institutions of the country and it is time to educate ourselves about depression and support those who are suffering from this mental disorder

## REFERENCES

1. World Health Organization (WHO). The World Health Report 2001 - Mental Health: New Understanding, New Hope. Geneva: World Health Organization; 2001. p.30.
2. World Health Organization (WHO). WHO Department of Mental Health and Substance Abuse. Depression - A Global Public Health Concern. Geneva: World Health Organization; 2012. Available from [http://www.who.int/mental\\_health/management/depression/who\\_paper\\_depression\\_wfmh\\_2012.pdf](http://www.who.int/mental_health/management/depression/who_paper_depression_wfmh_2012.pdf)
3. Kessler RC, Bromet EJ. The epidemiology of depression across cultures. *Annu Rev Public Health* 2013;34: 119-38.
4. Bagadia VN, Ayyar KS, Lakdawala PD, Sheth SM, Acharya VN, Pradhan PV. Psychiatric Morbidity among patients attending Medical Outpatient Department. *Indian J Psychiatry* 1986; 28(2):139-44.
5. Carleton RN, Thibodeau MA, Teale MJN, Welch PG, Abrams MP, Robinson T, *et al*. The Center for Epidemiologic Studies Depression Scale: A Review with a Theoretical and Empirical Examination of Item Content and Factor Structure. *PLoS One* 2013; 8:e58067.
6. Bhowmik K, Adhikari A, Choudhury S, Ahmed MM. Prevalence of depression and its risk factors among patients with chronic obstructive pulmonary disease in a tertiary level hospital in West Bengal, India. *South East Asia Journal of Public Health* 2013;2(2):34-40.
7. Mookambika RV, Unnikrishnan B, Ashok VG. Prevalence of depression among patients attending outpatient department in a tertiary care centre. *Int J Curr Res Med Sci* 2017; 3(4):50-53.
8. Kohli C, Kishore J, Agarwal P, Singh SV. Prevalence of Unrecognised Depression Among Outpatient Department Attendees of a Rural Hospital in Delhi, India. *Journal of Clinical and Diagnostic Research: JCDR* 2013; 7(9):1921-1925.
9. World Health Organization 2008, The Global Burden of Disease 2004 update. [http://www.who.int/healthinfo/global\\_burden\\_disease/GBD\\_report\\_2004update\\_full.pdf](http://www.who.int/healthinfo/global_burden_disease/GBD_report_2004update_full.pdf)
10. Nandi G, Banerjee G, Boral G, Ganguli H, Ajmany S, Ghosh A, *et al*. Socio economic status and prevalence of mental disorders in urban rural communities in India. *Acta Psychiatr Scand* 1979; 59: 276-93.
11. Kishore J, Reddaiah VP, Kapoor V, Gill JS. Characteristics of mental disorders in a rural primary health centre of Haryana. *Indian J Psychiatry* 1996; 38(3):137-42.
12. Poongothai S, Pradeepa R, Ganesan A, Mohan V. Prevalence of depression in a large urban South Indian population - The Chennai Urban Rural Epidemiology Study (CURES-70) *PLoS One* 2009;4(9):e7185.
13. Amin G, Shah S, Vankar G. The prevalence and recognition of depression in primary care. *Indian J Psychiatry* 1998; 40(4):364-09.

Source of Support: None Declared  
Conflict of Interest: None Declared