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# SOCIODEMOGRAPHIC AND CLINICAL PROFILE OF PATIENT SUFFERING FROM DEPRESSION COMING TO PSYCHIATRIC OPD OF CENTRAL INDIA.

Psychiatry

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## ABSTRACT

**Introduction:-** Depression is one of the very common mental health disorders and is represented as an emerging public health problem with an estimated 3.8% of the population affected, including 5.0% among adults and 5.7% among adults older than 60 years of age. Its burden of disease ranks high in many countries. Depression is ranked as the 4th disorder in the global burden of disease and by the year 2030, it is expected to be the highest disorder in high-income countries. **Aim:** To study the sociodemographic and clinical profile of patient suffering from depression. **Methods And Material:** Total 80 patient were screened from OPD and applied HAMD 17 scale before starting of treatment , and after taking antidepressant at 6 weeks , 3 months and 6 months. **Result:** Majority of the participants were males, predominantly belonging to age group of 28-37 years, mostly having education up to primary school, working in house or semi-skilled group and married. Clinical profile revealed that most of the patients had mild to moderate form of depression, a few also reported severe form of depression. **Conclusion:** The Hamilton Depression Rating Scale 17-(HAM-D) analysis pointed towards presence of depression with mean score of 20.43 before start of treatment. The mean value 13.73 , 8.52and 6.32 at 6 weeks, 3 months and 6 months respectively reflect the improvement of symptoms due to treatment.

## KEYWORDS

## INTRODUCTION:

Depression is one of the very common mental health disorders and is represented as an emerging public health problem with an estimated 3.8% of the population affected. (1)

Depression is also a major cause of morbidity and disability. Its burden of disease ranks high in many countries [2]. Depression is ranked as the 4th disorder in the global burden of disease and by the year 2030, it is expected to be the highest disorder in high-income countries [1]. It attributes about 12% of total Years Lived with Disability (YLD) in terms of disease burden [3]. Customised treatment plans are needed for patients with a non-homologous disorder. Extended suffering and partial symptom relief are common, but maintaining antidepressant therapy for a long period after the acute symptoms have subsided can be very helpful to prevent relapse or recurrence of the psychiatric episode and restoration of social and occupational functioning (4). The Antidepressants were first introduced to the field of psychopharmacology in the 1960s, since then the 17-item Hamilton Depression Rating Scale (HAMD17 ) has become one of the most widely used scales to quantify the severity of symptoms of depression and determine the treatment responses of depression. Response size is a widely used variable in antidepressant clinical trials (5) and it is usually defined as a score reduction of 50% or more on standardized tests in depression scales. HAM-D is still considered the "gold standard" in determining the efficacy of antidepressant treatments (6).

The studies show that a depressed patient who responds with a 50% reduction in the HAM-D score may still experience significant symptoms of depression especially if the patient was severely depressed prior to the initiation of therapy. Remission is defined according to post-treatment scores of a depression rating scale and is commonly defined as a low absolute score of ≤7 on the HDR (7, 8). However, the response does not always imply remission (9).

The public health impact of depression is likely much wider than estimates based on full syndromal depression, as there is a growing recognition of the negative impact of subthreshold depression. (10). Sub-threshold depression is also associated with an elevated risk for developing depressive disorder (11-12). However, not all individuals with subthreshold symptoms escalate to full depression. Identifying individual factors that further specify the nature of risk for developing depression has the potential to improve the accuracy and efficiency of screening procedures and target prevention programs in a manner that is most likely to reduce the risk of symptom escalations. (13-15)

The impact of depression is not only on mood but also on different aspects of life. This study is designed to evaluate the sociodemographic and clinical profile of patients suffering from depressive disorders attending our hospital outpatient department.

## METHODOLOGY AND MATERIAL:

This is a hospital based Prospective, longitudinal, Observational study, which was conducted in the outpatient department of psychiatry, MGM Medical College, and Mental Hospital Ban Ganga, after clearance obtained from the institutional ethical committee of MGMMC, Indore.

### Inclusion Criteria:

Subjects who were diagnosed with depressive episodes with baseline scores <23 on the 17-item Hamilton Depression Rating Scale (HDRS17) of age group 18-60 years , who were earlier drug-naive for a minimum period of 4 weeks prior to visit hospital

### Exclusion Criteria:

Subjects who had scores >=24 on the 17-item Hamilton Depression Rating Scale (HDRS17) , and aged below 18 years and above 60 years were excluded. Pregnant and lactating female, and cases with pre-existing, Bipolar affective disorders, psychosis, obsessive-compulsive or had substance dependence (except tobacco and coffee ), and mental retardation excluded.

Sample size of the study was 80 subjects and the duration of study was one year from the date of approval of the Ethical committee.

The purpose of the study was explained to the patients. It was also explained that the participating in this study or withdrawing from the study at any stage, would in no way affect the treatment. Participants written informed consent was taken in his/her language prior to taking the information.

After filling the inclusion criteria, baseline HAMD 17 was applied and the patient was sent back to the treating psychiatrist where they were prescribed antidepressant. Patients were advised to maintain regular follow up in OPD , and HAMD 17 was again applied at 6 week, 3 months and 6 months intervals.

### Assessment Tools:

1. Informed Consent Form
2. Socio Demographic Clinical Data Sheet
3. Diagnosis by clinical interview of treating consultant Psychiatrist as per ICD 10.
4. Hamilton depression rating scale 17 items.
5. Statistical analysis: Statistical Package for the Social Sciences version 26 (SPSS) for windows was used for the analysis of the data.

## RESULTS:

### Statistical Analysis:

Demographic data are presented as frequencies, percentages and values of HAMD 17 were measured as means, and standard deviations

(SD). All statistical tests were two-tailed, and values of $P < 0.05$ were considered statistically significant. Data were analyzed with IBM SPSS statistics version 26.

**Table 1. Socio Demographic Variable Of Patients**

| Variable | Frequency (n) | Percentage (%) |
|---|---|---|
| **Age (in years)** | | |
| 18-27 | 18 | 22.5 |
| 28-37 | 35 | 43.7 |
| 38-47 | 17 | 21.3 |
| >47 | 10 | 12.5 |
| **Gender** | | |
| Male | 49 | 61.2 |
| Female | 31 | 38.8 |
| **Marital Status** | | |
| Single | 11 | 13.8 |
| Married | 51 | 63.7 |
| Others | 18 | 22.5 |
| **Religion** | | |
| Hindu | 49 | 78 |
| Muslim | 11 | 22 |
| **Education** | | |
| Illiterate | 9 | 11.2 |
| Primary | 40 | 50 |
| High School | 20 | 25 |
| Graduate/ Postgraduate | 11 | 13.8 |
| **Occupation** | | |
| Unskilled | 8 | 10 |
| Skilled | 7 | 8.8 |
| Semiskilled | 23 | 28.7 |
| house work/Clerk/ Shopkeeper/ Farmer | 28 | 35 |
| Professional | 3 | 3.8 |
| Students | 2 | 2.5 |
| Unemployed | 9 | 11.2 |
| **Income** | | |
| Lower class | 14 | 23.4 |
| lower middle class | 19 | 31.6 |
| middle class | 7 | 11.7 |
| upper middle class | 13 | 21.6 |
| upper class | 7 | 11.7 |
| **Locality** | | |
| Urban | 33 | 55 |
| Rural | 27 | 45 |
| **Duration of illness** | | |
| 1-6 months | 37 | 46.2 |
| 6-12 months | 15 | 18.8 |
| More than 12 months | 28 | 35 |

**Table 2. HAMD 17 score**

| | MEAN±SD |
|---|---|
| HAMD 17 score at baseline | 20.43±3.83 |
| HAMD 17 score at 6 week | 13.73±1.79 |
| HAMD 17 score at 3 months | 8.52±1.28 |
| HAMD 17 score at 6 months | 6.32±1.04 |

## DISCUSSION:

In this study depression was seen slightly higher in the age group of 28-37 years (43%) , followed by the age group of 26 45 years and the age 18-27 (22%), age 38-47 years (21%) and remaining >47 years (12%) respectively. As per age distribution, Mean age was 34.66 ± 9.39 years. Almost similar mean of age( 39.9+12.8 year ) and ( 37.91+ 11.75 years) were seen in the study done by Madhukar H. Trivedi et al (16) and Pawar Neeraj et al (17) respectively. The sample size was dominated by younger patients (60% age<35yrs). This can be explained based on epidemiological findings of the 2nd decade of the onset in depression and better use of mental health care by younger subjects.

Gender distributions show maximum frequency (61.3%) for males while minimum frequency (38.8%) for females. Majority of cases enrolled in the study belonged to the male gender, this might be because of the nature of the sample collected in our study which was hospital based. Probably males are using the health care facility more as compared to females, while the prevalence of depression is higher in females as shown by Pawar Neeraj et al (17).

Marital status distribution data shown maximum frequency (63.7%) for married while the remaining were either, that is, single (13.8%), others (22.5%) showing that the majority of subjects enrolled in the study were belonging to married status, this can explain as majority of subjects were adult and in indian culture marriages are generally maintained and held for longer period that's why majority of subjects were married. Karin Espositi et al (18) also show similar findings.

As per the educational status the distribution of education among the sample is (50% are in primary school, 25% are in high school, and 13.8% are graduate/post graduate) and the remaining were illiterate (11.3%). Distribution of subjects showed that the majority of subjects were belonging to either primary or high school group (50%, and 25% respectively). This distribution could be due to more use of mental health care facilities by education below undergraduate subjects which indirectly related to poor social economic status of the sample. Easwaran V et al. (19) found the almost same data and shown illiterate are 51% in the study.

The data as per occupation showed that the majority of subjects were house workers 35%, followed by semi-skilled workers 29% and skilled workers 8.8% and the remaining were unemployed, unskilled and students. Vikramaditya B et al.[20] studied depression among the housewives in rural India, using the PHQ-9 found a prevalence of 18%. As per the urban/rural distribution, the study participants showed that 70% of individuals belonged to urban regions and 30% belonged to rural regions. This could be explained as the government mental hospital is located in an urban area. Ajaz Ahmad Suhaff shows 47.1 % urban and 52.9 % rural patients . (21)

The total duration of illness of study population is (46.3%) with their illness duration between 1-6 months, (35%) of patients had illness >12 months respectively, while a minimum frequency (18.8%) of patients had their illness duration only between 6 months and >12 months. Mean duration of illness was noted 9.05 ± 5.18 months among the study population. Almost 15% of the subjects reported early duration of illness during the intervention, which must be because of increased awareness and reputation of the hospital in the mental health care management. 35% of the patients reported more than 12 months because of lack of drive, poor support and lack of awareness.

The pre treatment mean of HAMD 17 items was 20.43. Those patients who were taking antidepressant as the treatment followed up further and applied HAMD17 at 6 weeks, 3 months, and 6 months, and showed mean value 13.73, 8.52, 6.32 respectively. In another study done by A. Wade et al shows mean of HAMD17 at baseline 22.7 and at 8 weeks and 6 months 9.93 and 7.13 respectively(22). Ching I hung also showed mean HAMD17 at baseline 23.4 and at 6 months 10.6 (23). The decrease in score of HAMD 17 items indicate improvement in symptoms of depression hence showing the prognosis of the disease on antidepressant treatment.

## CONCLUSION :-

Majority of the participants were males, predominantly belonging to age group of 28-37 years, mostly having education up to primary school, working in house or semi-skilled group and married. Clinical profile revealed that most of the patients had mild to moderate form of depression, a few also reported severe form of depression. The Hamilton Depression Rating Scale-(HAM-D) analysis pointed towards presence of depression with mean score of 20.43 before start of treatment and 13.73 , 8.52and 6.32 respectively after 6 weeks, 3 months and 6 months of treatment. HAM-D score decreased with treatment of the patient, which reflects improvement in symptoms. Careful diagnosis of depression can help in early starting of treatment so that it can greatly decrease morbidity in patients.

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