



ORIGINAL RESEARCH ARTICLE

SOCIO-DEMOGRAPHIC PROFILE OF PATIENTS SUFFERING FROM DEPRESSIVE DISORDER ATTENDING PSYCHIATRY OUT PATIENT DEPARTMENT

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ABSTRACT

Background: Depression is one of the most common mental disorders responsible for considerable morbidity, disability and decreased quality of life. The socio-demographic factors have consistently been identified as important factors in explaining the variability in depression prevalence rates. This study was aimed to evaluate the relationship between depression and these socio-demographic factors.

Methods: A descriptive cross-sectional study was conducted among 110 patients above 18 years of age of both sexes who met the criteria for diagnosis of Depressive disorder as per ICD-10 DCR in the Psychiatry Outpatient Department of College of Medical Sciences Teaching Hospital, Bharatpur, Nepal. A self- designed semi- structured proforma was developed to obtain the socio-demographic variables and the data were analyzed.

Results: Mean age of the patients was 35.61±10.83 years and 62.7% of the patients were females. Married people (65.5%) tended to develop depression compared to unmarried people (25.5%). Rural residents (67.3%) were more prone to suffer from depression than urban residents (32.7%). Most of the patients were illiterate (54.5%) and unemployed (29.1%). Majority were of Hindu (71.8%) religion, Brahmins (27.3%) caste and from lower socioeconomic status (58.2%).

Conclusions: This study shows that socio-demographic factors such as age, gender, marital status, residence, level of education, occupation and socioeconomic status were positively associated with depression. This strong association between depression and socio-demographic status which may have long been overlooked may play an important role to understand and treat the disease.

INTRODUCTION

Depression is characterized by sadness, loss of interest in daily activities, negative self-regard, troubled sleeping or change in appetite, fatigue, and poor concentration.¹ Worldwide, the mean prevalence of major depressive episodes (MDEs) is around 4.7%, with an annual incidence of 3%.² It is the leading cause of years lost to disability worldwide and a major contributor to the overall global burden of disease.³⁻⁵ Over the past few years, socio-demographic characteristics involved in abnormal functional activity have been recognized as major causative factors to the pathogenesis and severity of Major depressive disorder (MDD).⁶ Age, gender, education, income, and marital status have been identified as important contributing socio-demographic factors for the variability and prevalence of depression.⁷⁻¹⁰ Occurrence of depressive episode significantly depends on gender.¹¹ Usually risk factors for having depression is 2-3 fold higher with females compared to males.^{7-9,12} Depression is most frequent among divorced, separated or widowed individuals. Single women have lower rates of depression than married women do, but the opposite is true for men.¹³ Race and ethnicity are known to influence the clinical presentation of depression. Depression is seen more frequent

in low social class, among residents of urban communities than in their rural counterparts.¹³ The prevalence and epidemiological data of patients with depression are limited in Nepal,¹⁴ little is known about the role of socio-demographic variables in major depression. So, this study was done to explore the socio-demographic determinants of various patients suffering from Depressive disorder attending psychiatric OPD in College of Medical Sciences Teaching Hospital (COMS-TH) Nepal.

METHODS

This was a descriptive cross-sectional study conducted among 110 patients of age more than 18 years who attended Psychiatry Outpatient Department of College of Medical Sciences, Bharatpur, Chitwan, Nepal, who were diagnosed as Depressive disorder, from January 2018 to January 2019. Informed consent was taken from the patients and when they were not able to provide consent because of disease severity, the consent was taken from their relatives. Patients with substance use, other psychiatric diagnoses as psychotic illness, medical comorbidities like hypertension and diabetes, and patients who were pregnant were excluded. Ethical approval was taken from Institutional Review Committee of College of Medical Sciences. The

sample size was calculated with prevalence 4.7%, 4% margin of error and using formula $z^2pq/e^2=108$, but in this study 110 patients were included. A self-designed semi structured questionnaire was used to obtain the socio-demographic characteristics of the study population. It consisted of age, gender, place of residence, religion, caste, marital status, socioeconomic status, educational status and occupation. Socio-economic status was classified according to modified B.G. Prasad scale.¹⁵The diagnosis of depression and its grading as mild, moderate and severe was done on the basis of International Classification of Diseases-10 Diagnostic Criteria for Research (ICD-10 DCR)¹⁶ developed by the division of Mental Health of the World Health Organization. Data were analyzed using SPSS version 16 (Chicago, Illinois, USA). Descriptive statistical analysis was performed.

RESULTS

Among the 110 participants there were 41 (37.3%) males and 69 (62.7%) females. The Mean and SD of age of patients was 35.61 ± 10.83 years. Majority of the cases having depressive disorder were of age group 28-38 years (36.4%). Rural residents 74 (67.3%) were more prone to suffer from depression than urban residents 36 (32.7%). Married people 72 (65.5%) tended to develop depression compared to unmarried people 28 (25.5%) (Table 1).

Table 1: Distribution on the basis of age, gender, residence and marital status

Socio-demographic variables		Frequency(%)
Age groups (years)	18 - 28	34 (30.9)
	28 -38	40 (36.4)
	38- 48	18 (16.4)
	48 - 58	15 (13.6)
	58 - 68	3 (2.7)
Gender	Male	41(37.3)
	Female	69 (62.7)
Residence	Rural	74 (67.3)
	Urban	36 (32.7)
Marital Status	Single	28 (25.5)
	Married	72 (65.5)
	Widow/widower	10 (9.1)

Table 2: Distribution on the basis of religion and caste

Socio-demographic variables		Frequency(%)
Religion	Hindus	79 (71.8)
	Buddhists	15 (13.6)
	Christians	11 (10)
	Muslims	5 (4.5)
Caste	Brahmins	30 (27.3)
	Chhetris	29 (26.4)
	Newars	24 (21.8)
	Gurungs	12 (10.9)
	Magars	6 (5.5)
	Tamangs	5 (4.5)
	Rai	4 (3.6)

Most of them were Hindus 79 (71.8%), while 15 (13.6%) were Buddhist, 30 (27.3%) were Brahmins and 29 (26.4%) were Chhetris (Table 2).

Data shows that maximum number of respondents (54.5%, n=60) were illiterate, 26 (23.6%) patients had attained primary school while 14 (12.7%) had attained up to lower secondary school (Table 3).

Table 3: Distribution on the basis of educational status

Education	Frequency(%)
Illiterate	60 (54.5)
Primary	26 (23.6)
Lower Secondary	14 (12.7)
Secondary	5 (4.5)
Higher Secondary & above	5 (4.5)

Most of the respondents were unemployed 32 (29.1%), followed by farmer 26 (23.6%) (Table 4).

Table 4: Distribution on the basis of occupation

Occupation	Frequency(%)
Farmer	26 (23.6)
Business	12 (10.9)
Housewife	17 (15.5)
Laborer	15 (13.6)
Student	8 (7.3)
Unemployed	32 (29.1)

Most of the cases came from a lower socioeconomic class 64 (58.2%), followed by lower middle class 36 (32.7%) (Table 5).

Table 5: Distribution on the basis of socioeconomic status

Socioeconomic Status	Frequency(%)
I- Upper class	1(0.9)
II- Upper middle class	1(0.9)
III- Middle class	8 (7.3)
IV- Lower middle class	36 (32.7)
V- Lower class	64 (58.2)

DISCUSSION

The socio-demographic factors of age, gender, marital status, residence, education, occupation, socioeconomic status have consistently been identified as important factors in explaining the variability in the prevalence of depression. The data presented here simply attempts to represent a profile of depressed patients visiting a tertiary level hospital in Nepal.

The mean age of presentation of our patients was 35.61 ± 10.83 years. Majority of the cases were of age group 28-38 (36.4%) years, while there were only three cases in the older age group 58-68 (2.7%) years. Similar result was shown in other studies.^{13,17} The particular vulnerability in this age group may due to emotional turmoil, interpersonal problems, job difficulties and academic setbacks.¹⁷ While a study done in United States

reported that young people had more depression compared to patients over the age of 65 years.¹⁸ This decrease in the lifetime prevalence of major depressive disorders in older adults may be due to more psychological stability after 65 years. In addition, depression often goes unnoticed in the elderly; indeed, some symptoms such as loss of motivation, fatigue and isolation can be attributed to aging.¹⁸

In this study, major depression was significantly more frequent in women than in men. In fact, most of studies have reported that women were more likely than men to be depressed.^{18, 19} Females are more likely to ruminate over events than men do, and are more likely than men to become depressed in response to a stressful event. Females are more susceptible to harm from life stressors like interpersonal problem with parents, in-laws, spouse and other family members. These issues can cause feelings of negativity, low self-esteem and lack of control over life in females and are more likely to develop depression.¹⁹

A higher prevalence of major depression was seen in rural areas 67.3% than in urban areas 32.7% in our study which was similar to findings reported by other studies.^{20, 21} This can be explained by the fact that individuals living in rural areas have lower personal resources, lower level of education and higher rates of unemployment, characteristics which are strongly associated with depression.²⁰

In this study the proportion of married patients with depression was seen highest 65.5% (n=72), followed by single 25.5% (n=28), and widow/widower 9.1% (n=10). This may be explained by the fact of financial pressure or unemployment, heightened responsibility, resulting in increased stress and depression in males in Nepal after marriage while in females increasing trend of husband going abroad for work after marriage resulting depression in wife. A study done in Nepal among wives of Nepalese men working abroad showed that the status of husband working abroad had adverse consequences in mental health of married women, including psychological problems, financial and societal problems resulting increased depression in wife.²² The result of our study is also consistent with other previous studies where married person had increased risk to fall in depression in both genders.²³

Most of the patients in this study were of Hindu religion (n=79, 71.8%) and among them majority were Brahmins (n=30, 27.3%) followed by Chhetri caste (n=29, 26.4%). This was in accordance to a previous study conducted in Nepal. Much of the caste disparity in depression can be explained by the processes of socioeconomic status, low income and greater exposure to stressful life events.²⁴

The prevalence of depression was found to be inversely proportional to the literacy status (i.e., as the literacy status increases the risk for depression decreases). Data shows that maximum number of respondents (54.5%, n=60) were illiterate and only 5 patients (4.5%) had attained secondary school, and 5 patients (4.5%) had attained up to higher secondary

and above. The results are comparable with a study reporting associations between individuals with educational status and depression where significantly more incidents of major depression was found occurring among those with lower educational background.²⁵

We observed majority of the patients in our study were unemployed (n=32, 29.1%), which is consistent with finding from other studies where most of the respondents were jobless and unemployment was linked with augmented rates of depression.^{25, 26}

Most of the cases came from a lower socioeconomic class (n=64, 58.2%), followed by lower middle class 36 (32.7%), while 8 (7.3%) cases were from middle class and 1 (0.9%) from an upper middle class and 1 (0.9%) from an upper socioeconomic class. Traditional wisdom has long held that there is an association between depression and socioeconomic status (SES). Published research indicates that despite differences in definitions and measurements of SES, the likelihood of depression in the lower SES group is as much as twice that found in the upper SES group.^{27, 28} People in the lower SES are far more likely to suffer from psychiatric distress than those in the upper SES class.²⁹

The limitation of our current study was that the finding in this study was based on a single center outpatient-based sample, so generalization to other settings might not be appropriate. A larger sample size may be helpful to confirm the contributing factors. So, if we want to produce more accurate conclusion for our present study, we need to carry out this study over large number of samples from different regional part of Nepal. In spite of these limitations, we hope our study will play an important role to understand the association between socio-demographic status and severity of depression.

CONCLUSION

This study shows that socio-demographic factors such as age, gender, marital status, residence, level of education, occupation and socioeconomic status were positively associated with depression. This strong association between depression and socio-demographic status which may have long been overlooked may play an important role to understand and treat the disease. It is anticipated that this study will be helpful for not only the management of depressive disorder but also assortment of patients with more precision based on their socio-demographic features.

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