

# Depressive disorder and its mental comorbidity in patients attending psychiatry OPD at Nepalgunj Medical College, Kohalpur

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## Abstract

**Background:** Depression is one of the commonest mental health problem and its association with suicide as the most common etiology makes it a ruthless killer of all the psychiatric problems we fight with. Identification and management of co-morbid condition is important from the epidemiological and management point of view. Aim of this paper is to study about depression and its psychiatric co-morbidity in the subjects visiting to psychiatric care centre of Nepalgunj medical college.

**Methods:** This was a descriptive study done in patients attending psychiatry OPD of Nepalgunj Medical College, Kohalpur, for six months, from the month of Baisakh to Ashwin 2069.

**Results:** Out of the total 266 subjects (n=266), the most common age group was 21-30 years 98 (36.84%), followed by 11-20 years 67 (25.19%). Female was the dominant gender in both the age groups representing 71 and 47 respectively. The most common co-morbid diagnosis in depression was dissociation 54 (44.26%) followed by headache (27.05%). Other co-morbid diagnosis were; suicidal attempt (5.74%), alcohol use (4.1%) and others (18.85%)

**Conclusions:** Depression is a common psychiatric entity with various psychiatric co-morbidities. The most common co-morbid diagnosis was dissociation, followed by headache.

**Keywords:** Depression; Female, Dissociation.

## INTRODUCTION

Mental problem is very common but stigmatized medical and social problem worldwide. Mental disorders are not the exclusive preserve of any special groups; they are truly universal. Mental and behavioral disorders are found in people of all regions, all countries and all societies.<sup>1</sup>

Depression is one of the commonest mental health problem and its association with suicide as the most common etiology makes it a ruthless killer of all the psychiatric problems we fight with. Major depressive disorder has the highest life time prevalence (almost 17 %) of any psychiatric disorder and women being twice as likely to be affected as men.<sup>2</sup>

The Global Burden of Disease, using the measure of disability adjusted life years determined that unipolar depression was the fourth leading cause of disease burden in the world. It also projected that,

in the year 2020, it will be second leading cause of disease burden in the world.<sup>3</sup>

In typical depressive episode, the individual usually suffers from depressed mood, loss of interest and enjoyment, and reduced energy leading to increased fatigability and diminished activity. A duration of at least 2 weeks is usually required for diagnosis, but shorter periods may be reasonable if symptoms are unusually severe and of rapid onset.<sup>4</sup> According ECA (National Institute of Mental Health's Epidemiologic Catchment Area) and NCC (National Comorbidity Survey) study, over two thirds of all individuals identified as having an episode of major depression also meet the criteria for one or more other psychiatric disorders and the anxiety and the substance abuse disorders being the most common.<sup>3</sup>

Identification and management of comorbid condition is important from the epidemiology and management point of view. Furthermore, anxiety as

a symptom of depression may cause diagnostic difficulty while use of substance in depression could be for self therapeutic purpose of the depression itself or even some patient may get depression because of their substance use disorders.

Comorbidity studies are grossly lacking among psychiatric studies and this study aims to explore the sociodemographic profile of depressive patients along with the existing psychiatric comorbidity.

**METHOD**

This was a descriptive study done in patients attending psychiatry OPD of Nepalgunj Medical College, Kohalpur for six months from the month of Baisakh to Ashwin 2069.

All the new cases of depression that came to the OPD were included in the study after taking consent for the study and the publication. Total 266 participants were included in the study. Patients were diagnosed using the ICD-10 (International Classification of Disease, 10<sup>th</sup> edition) classification of mental and behavioral disorders, clinical description and diagnostic guidelines.<sup>4</sup>

Patients who did not want to participate in the study, those having depression with bipolar disorders, depression in schizoaffective disorders were excluded from the study group.

Patients who needed psychological intervention were sent to the psychologist working in the same hospital. Needful laboratory investigations were done from the hospital laboratory.

The basic socio-demographic profile was recorded and all the variables were analyzed using SPSS (Statistical Package for Social Studies) software and tabulated in percentage.

**RESULTS**

Out of the 266 study subjects (n=266), the most common age group involved in the study population was 21-30 years 98 (36.84%), followed by 11-20 years 67 (25.19%). Female was the most common gender in both the age groups representing 71 and 47 respectively. The most common comorbid diagnosis in depression was dissociation 54 (44.26%) followed by headache (27.05%).

Other comorbid diagnosis includes suicidal attempt (5.74%), alcohol use (4.1%) and other mental problems (18.85%) like personality disorders, neurotic stress related and somatoform disorders and dementia .

**Table 1. Showing sociodemographic profile of patients having depressive episodes with their age range (n=266)**

Age (Yrs)	Gender		Depression as per ICD-10	
	Male	Female	Frequency (n=266)	Percentage (%)
≤ 10	2	1	3	1.13
11-20	20	47	67	25.19
21-30	27	71	98	37.84
31-40	18	28	46	17.29
41-50	7	18	25	9.4
51-60	10	7	17	6.39
> 60	3	7	10	3.76
Total	87	179	266	100

**Table 2. Showing age distribution with individual mental comorbidity in patients with depressive episodes (n=266)**

Age (Years)	Mental Comorbidity				
	Dissociation	Headache	Suicidal attempt	Alcohol abuse	Others
≤ 10		2			
11-20	26	7	1		7
21-30	20	18	4	2	7
31-40	3	4		1	5
41-50	3	1	2	2	3
51-60	1	1			
>60	1				1
Total	54	33	7	5	23

**Table 3. Showing mental comorbidity in patients with depressive episodes**

Comorbid conditions	Frequency (n=122)	Percentage (%)
Dissociation	54	44.26
Headache	33	27.05
Suicidal attempt	7	5.74
Alcohol abuse	5	4.1
Others	23	18.85
Total	122	100

## DISCUSSION

The most common age range for depression found in our study is 21-30 years that represent about 36.84 percent of depression cases. Depression is least common in young age group ( $\leq 10$  years) followed by elderly population of  $> 60$  years. It could be due to the fact that depression is more often found in productive age group and as this is the hospital based study, many elderly and children were not able to visit from their home. Furthermore, as depression is more often present with somatic symptoms in such extreme age groups, they may not have brought to psychiatric care.<sup>5,2</sup>

From the sex distribution point of view, our findings truly represent the twice as common depressive illness in females (179) than in males (87).

The most common mental comorbidity in the patients with depressive episodes was dissociation 54 (44.26%) followed by headache (27.05%)

Dissociation was most common in the age group of 11-20 years (26) followed by 21-30 years (20) and is least common to absent in extreme age groups as mentioned in the most text books. The average age of onset for dissociation is 10-25 years.<sup>6</sup>

This is similar to one study from western Nepal where majority of the patients of dissociative disorder were from 10-19 years (80%) and 20-29 (14.28%).<sup>7</sup>

Epidemiological reports mention 38-50% depressive cases associated with dissociation as a psychiatric comorbidity.<sup>3</sup>

Headache is second most common psychiatric comorbidity comprising 33 (27.05 %) cases which is more or less similar to the result of another hospital based study done in eastern Nepal where 46 % of depressed patient were complaining headache.<sup>8</sup>

Lower prevalence of alcohol abuse could be due to the minimization by patients during the interview and a real low prevalence of alcohol abuse in Terai region due to their different culture in comparison to differently cultured population from cold hilly areas. In one hospital based study done in middle part of Nepal, alcohol use disorder with depressive disorder was found to be 4 (1.52 %).<sup>9</sup>

One study based on United States national comorbidity survey replication done in 18 plus adults found that, of 46.4 % of participants reported one or more psychiatric disorders during their life time.<sup>3</sup>

Comorbidity is more often a common phenomenon not only with psychiatric problems but also with physical illnesses in patients suffering from mental illness including depression. Their identification helps in better management of overall mental health.

Selection bias due hospital based study, unable to randomize, unable to follow up are some of the limitations of the study.

## CONCLUSION

Depression is a common psychiatric entity with various psychiatric comorbidities. The most common comorbid diagnosis is dissociation, followed by headache. Suicidal attempt and alcohol abuse are less often associated with the depressive episodes as found in our study.

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