# Original Research

## Assessment of cases of Depression in young adults

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***ABSTRACT:***
**Background:** Depression is a common psychiatric condition that negatively affects feeling, thinking and acting. The present study was conducted to assess cases of depression in young adults. **Materials & Methods:** 62 patients diagnosed with depression were recruited. A questionnaire comprised of family type, residence was used. The Patient Health Questionnaire (PHQ-9) was used to assess the level of depression among the respondents. **Results:** Out of 62 patients, males were 20 and females were 42. Age group 20-30 years had 12 males and 30 females, 30-40 years had 6 males and 7 females and >40 years had 2 males and 5 females. 14 males and 30 females had nuclear and 6 males and 12 females had joint family, residence was rural in 6 males and 32 females and urban in 14 males and 10 females. The difference was significant (P< 0.05). The level of depression was not at all in 10%, minimal in 34%, mild in 40%, moderate in 14% and severe in 2%. The difference was significant (P< 0.05). **Conclusion:** Depression in young adults is increasing nowadays. Most of the patients had mild depression.
**Key words:** Depression, Patient Health Questionnaire, Family.

## INTRODUCTION

Depression is a common psychiatric condition that negatively affects feeling, thinking and acting. Depression causes feelings of sadness and/or a loss of interest in activities once enjoyed. Depression can lead to a multiple emotional and physical problems and can decrease a person's ability to function at work and at home.[1] The young people in the age group of 10-24 are characterized by immense growth and development. It is a stage of vulnerability often influenced by several risk and protective factors that affect their health and safety.[2]

The clinical presentation of depression at this stage of life can be atypical and is often complicated by personality difficulties and substance misuse.[3] A significant proportion of young people presenting with recurrent depression will go on to develop a bipolar disorder, with important implications for future pharmacological treatment choices.[4] Adolescents with sub-diagnostic levels of depressive symptoms show higher rates of early adulthood depression, substance misuse and adverse psychological and social functioning. When symptom severity reaches the threshold for diagnosis, there is a likelihood that depression will continue into early adult life.[5] Women are twice as likely as men to have depression is a consistent finding in psychiatric epidemiology and is not simply a consequence of females being more likely to report, recall or seek help for depressive symptoms.[6] The present study was conducted to assess cases of depression in young adults.

## MATERIALS & METHODS

The present study comprised of 62 patients diagnosed with depression of both genders. All enrolled patients were informed regarding the study and their consent was obtained.

Demographic profile of all subjects was noted. A questionnaire comprised of family type, residence was used. The Patient Health Questionnaire (PHQ-9) was used to assess the level of depression among the respondents. The PHQ-9 is a nine items tool covering DSM-IV criteria for Depression such as anhedonia, depressed mood, trouble sleeping, feeling tired, change in appetite, guilt, self-blame, or worthlessness,

trouble concentrating, feeling slowed down or restless and thoughts of being better off dead or hurting oneself. Each item is rated on a 4-point scale from 0 to 3 (0 – never, 1 – several days, 2 - more than half the time, and 3 - nearly every day) during the two weeks prior to and including the day of survey completion. Results thus obtained were subjected to statistical analysis. P value less than 0.05 was considered significant.

## RESULTS

**Table I Distribution of patients**

| Total- 62 | | |
|---|---|---|
| **Gender** | **Males** | **Females** |
| Number | 20 | 42 |

Table I shows that out of 62 patients, males were 20 and females were 42.

**Table II Demographic data**

| Variables | Males | Females | P value |
|---|---|---|---|
| **Age group (Years)** | | | |
| 20-30 | 12 | 30 | 0.02 |
| 30-40 | 6 | 7 | |
| >40 | 2 | 5 | |
| **Family type** | | | |
| Nuclear | 14 | 30 | 0.01 |
| Joint | 6 | 12 | |
| **Residence** | | | |
| Rural | 6 | 32 | 0.05 |
| Urban | 14 | 10 | |

Table II, graph I shows that age group 20-30 years had 12 males and 30 females, 30-40 years had 6 males and 7 females and >40 years had 2 males and 5 females. 14 males and 30 females had nuclear and 6 males and 12 females had joint family, residence was rural in 6 males and 32 females and urban in 14 males and 10 females. The difference was significant (P< 0.05).

**Table III PHQ used in patients**

| PHQ | Not at all | Several days | More than half the day | Nearly every year | P value |
|---|---|---|---|---|---|
| Little interest or pleasure in doing things | 30% | 45% | 20% | 5% | 0.05 |
| Feeling down depressed | 50% | 32% | 10% | 8% | 0.03 |
| Trouble falling or staying asleep | 40% | 34% | 20% | 6% | 0.01 |
| Feeling tired | 30% | 45% | 15% | 10% | 0.03 |
| Feeling bad about yourself | 62% | 24% | 12% | 2% | 0.05 |
| Trouble concentrating on things | 65% | 24% | 8% | 3% | 0.01 |
| Moving or speaking so slowly that other people could have noticed | 70% | 15% | 10% | 5% | 0.02 |
| Thoughts that you would be better off dead or of hurting yourself in the some way | 80% | 12% | 4% | 4% | 0.05 |

Table III shows that 30% not at all felt little interest or pleasure in doing things, 50% not at all felt down depressed, 40% not at all felt trouble falling or staying asleep, 30% not at all felt tired, 62% not at all felt bad about yourself, 65% not at all felt trouble concentrating on things, 70% not at all felt moving or speaking so

slowly that other people could have noticed, 80% not at all felt thoughts that you would be better off dead or of hurting yourself in the some way. The difference was significant (P< 0.05).

**Table IV Level of depression among patients**

| Variables | Percentage | P value |
|-----------|------------|---------|
| Not at all | 10% | 0.01 |
| Minimal | 34% | |
| Mild | 40% | |
| Moderate | 14% | |
| Severe | 2% | |

Table IV, graph I shows that level of depression was not at all in 10%, minimal in 34%, mild in 40%, moderate in 14% and severe in 2%. The difference was significant (P< 0.05).

## DISCUSSION

Adoption and family studies have established that depression runs in families and that most of this familiality occurs as a result of genetic rather than environmental influences. Unipolar depression, as a heterogeneous disorder, is likely to include subgroups that represent more genetic forms of depressive illness.[7] Recurrent, early onset depression, defined as two or more episodes before the age of 25, is associated with a strong family history of affective disorder and appears to follow a particularly malignant course, with frequent recurrence, poor response to treatment and high psychiatric and physical comorbidity.[8] Although the heritability estimate of major depression across the life span is between 31% and 42%, recurrent early-onset depression carries an estimated heritability of 70%, a figure which is close to estimates for bipolar disorder.[9] The present study was conducted to assess cases of depression in young adults.

In present study out of 62 patients, males were 20 and females were 42. Pandian et al[10] aimed at finding out the prevalence of depressive symptoms among young adults. The study was a college based cross sectional survey. Socio demographic data sheet and Patient Health Questionnaire (PHQ-9) was administered 1500 college students aged between 18-30 years of age. The study carried out in the medical, dental, paramedical, engineering and other degree college students among colleges. Majority of the respondents were females, day scholars, Hindus and came from nuclear families. 34.4% felt minimal depression, 38.0% felt mild depression, 13. 2% had moderate depression, 4.5% had moderate to severe depression and 1.7% had severe depression. The common mental disorder of depression is common among young adults. Awareness creation for parents and teachers can help them to identify, support and refer adults with depression to appropriate professionals. Teachers delivered, peer-delivered and professional delivered School based mental health programme and crisis management help line are few ways to deal with depression among the young adults.

We found that age group 20-30 years had 12 males and 30 females, 30-40 years had 6 males and 7 females and >40 years had 2 males and 5 females. 14 males and 30 females had nuclear and 6 males and 12 females had joint family, residence was rural in 6 males and 32 females and urban in 14 males and 10 females. Although it is established that negative life events can precipitate depression, the association is a complex one and probably operates in both directions. People with depression are more likely to generate stressful events, and individuals with a higher genetic loading for affective disorder are more likely to experience depression after a stressful event than those with low genetic loading. In recurrent depressive disorder, the association between life events and depression is strongest for early episodes and becomes weaker as the number of episodes increases.[11] Depression varies widely in its clinical presentation. This is especially true in adolescence and young adulthood, when atypical symptoms are more common and the more classic melancholic presentations are relatively rare. Younger adults with depression also tend to report more irritability and anxiety and, as detailed above, there should be a high index of suspicion for the possibility of an emerging bipolar disorder.[12]

The limitation of the study is small sample size.

## CONCLUSION

Authors found that depression in young adults is increasing nowadays. Most of the patients had mild depression.

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