

ORIGINAL ARTICLE

Evaluation of cases of depression in young adults of both genders

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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 of both genders. **Materials & Methods:** 80 patients diagnosed with depression were recruited. The Patient Health Questionnaire (PHQ-9) was used to assess the level of depression among the respondents. **Results:** Out of 80 patients, males were 32 and females were 48. Age group 20-30 years had 10 males and 22 females, 30-40 years had 8 males and 6 females and >40 years had 14 males and 10 females. Residence was rural in 20 males and 32 females and urban in 12 males and 16 females. Family type was nuclear in 18 males and 26 females and joint family in 14 males and 22 females. The difference was significant ($P < 0.05$). Level of depression was not at all in 14%, minimal in 32%, mild in 38%, moderate in 12% and severe in 4%. The difference was significant ($P < 0.05$). **Conclusion:** Results showed that most of the patients had mild depression.

Key words: Depression, Family, Patient Health Questionnaire

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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. Gender is one of the critical determinants of health which influences the power and control men and women have over the determinants of their health, including their socioeconomic position, roles, rank and social status, access to resources and treatment in a society.¹ As such, gender is important in defining susceptibility and exposure to a number of mental health risks. It becomes impossible to examine the impact of gender on mental health without studying existing gender-based disparity in prevalence of depression as baseline data.² Consequently, the conceptual framework for this review is developed to determine disparity if it exists so that the study can contribute to endeavors of redressing the determinants that lead to poor health. Many of the negative experiences of and exposures to mental health risk factors that lead to and maintain the psychological disorders predominately involve gender-based socio-economic expectations. To reduce the contribution of gender in the rise of prevalence of depression among patient population, gender sensitive health care is essential and services must be tailored to meet the needs of each gender.³

Depression can lead to a multiple emotional and physical problems and can decrease a person's ability to function at work and at home.⁴ 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.⁵ The present study was conducted to assess cases of depression in young adults of both genders.

MATERIALS & METHODS

The present study comprised of 80 patients diagnosed with depression of both genders. All patients were informed regarding the study and their consent was obtained.

Data such as name, age, gender etc. was recorded. The Patient Health Questionnaire (PHQ-9) was used to assess the level of depression in subjects. The PHQ-9 used was a nine items having 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- 80		
Gender	Males	Females
Number	32	48

Table I shows that out of 80 patients, males were 32 and females were 48.

Table II Assessment of parameters

Variables	Variables	Males	Females	P value
Age group (Years)	20-30	10	22	0.05
	30-40	8	6	
	>40	14	10	
Residence	Rural	20	32	0.02
	Urban	12	16	
Family type	Nuclear	18	26	0.05
	Joint	14	22	

Table II, graph I shows that age group 20-30 years had 10 males and 22 females, 30-40 years had 8 males and 6 females and >40 years had 14 males and 10 females. Residence was rural in 20 males and 32 females and urban in 12 males and 16 females. Family type was nuclear in 18 males and 26 females and joint family in 14 males and 22 females. The difference was significant (P< 0.05).

Graph I Assessment of parameters

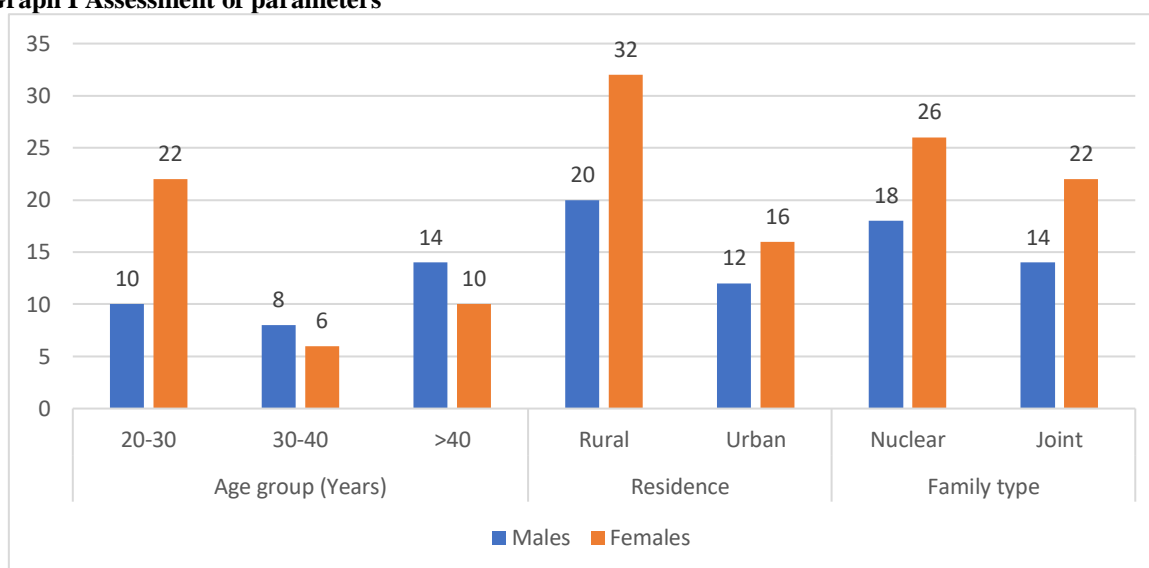


Table IV Level of depression

Variables	Percentage	P value
Not at all	14%	0.01
Minimal	32%	
Mild	38%	
Moderate	12%	
Severe	4%	

Table IV shows that level of depression was not at all in 14%, minimal in 32%, mild in 38%, moderate in 12% and severe in 4%. The difference was significant (P< 0.05).

DISCUSSION

The clinical presentation of depression at this stage of life can be atypical and is often complicated by personality difficulties and substance misuse.⁶ 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.⁷ 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.⁸ Adoption and family studies have established that depression runs in families and that most of this familiarity 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.⁹ The present study was conducted to assess cases of depression in young adults in both genders. In present study out of 80 patients, males were 32 and females were 48. Yong et al¹⁰ in their study anxiety and depression symptoms about migraineurs were

assessed using HADS. Several questionnaires were simultaneously used to evaluate patients with depressive disorder including the Hamilton Depression Rating Scale-17 (HAMD), Hamilton Anxiety Rating Scale (HAMA) and HADS. 176 outpatients with migraine (81.8 % female) were included. Overall, 17.6 and 38.1 % participants had depression and anxiety, respectively. Possible risk factors for depression in migraineurs included headache intensity of first onset of migraine, migraine with presymptom, migraine with family history and migraine disability. The possible risk factors for anxiety included fixed attack time of headache in one day and poor sleeping, and age represented a protective factor for anxiety. The correlation coefficient of HADS-A and HADS-D with HAMA and HAMD was 0.666 and 0.508, respectively ($P < 0.01$). This study demonstrates that depression and anxiety comorbidity in our mainland Chinese migraineurs are also common, and several risk factors were identified that may provide predictive value. These findings can help clinicians to identify and treat anxiety and depression in order to improve migraine management.

We found that age group 20-30 years had 10 males and 22 females, 30-40 years had 8 males and 6 females and >40 years had 14 males and 10 females. Residence was rural in 20 males and 32 females and urban in 12 males and 16 females. Family type was nuclear in 18 males and 26 females and joint family in 14 males and 22 females. The level of depression was not at all in 14%, minimal in 32%, mild in 38%, moderate in 12% and severe in 4%. 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.¹¹

Nidhinandana et al¹² in their study one hundred and ten epileptic patients were enrolled and 60 patients met the inclusion criteria. These subjects were screened with Thai Geriatric Depressive Scale (TGDS) and were interviewed. During the 1-year study period, 60 of 110 patients diagnosed epilepsy were eligible. Prevalence of depression was 38.3%, which is similar to previous studies. Mild depression was found in 65.2% and moderate 34.8%, without severe depression. Comparing between male and female, there was no statistical significant difference ($p = 0.75$). The age group that compared between age equal or less than 25 years and more than 25 years had

no statistical significant difference ($p = 0.77$). Other variables were not found to be significant risk factors of depression among epileptic patients including duration of seizures [equal or less than 5 and more than 5 per year ($p = 0.43$)], type of seizures [generalized tonic-clonic seizures and partial seizures ($p = 0.69$)], and number of antiepileptic drugs [monotherapy and polytherapy ($p = 0.44$)].

CONCLUSION

Authors found that results showed that most of the patients had mild depression.

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