Journal of Advanced Medical and Dental Sciences Research

@Society of Scientific Research and Studies

Journal home page: www.jamdsr.com doi: 10.21276/jamdsr ICV 2018= 82.06

(e) ISSN Online: 2321-9599; (p) ISSN Print: 2348-6805

Original Research

Depression in different age groups: A clinical study

Sandeep Verma[1], Vandana Patel[2]

[1]Associate Professor, Department of Psychiatry, TS Misra Medical College and Hospital Lucknow, U.P., India;
[2]Assistant Professor, Humanity Department, Dr Shakunta Rehabilitation University Lucknow, U.P., India

***ABSTRACT*:**
Background: Depressive disorders are becoming common nowadays. The present study was conducted to assess the cases of depression in different age groups. **Materials & Methods:** This study was conducted on 120 patients of age ranged 20-60 years of age. They were divided into 3 groups depending upon age. Group I patients age ranged 20-40 years, group II 40-60 years and group III were 60-80 years. Each group comprised of 40 each. In each group, number and type of drugs used for antidepressant treatment were recorded. **Results:** 45% of patients in group I, 50% in group II and 40% in group III was of 1 drug only. 10% in group I, 20% in group II and 30% in group III was on 2 drugs. 5% in group I, 10% in group II and 20% in group III was on 3 drugs. 40% in group I, 20% in group II and 10% in group III patients were not on any drugs. The difference was non significant (P<0.05).**Conclusion:** Older usually take more than 1 or 2 medication at same time. Young patients and old patients were more on SSRI as compared to other drugs.

Key words: Depression, Older, Selective serotonin reuptake inhibitors

Received: 17 June, 2019 Revised: 18 July 2019 Accepted: 24 July 2019

Corresponding Author: Vandana Patel, Assistant Professor, Humanity Department, Dr Shakunta Rehabilitation University Lucknow, U.P., India

This article may be cited as: Verma S, Patel V. Depression in different age groups: A clinical study. J Adv Med Dent Scie Res 2019;7(9):73-76.

INTRODUCTION

Depressive disorders are becoming common nowadays. It has high mortality and morbidity. It is a great public health problem. Depression has been considered 4th causes of diseases worldwide according to World Health Organization (WHO). Depression requires proper diagnosis and management in different age groups.[1]

Depression is a syndrome whose signs and symptoms remain for a period of weeks or months. There is also an important impairment of the usual functions of the individual, i.e., people change their behavior regarding work, personal relationships and themselves. Major depression affects between 5–10% of all patients, disproportionately affecting women and the elderly. The causes of depressive disorders are unknown, but risk factors include: genetic factors, stress, bereavement, comorbid medical and psychiatric illnesses, certain medications, substance abuse, intoxication or withdrawal, cognitive impairment or brain injury, and a history of childhood trauma.[2]

An untreated episode of depression frequently lasts six months or longer. Although spontaneous remissions may be full or partial, many untreated depressed persons remain intermittently symptomatic for several years, and a small subset of patients remain chronically ill. Patients with untreated depression are more likely to commit suicide, and they are more likely to suffer complications of comorbid medical conditions since they are less likely to be compliant with recommended treatments or engage in appropriate self-care activities.[3] The present study was conducted to assess the cases of depression in different age groups.

MATERIALS & METHODS

This study was conducted in department of Psychiatry. It comprised of 120 patients of age ranged 20-60 years of age.

The study protocol was approved from institutional ethical committee. All patients were informed and written consent was obtained.

Data such as name, age, gender etc. was recorded. They were divided into 3 groups depending upon age. Group I patients age ranged 20-40 years, group II 40-60 years and group III were 60-80 years. Each group comprised of 40 each. In each group, number and type of drugs used for antidepressant treatment were recorded. Results thus obtained were subjected to statistical analysis. P value less than 0.05 was considered significant.

RESULTS

Table I Age wise distribution of patients

Groups	Group I	Group II	Group III
Age range	20-40 years	40-60 years	60-80 years
Number	40	40	40

Table I, graph I shows that each group had 40 patients each.

Graph I Age wise distribution of patients

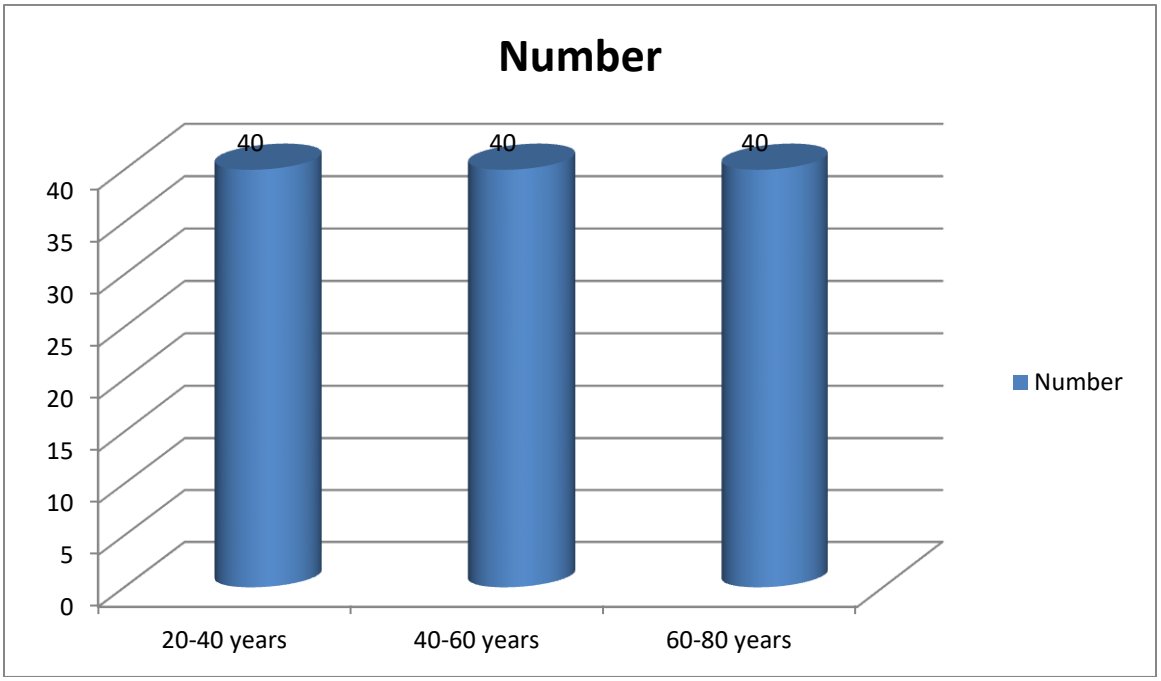


Table II Number of antidepressants used in all groups

Number of drugs	Group I	Group II	Group III
1	45%	50%	40%
2	10%	20%	30%
3	5%	10%	20%
No drugs	40%	20%	10%

Table II, graph II shows that 45% of patients in group I, 50% in group II and 40% in group III was of 1 drug only. 10% in group I, 20% in group II and 30% in group III was on 2 drugs. 5% in group I, 10% in group II and 20% in group III was on 3 drugs. 40% in group I, 20% in group II and 10% in group III patients were not on any drugs. The difference was non significant ($P<0.05$).

Graph II Number of antidepressants used in all groups

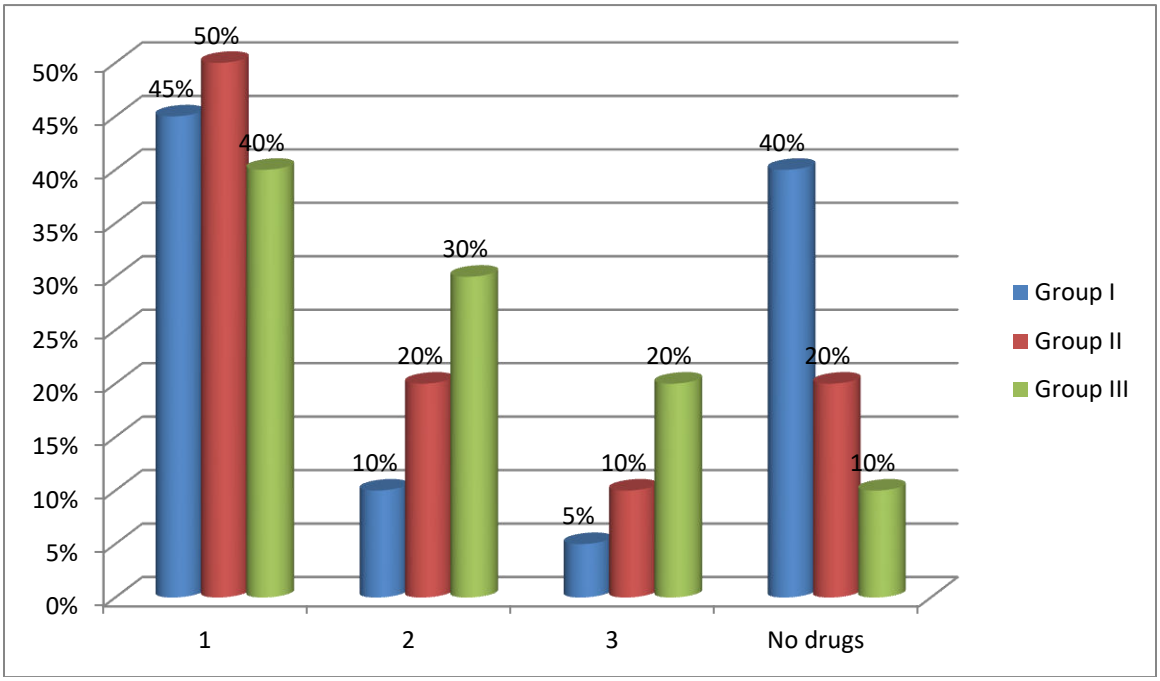
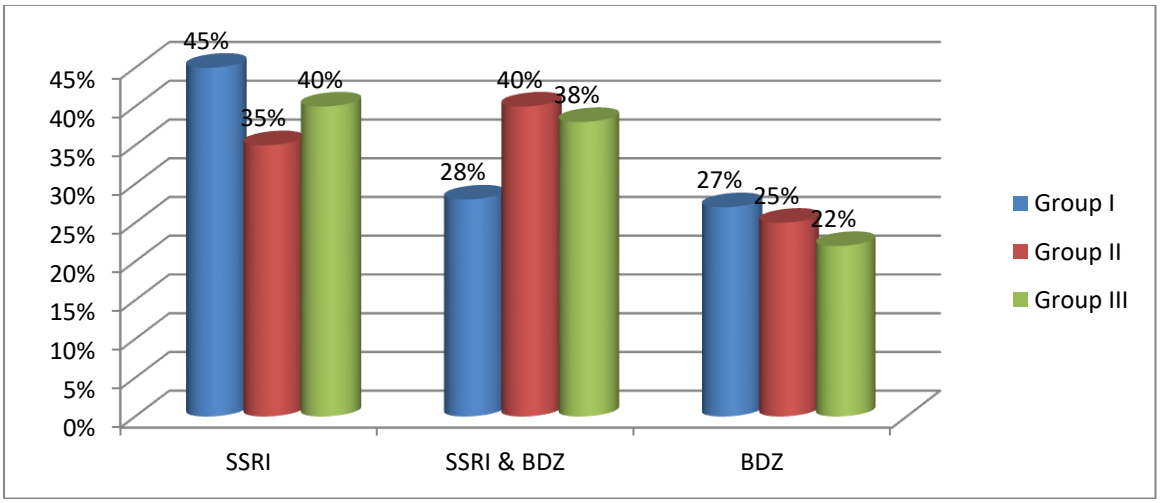


Table III Types of antidepressants

Antidepressants	Group I	Group II	Group III	P value
SSRI	45%	35%	40%	0.01
SSRI & BDZ	28%	40%	38%	0.05
BDZ	27%	25%	22%	0.12

Graph I shows that in group I, 45% of patients were on selective serotonin reuptake inhibitors (SSRI), 28% were on combination of selective serotonin reuptake inhibitors and benzodiazepines (BDZ) and 27% were on benzodiazepines only. In group II, 35% of patients were on selective serotonin reuptake inhibitors (SSRI), 40% were on combination of selective serotonin reuptake inhibitors and benzodiazepines (BDZ) and 25% were on benzodiazepines only. In group III, 40% of patients were on selective serotonin reuptake inhibitors (SSRI), 38% were on combination of selective serotonin reuptake inhibitors and benzodiazepines (BDZ) and 22% were on benzodiazepines only. The difference was significant (P<0.05).

Graph III Types of antidepressants



DISCUSSION

The natural progression of depression usually is its appearance in the third decade of life, and it may occur at any age. Depressive disorders may start from 5 to 60 years of age. The symptoms develop over weeks and remain for months until they evolve to the impairment of one's functions, which initially goes unnoticed by the person, or by their family. Depression is the 4th most common disease occurring not only in older but young adults too. Psychological therapies are strongly recommended for elderly depressed patients as they are vulnerable to adverse effects and high rates of medical problems and medication use. Older adults often have better treatment compliance, lower dropout rates, and more positive responses to psychotherapy than younger patients. Selective serotonin reuptake inhibitors (SSRI) are the first line of antidepressants. Elderly patients use more frequently older tricyclic antidepressants because of positive experiences in previous depression episodes, as well as benzodiazepines than younger depressed patients.[4] This study was conducted to assess the cases of depression in different age groups.

In present study, Group I patients age ranged 20-40 years, group II 40-60 years and group III were 60-80 years. Each group comprised of 40 each.

Stigma can be a major barrier to the expedient diagnosis and treatment of mental disorders and may be particularly important within the institutional environment. Inmates on psychiatric medications often must attend pill line, where they may be observed by other inmates and consequently labeled as "crazy" or viewed in a derogatory manner.[5] Cultural factors can have a significant influence on access to adequate treatment for mental disorders. Ethnicity and cultural norms can affect the expression of psychiatric symptoms and the inmate's acceptance of his or her illness. Health care providers may also suffer from the misconception that inmates of certain ethnicities are less likely to have certain mental health conditions. Language barriers can increase these misunderstandings and further complicate diagnosis and treatment.[6]

In our study, we found that there was significant difference in type of drugs used in different groups. While Paykel[7] found that older uses benzodiazepines more frequently as compared to SSRI because of sedative efficiency of BDZ are more as compared to SSRI.

Elderly individuals have a higher rate of depression than younger adults and, while less likely to complain of depressive symptoms, the elderly are much more likely to suffer significant morbidity and mortality. Providers are more likely to ascribe depressive symptoms to the consequences of aging rather than to a mental health condition. The elderly have a higher rate of death by suicide than younger adults, yet many providers believe suicidal thinking and morbid preoccupation is normal in this age group. Depressive symptoms in the elderly may herald the onset of dementia.[8]

Substance use disorders can cause symptoms consistent with any of the depressive disorders. In the great majority of cases, such symptoms resolve with abstinence; however, a significant minority of inmates will require treatment for their mood disorder in conjunction with substance abuse treatment.[9] Some inmates with chronic addiction suffer from low-grade symptoms of withdrawal that may be difficult to distinguish from a primary depressive disorder. The efficacy of antidepressant treatment in these individuals is uncertain. The best approach is careful assessment, followed by treatment if the symptoms meet the criteria of a diagnosable depressive disorder.[10] Approximately 25% of all people who die by suicide are intoxicated at the time of their death.

CONCLUSION

Authors found that older usually take more than 1 or 2 medication at same time. Young patients and old patients were more on SSRI as compared to other drugs.

REFERENCES

1. Tardieu S, Bottero A, Blin P , Bohbot M, Goni S, Gerard A & Gasquet I: Roles and practices of general practitioners and psychiatrists in management of depression in the community. BMC Family Practice. 2006; 7:5.
2. Tanno S, Ohhira M, Tsuchiya Y, Takeuchi T, Tanno S & Okumura T: Frequent early discontinuation of SSRI prescribed by primary care physicians in young males in Japan. Internal Medicine 2009; 48:1263-1266.
3. Cuijpers P, van Straten A, Warmerdam L & Andersson G: Psychotherapy versus the combination of psychotherapy and pharmacotherapy in the treatment of depression: a meta-analysis. Depression and Anxiety 2009; 26: 279-288.
4. Birrer RB & Vemuri SP: Depression in later life: a diagnostic and therapeutic challenge. American Family Physician. 2004; 69: 2375-2382.
5. Blazer DF: Depression in late life: review and commentary. Journal of Gerontologies. 2003; 58: 249-265.
6. Pampallona S, Bollini P, Tibaldi G, Kupelnick B & Munizza C: Combined pharmacotherapy and psychological treatment for depression: a systematic review. Archives of General Psychiatry 2004; 61:714-719.
7. Paykel ES, Brugha T & Fryers T: Size and burden of depressive disorders in Europe. European Neuro psychopharmacology 2005; 15:411-423.
8. Robinson WD, Geske JA, Prest LA &, Barnacle R: Depression treatment in primary care. Journal of the American Board of Family Practice. 2004; 18:79-86.
9. Sawada N, Uchida H, Suzuki T, Watanabe K, Kikuchi T, Handa T & Kashima H: Persistence and compliance to antidepressant treatment in patients with depression: a chart review. BMC Psychiatry. 2009; 9: 38-42.
10. Stimpson N, Agrawal N, Lewis G. Randomised controlled trials investigating pharmacological and psychological interventions for treatment-refractory depression: systemic review. Br J Psychiatry. 2002;181:284–294.