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Original Research

Evaluation of mood disorders among adults

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ABSTRACT:

Background: Population aging poses a serious threat to public health. It is projected that by 2050, persons over 60 will make up 80% of the population in middle- and low-income nations. The present study was conducted to assess mood disorders among adults. **Materials & Methods:** 90 adults with mood disorders of both genders were selected. The Mood Disorder Questionnaire (MDQ), which is used to test for bipolar spectrum disorders, was administered to every participant. **Results:** Out of 90 patients, males were 48 and females were 42. Mood disorders were bipolar disorders in 42, depressive disorders in 27, and substance induced in 21 patients. The difference was significant (P< 0.05). MDQ score below 7 was seen in 62 and 7 or more in 28 patients. The difference was significant (P< 0.05). **Conclusion:** The two most prevalent mood disorders among adults were bipolar disorder and depression.

Key words: Bipolar disorder, Mood Disorder Questionnaire, depression

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INTRODUCTION

Population aging poses a serious threat to public health. It is projected that by 2050, persons over 60 will make up 80% of the population in middle- and low-income nations. More than a million Poles will be 90 years old in 2020, and more than 25% will be 65 and older in 2035. There are several hazards associated with the aging population phenomena globally, but especially in Europe. Mood disorders and other mental health issues affect older adults.[1]Studies on mood disorders in the ED now in existence have one or more serious drawbacks. These include focusing solely on depressed symptoms rather than looking at depression in its entirety, using screening tools without established psychometrics, using small sample sizes, and relying on a single site.Additionally, the percentage of patients who are currently receiving active treatment for their mood disorder, the desired interventions, and whether or not patients genuinely want care for their mood problem to be started in the ED have not been established by previous studies.[2]

A vital and integral part of overall health, mental health has a direct bearing on the welfare of the person, their family, and their community. Due of the significant amount of personal and societal suffering that mood disorders entail, their burden has grown more and more important. According to estimates, 15.4% of individuals experienced an anxiety or mood problem within the previous year. Additionally, it has been calculated those mental illnesses, such as anxiety and mood disorders, account for roughly 6% of all disability-adjusted life years lost globally, which is greater than the combined effects of neurological and drug use diseases.[3]The main health care strategy entails setting up health systems into three increasingly sophisticated care levels: primary, secondary, and tertiary. The primary health care plan seeks to maximize community health by adhering to equality and solidarity ideals and making effective use of available local resources.[4] The primary health care plan can help low- and middle-income countries flourish economically and socially by optimizing the general state of health in the community. The use of healthcare services is prevalent in those who suffer from mood disorders.[5] The present study was conducted to assess mood disorders among adults.

MATERIALS & METHODS

The present study consisted of 90 adults with mood disorders of both genders. All were informed

regarding the study included after obtaining their written consent.

Demographic data such as name, age, gender etc. was recorded. The Mood Disorder Questionnaire (MDQ), which is used to test for bipolar spectrum disorders, was administered to every participant. The MDQ is a one-page self-assessment tool that was predicted to take five to ten minutes to complete. The "yes" responses in the symptom checklist section were added up to determine the overall MDQ score. Results thus obtained were subjected to statistical analysis. P value less than 0.05 was considered significant.

RESULTS

Table I Distribution of subjects

Total- 90		
Gender	**Males**	**Females**
Number	48	42

Table I shows that out of 90 patients, males were 48 and females were 42.

Table II Evaluation of mood disorders

Mood disorders	Number	P value
Bipolar disorders	42	
Depressive disorders	27	
Substance induced	21	

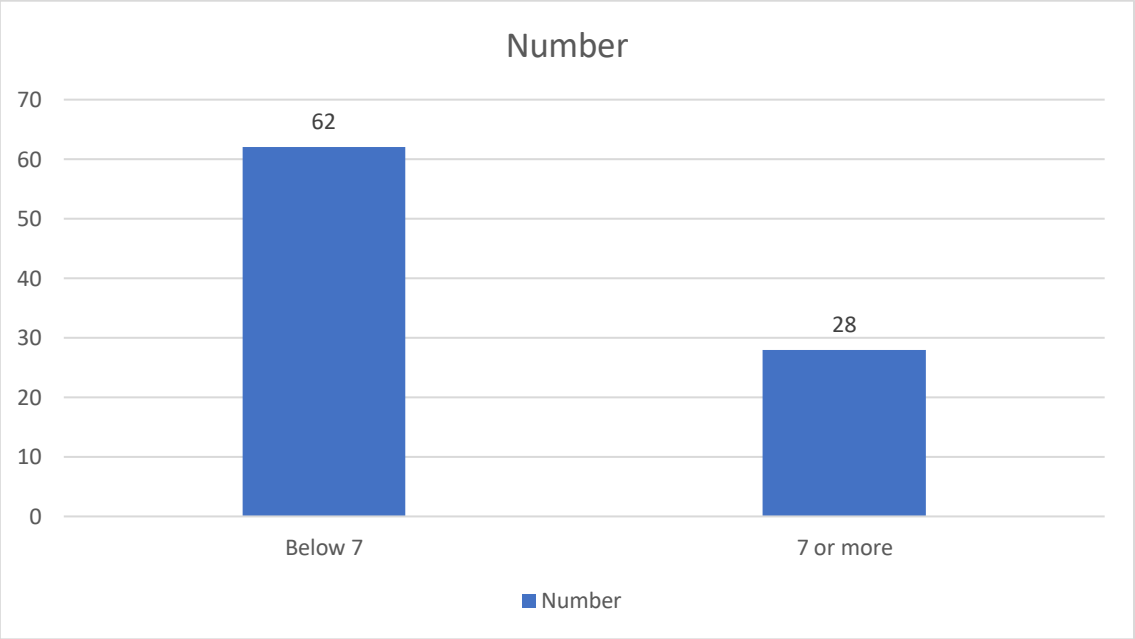
Table II shows that mood disorders were bipolar disorders in 42, depressive disorders in 27, and substance induced in 21 patients. The difference was significant (P< 0.05).

Table III Assessment of Mood Disorder Questionnaire

MDQ value	Number	P value
Below 7	62	0.001
7 or more	28	

Table III, graph I shows that MDQ score below 7 was seen in 62 and 7 or more in 28 patients. The difference was significant (P< 0.05).

Graph II Assessment of Mood Disorder Questionnaire



DISCUSSION

The prevalence of mood disorders rises with age, making them a grave health and social concern for the elderly. The two most prevalent mood disorders are depressive disorders and bipolar disorder, which is characterized by episodes of mania and hypomania. Manic-depressive illness and bipolar affective disorder are other names for bipolar disorder (BD). Mania/hypomania, or periods of heightened or agitated mood, alternate with depressive episodes in people with borderline personality disorder (BD).[6] There are two primary subtypes of bipolar disorders: bipolar I disorder (BD-I) and bipolar II disorder (BD-II). One or more manic episodes are required for the diagnosis of BD-I.[7] Although it is not necessary for a BDI diagnosis, depressive episodes do happen

regularly. One or more hypomanic episodes and one or more major depressive episodes are required for the diagnosis of BD-II.When a bipolar disorder cannot be classified into a particular subtype, it is labelled as bipolar disorder not otherwise specified (BD-NOS), a catch-all designation.[8] Since hypomanic episodes do not always result in psychosis or cause severe social or occupational impairment, they do not reach the full extremes of mania. This can make diagnosing BD-II more challenging because hypomanic episodes may just seem like a time of extreme creativity and productivity.[9]The present study was conducted to assess mood disorders among adults.

We found that out of 90 patients, males were 48 and females were 42. Mood disorders were bipolar disorders in 42, depressive disorders in 27, and substance induced in 21 patients. According to a study by Kroenke et al[10], women were more likely than men to suffer from anxiety disorders. In contrast to the 12-month and 30-day prevalence, the difference in the lifetime prevalence was numerically less and not statistically significant. It's unclear why this conclusion was reached. This data could have a female-to-male explanation in which women experience longer or more frequent episodes of anxiety disorders. Additionally, attenuated sex differences in the lifetime prevalence of anxiety disorders may have been caused by insufficient recall of earlier experiences. In the current investigation, there was no statistically significant difference in the prevalence of mood disorders between men and women. However, the 95% confidence interval was quite broad and the odds ratios for the 12-month and 30-day prevalence were much over 1, indicating that theIt's possible that this study lacks the power to identify a real difference between the sex groups. Overall, the study's findings point to the possibility that women may benefit more than males from programs meant to incorporate mental health treatments into the main healthcare plan.

We found that MDQ score below 7 was seen in 62 and 7 or more in 28 patients.In a clinical context, Yang et al[11] examined the effectiveness of the Chinese version of the Mood Disorder Questionnaire (MDQ) in diagnosing Bipolar Disorders (BD) in patients with Major Depressive Disorder (MDD) or Unipolar Disorder (UD). 1,487 patients receiving treatment at 12 mental health facilities in China for MDD or UD completed the MDQ before being evaluated using the Mini International Neuropsychiatric Interview (MINI). The ability of the MDQ to distinguish between BD (BD, BD-I, and BD-II), MDD or UD, and patients with BD-I from patients with BD-II was assessed using Receiver Operating Characteristic (ROC) curves. 309 (20.8%) of the 1,487 patients met the DSM-IV criteria for BD, comprising 118 (7.9%) for BD-I and 191 (12.8%) for BD-II. For BD and UD, the optimal cut off was 7 (sensitivity 0.66, specificity 0.88, positive predictive value 0.59, negative predictive value 0.91), for BD-II and UD, 6 (sensitivity 0.66, specificity 0.88), and 10 (BD-I and BD-II). This was the result of using only part one of the MDQ. The sensitivity was just 0.22 (or 0.24), and the MDQ could not distinguish between BD and UD at a cut off of 7 (or 6). This was the case when all three sections of the MDQ were applied.

CONCLUSION

Authors found that the two most prevalent mood disorders among adults were bipolar disorder and depression.

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