Original Article

Prevalence and severity of Depressive illness among youth coming to Psychiatry Out-patient department of District Headquarter Hospital (DHQ), Sargodha

Rida Dawood[1], Aftab Nazir[2], Muhammad Shahid Javed[3], Kashif Rauf[4], Zunera Tanveer[5], Shoaib Ahmad Malik[6]

[1] Women Medical Officer, Children Hospital & Institute of Child Health, Faisalabad.
[2] Assistant Professor, Department of Community Medicine, Independent Medical College, Faisalabad.
[3] Professor, Department of Physiology, Sargodha Medical College, Sargodha.
[4] Demonstrator, Department of Biochemistry, Rawalpindi Medical University, Rawalpindi.
[5] Lecturer, Department of Physiology, Bolan University of Medical and Health Sciences, Quetta.
[6] Assistant Professor, Department of Biochemistry, Sargodha Medical College, Sargodha.

Author's Contribution
[6] *Conception of study*
[1,3,6] *Experimentation/Study conduction*
[1,2,4,5] *Analysis/Interpretation/Discussion*
[1,2,6] *Manuscript Writing*
[3] *Facilitation and Material analysis*

Corresponding Author
Dr. Shoaib Ahmad Malik,
Assistant Professor,
Department of Biochemistry,
Sargodha Medical College,
Sargodha
Email: drsamalik@gmail.com

Conflict of Interest: *Nil*
Funding Source: *Nil*

Access Online:

Abstract

Introduction: Prevalence and severity of depressive illness among the youth are on the rise.

Objective: To examine the prevalence and severity of depressive illness among youth coming to the psychiatry outpatient department of District Headquarters Hospital, Sargodha.

Material and Methods: This is a descriptive cross-sectional study. The study population includes young people (15-24 years) coming to the Out-patient Department of Psychiatry in District Headquarters Hospital, Sargodha. The duration of the study was from 1st February 2018 to 20th May 2018. 50 patients were selected through the convenience sampling technique. Beck's depression inventory-II semi-structured questionnaire was used for data collection from people aged 15-24 years coming to psychiatry OPD. The diagnosis was made as per the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-V). Informed consent was obtained from all participants. Chi-square applied. P-value of 0.05 taken as cut off value.

Results: Depression was present in 64% of the study participants. Among female participants, 77.42% of females while among male participants, 42.11% of males were suffering from depression (P-value=0.012) which shows that there is a significant association between gender and depression. Overall, 50% of the participants were mildly depressed, 34.37% were moderately depressed and only 15.63% were severely depressed (P-value = 0.618). Among depressed, 75% were 20-24 years old and 25% were 15-19 years old.

Conclusion: Prevalence of depression is found to be more among women and in the young age group 20-24 years. Therefore, regular psychiatric screening, treatment, and follow-up are recommended in an educational institute for early diagnosis and treatment.

Keywords: Depression, Adolescents, Youth, Prevalence, Lifestyle.

Introduction

Depression is a common mental health problem and a global public health issue. Depression is on the rise in modern-day life. Depression affects our feelings, thoughts, and actions negatively. It can range in severity from mild to severe.[1] Depression affects our daily life activities. A number of symptoms are included in the definition of depression which includes having a low mood, change in appetite, difficulty in sleeping or sleeping too much, increased fatigue, increased purposeless activity, feeling guilty, finding difficulty in concentrating and making decisions, loss of interest in activities once used to be liked by the person and thinking of suicide.[1,2] If any five of these nine symptoms are present for at least two weeks, the person is diagnosed with depression.[1]

Between the years 2005 to 2015, the prevalence of depression increased by 15%.[3] According to a report by the United Nations health agency, about 4.4% (approximately 300 million) of the world's population is suffering from depression.[4] Low and middle-income countries are more severely affected. It is one of the leading causes of disability worldwide. According to an estimate, about 800000 people kill themselves which is one of the worst outcomes of depression and quite a number of them are in the age range of 15 to 29 years.[3]

People in the age range of 15 to 24 years are categorized as young.[5] A number of risk factors for depression in young have been identified. The risk factors for depression in young include increased screen time (spending long hours on laptops, mobile phones, etc), bullying, limited social networking, the recent history of being physically and or sexually abused, poor academic performance, poor health, authoritative parents, alcohol abuse, positive family history of depression and drugs abuse.[6-12]

Depression is on the rise in Pakistan. Approximately 44% of Pakistan's population is suffering from depression.[13] Prevalence of depression in females (57.5%) is more than twice the depression in males (25%) in Pakistan.[14] Very limited number of specialized healthcare professionals that is, only 750 psychiatrists are there to treat these huge numbers of patients. Also, only four specialized mental health hospitals are there.[14] Depression is increasing affecting youth in Pakistan and this is resulting in a negative impact on their growth and development, leading to poor academic performance and in severe cases, it is leading to suicidal attempts.[15] A few research studies are available on the mental health conditions affecting youth in local settings in our national setup. Therefore, to fill this gap in the literature, the study aims to discuss the prevalence and severity of depression in young patients coming to psychiatry OPD of District Headquarters Hospital, Sargodha.

Aims and Objectives of the study: The aims and objectives of our study are:

1. To examine the prevalence of depressive illness among youth patients coming to psychiatry OPD of District Headquarters Hospital, Sargodha.
2. To assess the degree of depression among youth patients coming to psychiatry OPD of District Headquarters Hospital, Sargodha.

Operational definition:

Youth: In our study, the United Nations definition of youth was taken as a reference. According to the United Nations (UN), a person between the ages of 15 to 24 years is regarded as Youth.[5] The terms young and youth are used interchangeably in our study.

Materials and Methods

Study Design: Descriptive Cross-sectional

Study Population: Patients (15-24 years) coming to the Outpatient Department of Psychiatry in District Headquarters Hospital, Sargodha.

Duration of Study: 1st September 2018 to 20th December 2018.

Sample size: 50 patients

Sampling technique: Convenient sampling technique

Inclusion criteria: All the young people between ages 15-24 years who are coming to the psychiatry outpatient department and also willing to participate in our study.

Exclusion criteria: Young people between ages 15-24 years who were suffering from acute agony were excluded from the study and not willing to participate in our study.

Ethical issue: Informed consent was taken from the patients.

Data collection tool: Beck's depression inventory-II (BDI-II) semi-structured questionnaire was used for data collection from all young people (15-24 years) coming to the psychiatry OPD who were able to understand it. Beck's depression inventory-II is a validated tool to assess the presence or absence of depressive symptoms and their severity.[16] The BDI-II comprises of 21 questions comprehensively covering all the dimensions of depression, thereby assessing the affective, cognitive, motivational, vegetative, and psychomotor aspects. The diagnosis was made as per

the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-V).[2]

Data Analysis: Data was entered and analysed using the statistical package for the social sciences (SPSS) version 24. A Chi-square test was applied to check the association of gender with depression. P-values of less than or equal to 0.05 were considered significant.

Results

Out of the 50 study participants, 19 were males and 31 were females. A total of 32 (64%) individuals were found to be depressed while 18 (36%) were not depressed (Figure 1). Out of all 19 male study participants, depression was found in 8 (42.11%) males while among 31 female participants, 24 (77.42%) females were found to be depressed (Table 1). Our calculated P-value=0.012 is less than 0.05, so we can say that there is a significant association between gender and depression.

Among the total of 32 depressed patients, 16 (50%) were mildly depressed, 11 (34.37%) were moderately depressed and 5 (15.63%) were severely depressed (Table 2). Out of 8 depressed male patients, 3(37.5%) were mildly depressed, 3 (37.5%) were moderately depressed and 2 (25%) were severely depressed (Table 2). Out of 24 depressed female patients, 13 (54.17%) were mildly depressed, 8 (33.33%) were moderately depressed and 3 (12.5%) were severely depressed (P-value= 0.618) (Table 2).

We divided the young study participants into further two age groups that are, the 15-19 years age group and the 20-25 years age group. Table 3 is showing depression among these two age groups. Out of a total of 32 depressed individuals, overall 8 (25%) were from the age group of 15-19 years while 24 (75%) were from the age group of 20-25 years.

Out of a total of 8 depressed males, 2 (25%) were from the age group of 15-19 years, while 6 (75%) were from the age group of 20-25 years (Table 3).

Out of a total of 24 depressed females, 6 (25%) females were from the age group of 15-19 years, while 18 (75%) were from the age group of 20-25 years (P- value= 1.000) (Table 3).

Table 4 is showing the socio-demographic characteristics of 32 individuals who were suffering from depression. Among 32 depressed individuals, 16 (50%) were married and 16 (50%) were unmarried. Among 16 married individuals, 14 (87.5%) were females and just 2 (12.5%) were males. Regarding education among depressed, 12 were illiterate out of which 2 (16.67%) were males and 10 (83.33%) were

females. 20 were literate, out of which 6 (30%) were males and 14 (70%) were females. Among 32 depressed patients, only 4 patients had a positive family history of depression, out of which 3 (75%) were females and only 1 (25%) were male.
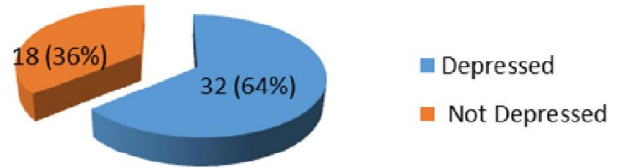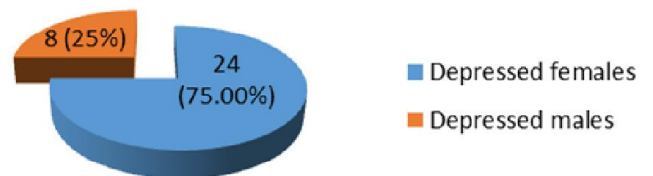

Figure 2: Pie diagram showing the prevalence of depression among youth

Table 1: Prevalence and percentage distribution of depression among youth according to gender

	Patients not Depressed	Patients Found Depressed	Total	P-value
Male	11 (57.9%)	8 (42.11%)	19 (100%)	**0.012**
Female	7 (22.6%)	24 (77.42%)	31 (100%)	
Total	18 (36%)	32 (64%)	50 (100%)	

Since P-value=0.012 is less than 0.05, then we can say that there is a significant association between gender and depression

Figure 2: Pie diagram showing the gender-wise prevalence of depression among youth

Table 2: Degree of depression among depressed according to gender

	Mild	Moderate	Severe	Total	P-value
Male	3 (37.5%)	3 (37.5%)	2 (25%)	8 (100%)	**0.618**
Female	13 (54.17%)	8 (33.3%)	3 (12.5%)	24 (100%)	
Total	16 (50%)	11 (34.37%)	5 (15.63%)	32 (100%)	

Table 3: Prevalence of depression in different age groups of 32 depressed young participants

	15-19 years age group	20-25 years age group	Total	P-value
Males	2 (25%)	6 (75%)	8 (100%)	**1.000**
Females	6 (25%)	18 (75%)	24 (100%)	
Total	8 (25%)	24 (75%)	32 (100%)	

Table 4: Socio-demographic characteristics of 32 depressed participants

Socio-demographic characteristics	Males	Females	Total
Marital status:			
Married	2 (12.5%)	14 (87.5%)	16 (100%)
Single	6 (37.5%)	10 (62.5%)	16 (100%)
Education:			
Illiterate	2 (16.67%)	10 (83.33%)	12 (100%)
Literate	6 (30.00%)	14 (70.00%)	20 (100%)
Positive family history of depression	1 (25.00%)	3 (75.00%)	4 (100%)

Discussion

This study represents the epidemiologic study on the prevalence and severity of depression in one of the major cities in Pakistan. This study was conducted on the patients coming to the Outpatient psychiatry department of District headquarters Hospital, Sargodha. In this study, our objective was to examine the prevalence and severity of depression in patients coming to the Outpatient psychiatry department of District Headquarters Hospital, Sargodha. In our study, 64% of the study individuals were found to be depressed while at the national level, approximately 44% of the population is suffering from depression.[13]

In our study, we found that 42.11% of males and 77.42% of females were found to be depressed while at the national level prevalence of depression in males is 25%, and in females is 57.5%.[14] Since we conducted our study among the patients coming to OPD of Psychiatry ward, so results of our study relating to both the overall prevalence of depression and gender-wise prevalence of depression are higher than the general population. This situation is alarming as it could have a negative impact on one's well-being leading to reduced quality of life, whereas comorbid depression continues to be under-recognized and undertreated. [17,18]

Our results illustrated that the prevalence of depression tends to be more in females compared to males. These results are similar to another study where the prevalence of depression among females was 61.95% while in males was 38.04%.[17] A previous international study reported a similar prevalence of depressive symptoms in women than in men (19.7% vs. 13.9%).[18] Prior studies have shown an association of female hormones, such as estrogen, with that of the development of depression in females.[19] Mostly, women from our setup in villages and small cities have little to no education, making them more vulnerable to the adverse mental health effects, especially may be due to low socioeconomic status, responsibilities of married life, and poor quality of life. The impact of familial relations and interactions within a closely knitted community is of particular importance in the Pakistani population with a combined family system, and the issue of family support is vital especially in times of social and economic stress including illness and treatment.

Another significant finding is that most severely depressed patients belonged to a younger age group. In our study, the young age group (15-25 years) was further divided into two age groups of 15-19 years and 20-25 years. Out of the total depressed participants, 75% were from the age group of 20-25 years. This high

frequency of depression may be because of excessive use of a smartphone, increased use of social media, facing bullying, problematic internet use (PIU), increasing responsibilities of life, sleep deprivation or excessive sleep, the pressure of academic performance, and financial burden in this age group as proven in already published various studies.[20-24]

Depression can hinder the patient's involvement in social life and even compromises self-care, so it may become clinically significant when a patient with chronic depression may develop comorbid diseases. In this connection, promoting public awareness about the mental and psychiatric illnesses can help in countering the situation surrounding these conditions and diseases, and thus can alert health personnel as well as the general public that depression is as damaging to health as a physical condition. Moreover, a general physician must be trained to identify the presence of depression, so that depressive illness may be diagnosed earlier at the community level.

Limitations

The current study portrays a snapshot of a larger problem in society. There are few limitations in the study which need to be considered. Firstly, we considered patients only from a single tertiary hospital. Secondly, it has limitations due to the sampling technique and the small sample size and ignores local religious, social, and cultural factors. Because of these limitations, the findings of this study cannot be applied to the whole community.

Conclusion

It is concluded from this study that 64% of individuals were suffering from depression. The prevalence of depression was found to be 77.42% among females and 42.11% among males. Regarding the degree of depression, 50% of individuals were found to be mildly depressed, 34.37% were moderately depressed and 15.63% were severely depressed. Therefore, it is recommended that regular psychiatric screening, treatment, and follow-up is recommended in an educational institute to timely diagnose the patients to initiate effective treatment.

Acknowledgement

References

1.   What Is Depression? Washington DC: American Psychiatric Association 2018 [updated January 2017. [Available from: https://www.psychiatry.org/patients-families/depression/what-is-depression].
2.   American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders (DSM-5). Fifth ed2013. DOI: 10.1176/appi.books.9780890425596
3.   Friedrich M. Depression is the leading cause of disability around the world. 2017 18;317(15):1517. DOI: 10.1001/jama.2017.3826
4.   UN News - UN health agency reports depression now 'leading cause of disability worldwide': United Nations; 2017 [Available   from: https://news.un.org/en/story/2017/02/552062-un-health-agency-reports-depression-now-leading-cause-disability-worldwide]
5.   United Nations, Definition of Youth Accessed on 10 January 2019   [Available   from: https://www.un.org/esa/socdev/documents/youth/fact-sheets/youth-definition.pdf.
6.   Wyatt LC, Ung T, Park R, Kwon SC, Trinh-Shevrin C. Risk factors of suicide and depression among Asian American, Native Hawaiian, and Pacific Islander youth: a systematic literature review. Journal of health care for the poor and underserved. 2015;26(2 Suppl):191-237. DOI: 10.1353/hpu.2015.0059
7.   Maras D, Flament MF, Murray M, Buchholz A, Henderson KA, Obeid N, et al. Screen time is associated with depression and anxiety in Canadian youth. Preventive medicine. 2015;73:133-8. DOI: 10.1016/j.ypmed.2015.01.029
8.   King KA, Vidourek RA, Merianos AL. Authoritarian parenting and youth depression: Results from a national study. Journal of prevention & intervention in the community. 2016;44(2):130-9. DOI: 10.1080/10852352.2016.1132870
9.   Bang MH, Yang S. Factors Influencing Depression and Suicide Attempts among South Korean Juvenile Victims of Violence: Secondary Data Analysis from the 11th Korea Youth Risk Behavior Web-based Survey. Journal of Korean Academy of Psychiatric and Mental Health Nursing. 2018;27(2):135-45. DOI: 10.12934/jkpmhn.2018.27.2.135
10.   Kim MH, Mazenga AC, Yu X, Devandra A, Nguyen C, Ahmed S, et al. Factors associated with depression among adolescents living with HIV in Malawi. BMC psychiatry. 2015;15(1):264. DOI: 10.1186/s12888-015-0649-9
11.   Kodish T, Herres J, Shearer A, Atte T, Fein J, Diamond G. Bullying, depression, and suicide risk in a pediatric primary care sample. Crisis. 2016 May;37(3):241-6. DOI: 10.1027/0227-5910/a000378
12.   Iqbal Z, Murtaza G, Bashir S. Depression and anxiety: a snapshot of the situation in Pakistan. International Journal of Neuroscience and Behavioral Science. 2016;4(2):32-36. DOI: 10.13189/ijnbs.2016.040202
13.   Sarfraz H. Let's talk about depression. THE EXPRESS TRIBUNE.   2017.   [Available   from: https://tribune.com.pk/story/1376547/lets-talk-depression]
14.   Tele-Visual Infolink (TVI), World Health Day 2017: Depression and Anxiety on rise in Pakistan 2017 [Available from: http://tvi.com.pk/world-health-day-2017-depression-and-anxiety-on-rise-in-pakistan/.

15. Rehman A, Mehboob T, Aslam R, Yousaf U, Bashir I, Tabassam N. Cases and Causes of Depression among School Going Adolescents in Lahore, Pakistan. International Current Pharmaceutical Journal. 2018 Nov; 7(1): 5-9.

16. Beck AT, Steer RA, Brown GK. Beck depression inventory-II. San Antonio. 1996;78(2):490-8.

17. Gul E, Ali S, Jalal M, Haq MU. Frequency of Depression in Patients suffering from Pulmonary Tuberculosis. Pakistan Journal of Chest Medicine. 2017;23(1):03-7.

18. Patten SB, Williams JVA, Lavorato DH, Wang JL, Jetté N, Sajobi TT, Fiest KM, Bulloch AGM. Patterns of association of chronic medical conditions and major depression. Epidemiology and Psychiatric Sciences. 2018 Feb; 27(1):42-50. DOI: 10.1017/S204579601600072X

19. Albert PR. Why is depression more prevalent in women? Journal of Psychiatry and Neuroscience. 2015 Jul; 40(4):219-21. DOI: 10.1503/jpn.150205

20. Demirci K, Akgönül M, Akpinar A. Relationship of smartphone use severity with sleep quality, depression, and anxiety in university students. Journal of behavioral addictions. 2015;4(2):85-92. DOI: 10.1556/2006.4.2015.010

21. Lin LY, Sidani JE, Shensa A, Radovic A, Miller E, Colditz JB, et al. Association between social media use and depression among US young adults. Depression and anxiety. 2016;33(4):323-31. DOI: 10.1002/da.22466

22. Selkie EM, Kota R, Chan Y-F, Moreno M. Cyberbullying, depression, and problem alcohol use in female college students: a multisite study. Cyberpsychology, Behavior, and Social Networking. 2015;18(2):79-86. DOI: 10.1089/cyber.2014.0371

23. Tan Y, Chen Y, Lu Y, Li L. Exploring associations between problematic internet use, depressive symptoms and sleep disturbance among southern Chinese adolescents. International journal of environmental research and public health. 2016;13(3):313. DOI: 10.3390/ijerph13030313

24. Zhai L, Zhang H, Zhang D. Sleep duration and depression among adults: A meta-analysis of prospective studies. Depression and anxiety. 2015;32(9):664-70. DOI: 10.1002/da.22386