

ASSESSMENT OF CLINICAL FEATURES IN PATIENTS WITH DEPRESSION

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ABSTRACT--*Depression is a commonly occurring mental health ailment. The present study was conducted to assess clinical features in patients with depression. This study was conducted on 252 cases of major depressive disorder (MDD). Education status, family history, employment and marital status was recorded. All were subjected to the 30-item Inventory of Depressive Symptomatology–Clinician-Rated (IDS-C30) scale. Out of 252 patients, males were 82 and females were 170. We found that 97 had education upto high school, 110 upto secondary and 45 upto higher, 65 were married, 95 unmarried, 40 divorced and 52 were widow. 82 had income between 10000-20000, 112 had between 20000-50000 and 58 had >50000, 187 were employed and 65 were unemployed, 158 had family history of depression. IDS-C30 Items showed onset insomnia in 110, middle insomnia in 67, early morning insomnia in 30, mood (sad) in 45, mood (irritable) in 59, mood (anxious) in 120, mood reactivity impaired in 132, mood variation by day of time in 45, distinct mood quality in 70, decrease appetite in 60, increase appetite in 89, weight decrease in 95, weight increase in 56. Authors found that depression is a major psychiatric disorder more prevalent in females as compared to males. Common clinical features were decreased appetite, weight loss, mood alteration, suicidal attempt.*

Key words-- *Depression, employment, marital status*

I. INTRODUCTION

Depression is a commonly occurring mental health ailment. It has high morbidity and mortality and one of the persistent psychiatric disorders affecting large scale of population worldwide. Its prevalence is about 4-10% of person and it is seen in almost everyone's life at some stage of life.¹ It is a syndrome whose clinical features persist of weeks or months. There is alteration in the usual functions of the person such as marked change in behavior towards work, change in personal relationships etc.²

The occurrence of depression is more common in females as compared to males. The American Heritage Dictionary of the English Language described sadness as state of sorrow or unhappiness.³ Depression leads to increase intensity of sadness in someone's life. It also occurs simultaneously in patients with physical or psychiatric disorders. It has been seen in 2-3 times more prevalent in patients suffering from chronic conditions such as Parkinson's disease, diabetes mellitus, hypertension and coronary heart disease (CHD) etc.⁴

The pathophysiology of depression can be due to genetics.⁵ It has been studied that occurrence of depression is seen in families already suffering from this disorder. There is positive family history of depression. Environmental factors such as divorce, psychosocial stresses, finance matters, bereavement, redundancy can

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initiate depressive episodes.⁶ One theory has also been proposed ie. the monoamine deficiency hypothesis according to this, there is deficiency of level of monoamine neurotransmitters such as noradrenaline, serotonin and dopamine in the central nervous system leading to depression.⁷ The present study was conducted to assess clinical features in patients with depression.

II. MATERIALS & METHODS

This study was conducted in the department of Psychiatry. It comprised of 252 cases of major depressive disorder (MDD) of both genders. Inclusion criteria were patients with nonpsychotic MDD, age ranged 18- 70 years and those who agreed to participate in the study and exclusion criteria were patients with bipolar disorder and those not giving consent. Ethical clearance was obtained from institutional ethical committee. All patients were explained regarding the study and written consent was obtained.

Patient data such as name, age etc. was recorded. Education status, family history, employment and marital status was recorded. A careful clinical evaluation was done in all patients. All were subjected to the 30-item Inventory of Depressive Symptomatology–Clinician-Rated (IDS-C30) scale. Results thus obtained were subjected to statistical analysis. P value less than 0.05 was considered significant.

III. RESULTS

Table 1: Distribution of patients

| Total- 252 | | |
|------------|-------|---------|
| Gender | Males | Females |
| Number | 82 | 170 |

Table I shows that out of 252 patients, males were 82 and females were 170.

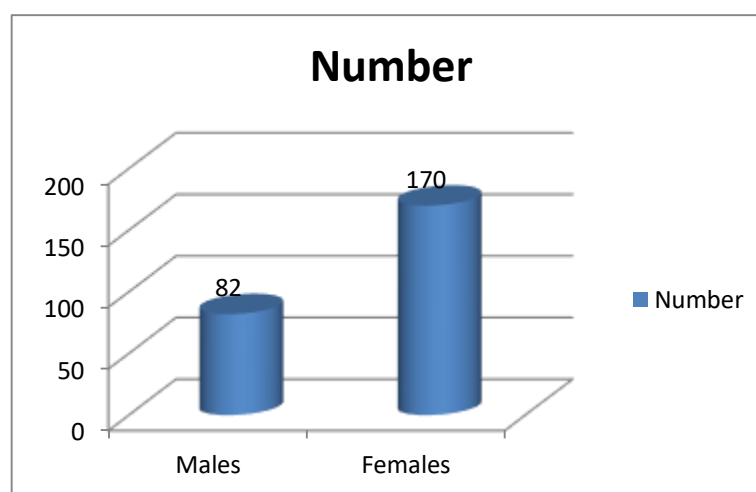


Figure 1: Distribution of patients

Table 2: Demographic data

| Variables | Number | P value |
|-----------------------|---------------|----------------|
| Education | | |
| High | 97 | 0.01 |
| Secondary | 110 | |
| Higher | 45 | |
| Marital status | | |
| Married | 65 | 0.02 |
| Unmarried | 95 | |
| Divorced | 40 | |
| Widow | 52 | |
| Income | | |
| 10000-20000 | 82 | 0.01 |
| 20000-50000 | 112 | |
| >50000 | 58 | |
| Employment | | |
| Employed | 187 | 0.01 |
| Unemployed | 65 | |
| Family history | | |
| Yes | 158 | 0.01 |
| No | 94 | |

Table II shows that 97 had education upto high school, 110 upto secondary and 45 upto higher, 65 were married, 95 unmarried, 40 divorced and 52 were widow. 82 had income between 10000-20000, 112 had between 20000-50000 and 58 had >50000, 187 were employed and 65 were unemployed, 158 had family history of depression. The difference was significant ($P < 0.05$).

Table 3: Individual IDS-C30 Items

| IDS-C30 Items | Number |
|-------------------------------|---------------|
| Onset insomnia | 110 |
| Middle insomnia | 67 |
| Early morning insomnia | 30 |
| Mood (sad) | 45 |
| Mood (irritable) | 59 |
| Mood (anxious) | 120 |
| Mood reactivity impaired | 132 |
| Mood variation by day of time | 45 |

| | |
|---------------------------|-----|
| Distinct mood quality | 70 |
| Decrease appetite | 60 |
| Increase appetite | 89 |
| Weight decrease | 95 |
| Weight increase | 56 |
| Impaired attention | 130 |
| Negative outlook (Self) | 153 |
| Negative outlook (Future) | 64 |
| Suicidal ideation | 75 |
| Decreased activity | 163 |
| Fatigue | 50 |
| Anhedonia | 45 |
| Decreased sexual interest | 122 |
| Psychomotor slowing | 36 |
| Psychomotor agitation | 53 |
| Somatic complaint | 74 |
| Sympathetic arousal | 58 |
| Phobic symptoms | 45 |
| GIT symptoms | 64 |
| Interpersonal sensitivity | 112 |
| Leaden paralysis | 48 |

Table III, graph II shows that IDS-C30 Items showed onset insomnia in 110, middle insomnia in 67, early morning insomnia in 30, mood (sad) in 45, mood (irritable) in 59, mood (anxious) in 120, mood reactivity impaired in 132, mood variation by day of time in 45, distinct mood quality in 70, decrease appetite in 60, increase appetite in 89, weight decrease in 95, weight increase in 56, impaired attention in 130, negative outlook (Self) in 153, negative outlook (Future) in 64, suicidal ideation in 75, decreased activity in 163, fatigue in 50, anhedonia in 45, decreased sexual interest in 122, psychomotor slowing in 36, psychomotor agitation in 53, somatic complaint in 74, sympathetic arousal in 58, phobic symptoms in 45, GIT symptoms in 64, interpersonal sensitivity in 112 and leaden paralysis in 48 patients.

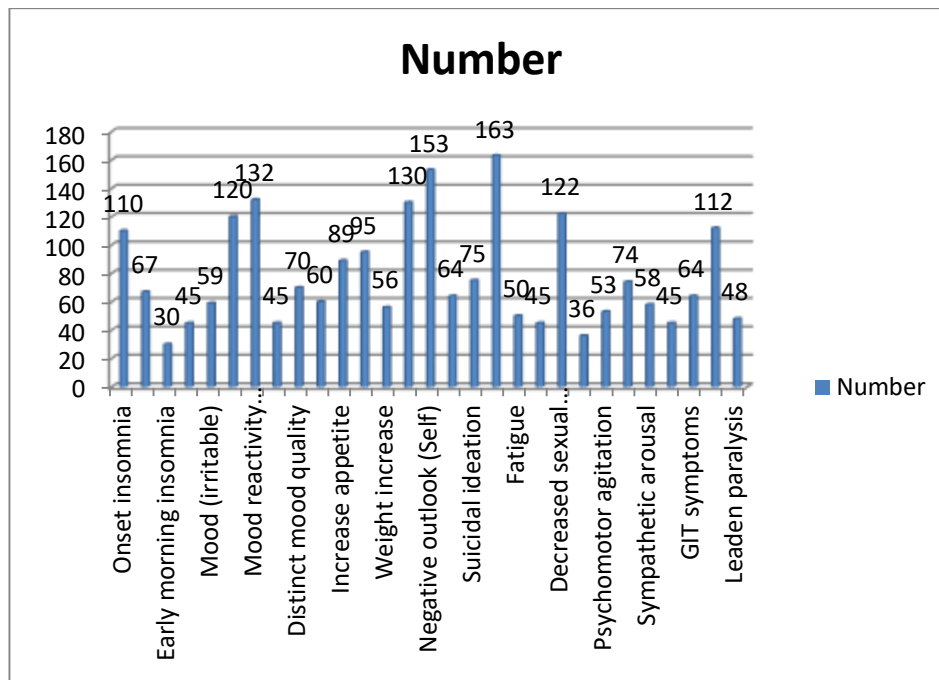


Figure 2: Individual IDS-C30 Items

IV. DISCUSSION

Depression in today's life is very common. Everyone is depressed. The intensity of depression varies person to person. There are different causes of depression.⁸ Of which, environmental, genetic and biological factors are common one. Clinical features differ among different subject with depression. Diagnosis is made by clinical symptoms and signs of the patients. Many symptoms of depression are subjective and other symptoms are objective.⁹

Depression can be due to various drugs. There can be psychiatric adverse drug reactions (ADRs), such as mood changes, depression and suicidal ideation.¹⁰ Depression is not uncommon and it is more common in people with chronic medical conditions, those who are on long standing medication for hypertension, diabetes mellitus, skin or mucocutaneous autoimmune disorders, anticoagulants. These confounding factors make it difficult to confirm if a specific medicine causes depression.¹¹ The present study was conducted to assess clinical features in patients with depression.

In present study, out of 252 patients, males were 82 and females were 170. We found that 97 patients had education upto high school, 110 upto secondary and 45 upto higher, 65 were married, 95 unmarried, 40 divorced and 52 were widow. 82 had income between 10000 to 20000, 112 had between 20000-50000 and 58 had >50000, 187 were employed and 65 were unemployed, 158 had family history of depression.

Yates et al¹² conducted a study among 2541 outpatients with DSM-IV nonpsychotic major depressive disorder. It was observed that the prevalence of medical comorbidity was 50.0%. These comorbidities were more prevalent in patients having older age, lower income, unemployment, low education and longer duration of index depressive episode. The group with significant medical comorbidity reported higher rates of somatic symptoms, gastrointestinal symptoms, sympathetic arousal, and leaden paralysis. We found that IDS-C30 Items showed onset insomnia in 110, middle insomnia in 67, early morning insomnia in 30, mood (sad) in 45, mood (irritable) in 59,

mood (anxious) in 120, mood reactivity impaired in 132, mood variation by day of time in 45, distinct mood quality in 70, decrease appetite in 60, increase appetite in 89, weight decrease in 95, weight increase in 56.

It is found that depression episodes last for 4-6 months. In approximately 12% of patients, symptoms are chronic and persistent. It is also associated with substantial long-term disability.¹³ It is considered to be largest contributor to disability-adjusted life years throughout the developed world. This ailment leads to a greater decline in a person's state of health as compared to diabetes, angina, arthritis and asthma etc.¹⁴

We observed that impaired attention was seen in 130 subjects, negative outlook (Self) in 153, negative outlook (Future) in 64, suicidal ideation in 75, decreased activity in 163, fatigue in 50, anhedonia in 45, decreased sexual interest in 122, psychomotor slowing in 36, psychomotor agitation in 53, somatic complaint in 74, sympathetic arousal in 58, phobic symptoms in 45, GIT symptoms in 64, interpersonal sensitivity in 112 and leaden paralysis in 48 patients.

Risk Factors for depression comprised of gender, females being more suffered, age mostly in range of 40- 60 years old, social and economic factors such as unemployment and underemployment, psychosocial factors such as marital state, i.e., divorced, widows, widowers etc. It is essential to keep in mind the potential differential diagnoses which is general and neurological medical conditions, pharmacological agents, other mood disorders, adjustment disorder with depressed mood, mainly in children and teenagers.¹⁵ The limitation of our study is small sample size.

V. CONCLUSION

Authors found that depression is a major psychiatric disorder more prevalent in females as compared to males. Common clinical features were decreased appetite, weight loss, mood alteration, suicidal attempt.

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