

# Prevalence of Depression among Patients admitted to Baquba Teaching Hospital

Hyder J Hammod (MChB, FICS)<sup>1</sup> and Basim M Ahmed (MChB, FICS)<sup>2</sup>

## Abstract

**Background:** Depression is common in patient both surgical and medical cases and has independently variable prognosis according many factors related to patient and variable disorders.

**Objective:** To study prevalence of depression in in-patient s admitted to Baquba Teaching hospital and evaluates the clinical value of depression and severity of depression among them.

**Patients and Methods:** Seven hundred and seven patients admitted to Baquba Teaching hospital in different branches of medicine, this descriptive study was conducted throughout the period between 1<sup>st</sup> September 2015 to 12<sup>th</sup> August 2016, were evaluated for demographic distribution and depression by using diagnostic and statistical manual of mental disorders 4th edition scale that depend on main symptoms of depression (version 10), the results were evaluated statistically, mean of score, frequency and percentage were used as statistical methods to analyze the data obtained.

**Results:** Sixty eight (8.8%) out of 707 with depression, more common in female 42 (62%) than that in male 26 (38%) also in housewives than employed and in younger age groups than older and in more in early days of admission than later days.

**Conclusion:** Depression in In-patient usually common, and need consultation of psychiatrists, to help them .Depression play important role in prognoses .of disorders and compliance of patient to therapy. We suggest that every hospital need psychiatrist to diagnose and treat depression comorbid with diseases.

**Key words:** Prevalence, depression, anxiety, stress.

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<sup>1,2</sup> Baquba Teaching Hospital - Diyala - Iraq.

## Introduction

Depressive disorders are common with prevalence of 5-10% in primary care settings[1].They rank a fourth as causes of disability worldwide [2] although treatment are available depression often pass undiagnosed and under treatment [3]. Symptoms often are regarded by both patient and physicians as understandable given current social circumstances and or background [4]. Although in many cases

this may be true People should not be denied intervention that may help relieve some of disabling symptoms of disorders allowing them to cope better with any current social problems [5].

Depressive disorders have significant potential morbidity and mortality. Suicide is the second cause of death in people aged 20-35 years [6]. The majority of patient will present with to primary care often with problems other than low mood. Physicians

should remain alert to this possibility as early intervention may be critical in the prevention of major morbidity and comorbidity [6]. Various studies of depression in the elderly reported that mood is more often irritable than depressed [6]. Routine investigation of depression should be ordered (FBC, ESR, RFT, B12 and Folate PTH, Na level due to prone to hyponatremia in elderly thyroid parathyroid antinuclear AB ) About 30% of all depressed patient have some degree of treatment resistant . and the greater degree of resistance more likely a future relapses even if patient continue taking drugs [8]. Hospitals are facing a work burden. The needs for acute care a service is increasing concurrently with changing career expectations among potential health care workers and growing dissatisfaction among existing hospital staff [10]. From another side depression within the nursing community is a major problem [11].

So this work aimed to study prevalence of depression in in-patients admitted to Baquba teaching hospital and evaluate the clinical value of depression and severity of depression among them.

## Patients and Methods

Seven hundred and seven patients admitted to Baquba teaching hospital in different branches of medicine, this descriptive study was conducted throughout the period between 1<sup>st</sup> September 2014 to 12<sup>th</sup> August 2016. This study was approved by an institutional review committee and informed consent was obtained from each patient prior to enroll in the study. Patients were evaluated for demographic distribution and depression by using Diagnostic and statistical manual of mental disorders 4<sup>th</sup> edition scale that depend on main symptoms of depression (version 10). Although terminology is slightly different in both International classification of mental disorders (ICD10) and Diagnostic and

Statistical manual of mental disorders 4<sup>th</sup> edition (DSM-4) the core symptoms are almost identical and should fulfill the following criteria [9].

First one present at least for two weeks and represent change from normality and the second are not secondary to the effect of drug abuse alcohol consumption medication medical disorder and bereavement. 3-may cause significant distress and or impairment of social occupational and or general functioning [7].

Patient admitted to Baquba Teaching Hospital for any reason were evaluated for depression using DSM4 scale that contain the main symptoms of depression according its importance. Positive results mean that those patient complaining from depression then by using Beck's depression inventory test (BDI) we evaluate the severity of depression. DSM-4 scale contain 10 statement each one ask about main symptoms of depression each answer with degree and after that we calculate degree of symptoms and diagnoses of depression was decided. Also severity of depression was evaluated by Beck's inventory test.

DSM4-scale used to detect symptoms of depression by self-administering questions related to symptoms of depression this scale was translated to Arabic version and used to evaluate depression . Beck inventory test scale with twelve items used to detect severity of depression and in this scale depression classified in mild, moderate, severe, and profound.

Descriptive statistics of results were evaluated using Mean of score, Frequency and Percentage as statistical methods to analyze the data obtained .

## Results

Sixty eight out of 707 patient were showed depression in various severity (8.8%) of all patient complaining from depression as shown in table [1].

**Table (1):** Prevalence of depression among patients admitted to Baquba Teaching Hospital.

Patients with depression	No.
Positive depression (68)	8.8%
Negative depression (639)	91.2%
Total (707)	100%

In sociodemographic characteristic of depression showed that females 42(42%) more common than males 26(38%) as shown in table (2).

**Table (2):** Distribution of depressive cases according to Gender among patients admitted to Baquba Teaching Hospital.

Gender	NO	%
Male	26	38
Female	42	62
Total	68	100

In this study we show that younger age groups are at higher risk of developing depression than other age groups as shown in table (3).

**Table (3):** Distribution of cases according to ages among patients admitted to Baquba Teaching Hospital.

Age group(year)	NO	%
25- 15	20	26
26 -35	13	19
36 – 45	17	26
46 – 55	12	18
56 – 65	3	4
65 >	3	4
Total	68	100

According to distribution of depression according to culture background this study revealed that urban culture at higher risk to developing depression than rural culture as shown in table [4].

**Table (4):** Distribution cases according to residence among patients admitted to Baquba Teaching Hospital.

Residency	NO.	%
Urban	48	71
Rural	20	29
Total	68	100

In also this study revealed that depression in in-patient more prevalence in spring than others seasons as shown in table (5) .

**Table (5):** Distribution of cases according season among patients admitted to Baquba Teaching Hospital.

Season	NO	%
winter	14	20
spring	23	34
summer	18	27
Autumn	13	19
Total	68	100

Also this study showed that depression than occupied persons as housewives have greater risk to shown in table (6).

**Table (6):** Distribution of cases according to occupation among patients admitted to Baquba Teaching Hospital.

Occupation	NO	%
Housewife	34	50
Governmental employee	11	17
student	5	7
military	8	12
RETIRED	7	10
	3	4
Total	68	100

According prognoses of cases we shown of cases discharged in their responsibility as that 54 case [74%] improved while 14 21% shown in table (7).

**Table (7):** Distribution of cases according to prognoses among patients admitted to Baquba Teaching Hospital.

Outcome	NO.	%
Improved	54	79.4
Discharged on his responsibility	14	20.6
Total	68	100

In this study showed that duration of admission to hospital also affect the results. In shorter (1 day. 2 days. 20%, 15% respectively) duration more prone to affect depression as shown in table (8).

**Table (8):** Distribution of cases according to duration of stay among patients admitted to Baquba Teaching Hospital.

Duration of stay (day)	1	2	3	4	5	6	7	8	9	10	Total
Number of patients	20	15	14	9	3	1	1	2	2	1	68
%	29.5%	22%	20.6%	13.3%	4.5%	1.5%	1.5%	2.9%	2.9%	1.5%	100%

Table 9 showed that most patients suffer from mild depression (58.8%) among patients admitted to Baquba Teaching Hospital.

**Table (9):** Classification of depression according severity among patients admitted to Baquba Teaching Hospital.

Depression(type)	No	%
Mild	40	58.8
Moderate	15	22.05%
Sever	8	11.77
Profound	5	7.4
Total	68	100%

## Discussion

The result of present study sought to determine the prevalence of depressive episodes among vulnerable patients, to define their socioeconomic characteristics.

In this study we revealed that depression is common complicated complication of in-patient 8.8% of all cases shows positive results of depression which is high percentage and need proper evaluation and treatment in every patient. The presentation of depression delays significantly the improvement of health of patient. In socio-demographic characteristic we find that female more prone to develop depression than male and this results agree with same ratio in normal population in sociodemographic characteristic as in normal distribution of depression the prevalence of depression in urban more than rural area and in housewives more than occupied patient so as in distribution of depression according age variation we find that early age groups more prone to develop depression than old age groups.

The Samenta study, which was carried out in 2009 in a representative in the Paris metropolitan area, who reported an estimated prevalence of depressive episodes of 22.5% [12]. Fallissard *et al.* found that the depression prevalence varied from 17.9% to 23.0%, depending on whether the diagnosis was made by a clinician or using the M.I.N.I [13]. Another study in 2000, showed in a

study conducted at 12 public centers for free medical check-ups, Royer *et al.* who examined the link between precarious situations and anxiety/depressive disorders. They found a mean prevalence of 27.2% in women and 16.9% in men, but these figures increased respectively to 41.7% and 34.4% among the most disadvantaged individuals [14].

In other study the depression was more common finding in uneducated patients than anxiety which was more common in the patients with some education [15], and the similar findings were observed by Tabassumali *et al* [16].

So in every hospital we need consultation of psychiatrist to evaluate every in patient especially those show depressive symptoms to interfere as early as possible and give him the appropriate consultation and treatment .As we see we must admit the patient only if he needed and don't keep him for long because he my develop depression this increase the economic burden of treatment and make patient less compliance to treatment. The importance of day hospitals appear to decreases the prevalence of depression as patient not admitted to hospital.

Suggestion and recommendation. Consult psychiatrist in every in-patient be have abnormally like refuse taking drugs or feel depressed, or decrease compliance. Other studies must do to get real psychiatric complication of in- patient.

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