Depression among primary health care attendees in Baquba city

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Abstract

Background: Depression is health problem of epidemic dimension, characterized by multiple symptoms, including abnormal and persisting affective changes associated with feeling of worthlessness guilt and helplessness, anxiety, crying, suicidal tendencies, loss of interest, in work and other activities , impaired capacity to perform every day social and functions, and hypochondriasis.

Objective: To measure the rate of depression among patient attending primary health care centers in Baquba city and to identify their sociodemographic characteristics.

Patients and Methods: Three hundred and sixty patients (160 males,200 females) were drown randomly from three primary health care centers in Baquba city , cross sectional study were done for them using General health questioner (Golberg -30) ,semi structural psychiatric interview schedule based on American psychiatric association diagnostic and statistical manual of mental disorders 5th edition and Becks inventory test to detect depression and its severity. Results were analyzed statistically.

Results: The rate of depression among primary care attendants in Baquba city in this study was (12.5%). More common in female than that in male (15.5% in female, 8.75 % in male); female male ratio (1.85-1), recognition rate of depression was low 22.3%. Mild depression is higher than other types of depression 44.4%.

Conclusion: Depression rate is high in primary health centers in Baquba city , the depression is under diagnosed and often in appropriately treated illness resulting in economic burden in health care centers .

Key words: Depression, Primary Health Care Centers, American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders, General Health Questioner .

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Received: 26th February 2017

Accepted: 16th April 2017

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Introduction

The most extreme form of elation (mania) and depression have been recognized since writings of Hippocrates [1]. Mania, Melancholia and paranoia were the core categories of Greeks psychiatry [2]. Also concept of melancholia described by Ares tales has obviously similarities to our concept of severe depression illness and the link between morbid depression and morbid elation of mood was clearly appreciated atthat time [3]. It is important to recognized that conceptual framework with which psychopathological description have been set ,has changed greatly over years. the meaning ascribed to terms used for describing diagnostic concepts and behavior may vary considerably from time to time so that assumption that terms such as mania,

melancholia and hypochondria mean the same now as they did even two centuries ago[4]. At nineteenth century French physician (Jules Farate) described the un episodic variety of depression with remission and attack of increasing duration occur most common in female than male [5]. In 1917 Freud classic paper(mourning and melancholia) described depression and its distinction from grief he described depression as interjected rage over object loss and differentiated depression from grief by postulated that depression invoked self-reproach and guilt whereas mourning did not[6]. In 1950 Newcastle school (rooth 1950) distinguished endogenous from reactive type of depression the endogenous type thought to be biological in origin with psychomotor agitation or retardation loss of weight and anhedonia , early morning waking and diurnal mood variation the reactive form was to be psychological origin with anxiety , irritability , insomnia and persistent reacting of mood[7]. The concept of masked depression created by Paul Kielhose at the end of 1960 has enjoyed great favored over the last 20 years this designation suggest that type of depression seen by general practitioner differ from that seen by psychiatrist with sadness being masked by somatic symptoms having no organic bases , they also realized that somatic symptoms are most common in depression ,at this point the concept of masked depression was no longer warranted [8]. Now depression is a term that is widely applied to range of condition in which most of symptoms is depressed mood .the term depression applied to heterogeneous group disorders their core symptoms are sadness, poor ability or inability to experience pleasure , feeling of helplessness, or hopelessness , guilt and inhibition of behavior and mental activity ,there is often intense suicidal ideation and attempt act [9]. Also depression associated with somatic symptoms such as sleeplessness, loss of libido , loss of appetite with decreased weight and various psychophysiological autonomic symptoms [10]. To diagnose depression according DSMV five or more of following symptoms have been present during same 2 weeks period and represent change from previous functioning at least one of symptoms either depressed mood or loss of interest or pleasure .these symptoms are depressed mood of the day nearly all the day, markedly diminished interest or pleasure in all or almost all activities most of day nearly every day either indicated by subjective count or observational by others ,significant weight loss ,insomnia or hypersomnia ,psychomotor agitation or retardation ,fatigue or loss of energy, feeling of worthlessness and excessive guilt ,decrease ability to think and concentrate , recurrent thought of death and suicidal ideation [11]. In international classification of depressionICD10 there is typical symptoms of depression include depressed mood ,loss of interest and reduced energy as main symptoms also other symptoms that include reduced concentration , reduced self-esteem ,ideas of guilt ,,pessimisticthoughts' about future,self-harm ,disturbed sleep and diminished appetite ,somatic symptoms include lack of emotional reactivity to normal pleasurable activities ,lack of emotional reactivity to normal pleasure activities , waking in early morning ,worse depression in morning ,psychomotor retardation ,weight loss and loss of libido [12]. Health care begin at the time of first encounter between a person and provider of health care [13]. Work in PC by team ,which usually consist of ,practice manager, receptionist secretary ,and practice nurse ,others such as district nurse health visitors and community mid wives are often attached to them [13]. The important features of primary health centers making there as a good precursors of studying prevalence rate therefore the

particular strength of PC to provide whole population care ,reducing stigma and acceptable to patient [13]. The illness in PC approximate illness in society i.e. there is high incidence of transient illness , high prevalence of chronic illness , and high incidence of emotional state [14]. The illness in PC approximate the illness in society (i.e.) there is high incidence of transient illness ,high prevalence of chronic ,and high incidence of emotional illness [15].

Also the illness is undifferentiated i.e. it has not been previously assessed by another physicians .i.e. the disease is seen at an early stage before full clinical pictures has developed We have already noted that symptoms of depression are common are common in patient visiting their PC ,severe depression is much less common than less severe and adjustment disorders [16].

In PC depression may present with physical symptoms such as pain , tiredness ,all the time further evaluation revealed depression symptoms . The diagnoses of depression in PC is difficult sometimes most of cases passed un diagnosed because lack of proper time , lack of adapted training among GP cultural differences , and difficulty in communication between GP and patient and atypical type of depression and comorbidity of depression with other disorders such anxiety and somatization [16].

This study aims to determine the rate of depression among PC attendants in Baquba city .and study their sociodemographic characteristics and put first step to train general doctors to diagnosed and treat depression to prevent economic burden to our primary health care centers .

Materials and Methods

Three hundred and sixty patients from three PC centers In Baquba city (Al-yarmok-Al-Saray and Al- Takia) PC were selected randomly and informed consent were taken from them , at period from 1st April 2016 to 1st June, 2016,and cross sectional study was done by using four scales firstly sociodemographic scale then general health questioners scale (use Goldberg 3o) to identify positive psychiatric cases then semistrutural interview depending on DSM5 symptoms of depression to identify depression and then use Becks inventory test to diagnose severity of depression .patient below age of 18 and above sixty were excluded from study.

Statistical analysis

All results was analyzed statistically by using absolute number, percent, mean , +- SD , the data analyzed using Pearson, chi square test , Fischer exact test , taking, p value < 0,05 as lowest limit of significance, these are completed using SPSS version 20 .

Result

The study sample consist of 160 male 44.45% and 200 fwemal55.55% their age ranged 18-60 years with mean age of 32.5% standard deviation of 10.4 other socidemographic characteristic features seen in table (1).

Table (1): Sociodemographic characteristic of sample.

Variable	No	%
Gender		
male	160	44.45
Female	200	55.55
Total	360	100
Age		
18—25	57	15.83
25—35	127	35.27
35—45	81	22.5
45—55	56	15.56
55—60	39	10.84
Total	360	100
Financial		
Low	100	27.8
Intermediate	180	50
High	80	22.2
total	360	100
Occupational		
Housewives and unemployed	192	53,4
Employed	88	24.4
Student	80	22.2
Total	360	100
Marital status		
Married	200	55.5
Unmarried	130	36.11
Widow	10	2.78
Divorced	20	6.5
Total	360	100
Residence		
Rural	160	44.45
Urban	200	55.55
Total	360	100

Rates of psychiatric cases in sample 20% as shown in table (2). of all patient (positive psychiatric cases)

Table (2): Rate of of psychiatric cases in sample.

Prevalence rate	positive		negative		total	
	No	%	No	%	No	%
	72	20	288	80	360	100

Rate of depression in sample was 12.5% As shown in table (3).

Table (3): Rate of depression among PC.

GHQ	NO	%	Depressed	No	%
Positive	72	20		40	11.12
Negative	288	80		5	1.38
Total	360	100		45	12.5

Table (4): Rate of depression in related to sex .(depression in female higher) with significant p value.

Sex	Positive No	%	Negative No	%	Total No	%
Male	4	8.75	146	91.25	160	100
Female	31	15.5	169	84.5	100	200
Total	45	12.5	315	87.5	360	100

*Male X2 = 21.5 P value =>0.005, Female X2 =32.16 P value >0.005

Table (5): Classification of depression according Beck inventory test.(mild depression that not affect occupation of patient more common than other types of depression.

Type	No	%
Mild (5 - 8)	20	44.4%
Moderate(9-15)	17	37.8
Severe(>15)	8	17.8
Total	45	100

Most of cases passed un diagnosed or misdiagnosed as organic and treated as such as shown in table(6).

Table (6): Recognition rate among PC attendants with depression.

Recognition rate	No	%
Diagnosed as depression and treated as such	10	22.3
Diagnosed as physical and treated as such	27	60
Recognized as psychiatric case	8	17.7
Total	45	100

Discussion

This study showed that prevalence rate of depression was 12.5%among PC attendants. This study higher than that of other study Hope and Relini 9.8%, also higher than that of ovmelvan den Berg 6% both of them use same instrument GHQ -30 version the reason behind these differences due to cultural environmental, stress factors as well as methodological .the prevalence rate of depression in PC attendants would be increased with developed o statistical measurement and other instrument applied to diagnose depression prevalence rate of

depression is more common in female than that in male this result concomitance with study done by Kessler and Cleary they found that they found depression rate is 7.9% in female and 3,8% in male also this study revealed same results in study done by Kessler in USA they found rate is 17% in female and 8% in male.

The ratio female male in this study 1.85-1 this ratio agreed with ratio of study done by Kessler and Carry in it ratio is 2.1-1, the difference in this results may be due to more stressful life events in Baquba city and in differences in statistical methods. Prevalence rate of psychiatric cases in PC in Baquba city is 20% of them 12.5% diagnosed as depression . cases that have passed undiagnosed or misdiagnosed totaled to 77.7%. this results higher than other studied done in Wittchen et al 2004 in Germany which is 60% .

The results of this study showed that recognition rate of depression very low therefore general practitioner need further training to diagnose these cases in order to give appropriate treatment and ovoid economic burden that occurred in our health care centers . .This study showed that mild type of depression is more prevalent than that other type mild 44.4% moderate 37.8% and severe 17.8% this agree with study done in England by Erich E. Michail in it mild 50% moderate 30% and severe 20%.

In conclusion, Depression is a serious problem because of its high prevalence and recurrence and chronic manifestation of it is common disorder and may present in many pictures , therefore it passes under diagnosed in PC . the high prevalence 12.5% among Baquba city PC attendants due to environmental ,political and cultural difficulties because the city passes in continuous stressful events.

Studying sample from different areas in Iraq to identify prevalence rate of depression in them, trainig a family doctor and GP and physicians to deal with psychiatric cases and to diagnose depression because the silent epidemic of depression should be confronted by an educational PC and family physicians who can diagnose ,refer and eventually treat the patient and make large scale educational activity and publicity may help to decrease the gap between patient and persons who taking care of them.

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