



Socio-Demographic Correlates in Patients with First Episode Depression in a Tertiary Hospital

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ABSTRACT

Introduction: Depression is the most chronic mental illness that afflicts mankind. It is widely believed to be the disease affecting mainly female gender, economically disadvantaged group with low level of education and those residing in the urban setup. There are only few studies looking into the socio-demographic correlates of depression in the context of Nepal.

Methods: We looked at 70 patients with new-onset depression who met the criteria for diagnosis of depression as per ICD-10 DCR. A self- designed semi- structured proforma was developed to obtain the socio-demographic variables and was filled in the OPD and the data were analyzed.

Results: Mean age of the patients was 30.30±9.75 years and 70% of the patients were females. There were almost equal number of patients residing in and out of Kathmandu valley. Most of the patients had attained secondary level of education and were married, housewives and belonged to nuclear family. Majority were Hindus, Brahmins, and from middle class family.

Conclusions: We found that patients with first episode depression were relatively young with female predominance most attaining at least secondary level of education; and most belonging to middle class nuclear families.

Keywords: depression; ICD- 10 DCR; socio-demographic correlates.

INTRODUCTION

Depression is a significant contributor to the global burden of disease and affects people in all communities across the world.¹ According to the World Health Organization, unipolar depressive disorders were ranked as the third leading cause of the global burden of disease in 2004 and will move into the first place by 2030.² Its high prevalence, onset in the productive age group and tendency for recurrence makes it a major public health problem. The most consistent finding across all of the studies on the prevalence and incidence of depression is that it is approximately two fold more common among

women than men. The average age of onset for unipolar depression falls between the ages of 30 to 35 years. Race and ethnicity are known to influence the clinical presentation of depression, however, studies have shown that if social class, education and residency are controlled, the prevalence of depression did not show

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much variation based on cultural factors alone.² Marital status has quite a complex relationship with depression. Depression is most frequent among divorced, separated or widowed individuals. Single women have lower rates of depression than married women do, but the opposite is true for men.² Although the relationship between depression and low social class is well- documented, most studies found only a weak correlation between depressive disorder and socioeconomic status. Depression is seen to more frequent among residents of urban communities than in their rural counterparts.

METHODS

This was a cross-sectional study conducted within a six-month period. The study population comprised of seventy patients aged more than fifteen years selected by simple random sampling technique who attended the Psychiatry Outpatient Department of Tribhuvan University Teaching Hospital and were diagnosed with first episode depression. Informed consent was taken from the patients and their relatives when they were not able to provide consent because of disease severity. Patients with substance use, other psychiatric diagnoses as psychotic illness, medical comorbidities like hypertension and diabetes, and patients who were pregnant were excluded.

A self-designed semi structured proforma was developed to obtain the socio-demographic characteristics of the study population. It consisted of age, sex, place of residence, educational status, religion, caste, marital status, occupation, type of family, and socioeconomic status.

The diagnosis of depression and its grading as mild, moderate and severe was done on the basis of International Classification of Diseases-10 Diagnostic Criteria for Research (ICD-10 DCR) developed by the division of Mental Health of the World Health Organization. Data were analyzed using SPSS version 16 (Chicago, Illinois, USA). Descriptive analysis was performed, and mean, median, and range were calculated. The data were explained as mean \pm standard deviation (SD) wherever suitable.

RESULTS

Depression and age

Mean and SD of age of patients was 30.30 ± 9.75 years, range: 15-58 years. Figure 1 shows the distribution of the respondents on the basis of age group. Majority of the cases were of age group 25-35 (32.9%) years followed by 15-25 (31.4%) years. Age group 35- 45 were (25.7%). While there were only two cases in the age group 55- 65 (2.9%), five respondents were in the age group 45- 55 (7.1%).

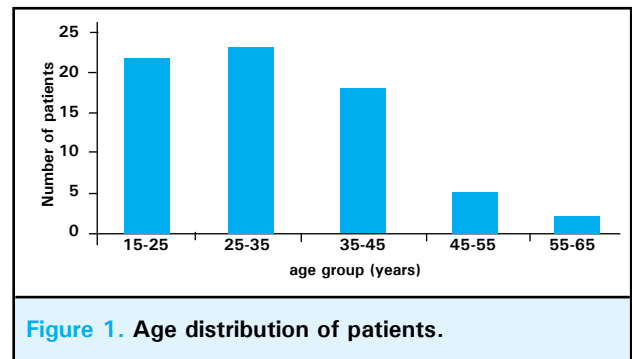


Figure 1. Age distribution of patients.

Depression and gender

Total number of males were 21 (30%), while females were 49 (70%)

Depression and educational status

Data shows that maximum number of respondents (31.4%, n=22) had attained secondary school while 21.4% (n=15) were university students. Table 1 Twelve patients (17.1%) had studied upto higher secondary level and 7 patients (10%) had attained upto primary level education while 14 patients (20%) were illiterate.

Table 1. Distribution on the basis of educational status.

Educational Status	Number	%
Illiterate	14	20.0
Primary	7	10.0
Secondary	22	31.4
Higher Secondary	12	17.1
University	15	21.4
Total	70	100.0%

Depression and residence

Thirty four patients (48.6%) came from Kathmandu valley while the remaining 36 patients (51.4%) were from outside the Kathmandu (Table 2).

Table 2. Distribution on the basis of place of residence.

Address	Number	%
Valley	34	48.6%
Outside valley	36	51.4%
Total	70	100.0%

Depression and marital status

It shows that 45 patients (64.3%) were married, 20

patients (28.6%) were single and five patients (7.1%) were separated. No cases of widow/ widower were found (Table 3).

Table 3. Distribution on the basis of marital status.

Marital Status	Number	%
Single	20	28.6
Married	45	64.3
Separated	5	7.1
Total	70	100.0

Depression and religion

Most of them were Hindus (n=61, 87.1%), while 5 (7.1%) were Buddhists, 3 (4.3%) were Christians and 1 (1.4%) belonged to others (Kiratis)(Table 4).

Table 4. Distribution on the basis of religion.

Religion	Number	%
Hindu	61	87.1
Buddhist	5	7.1
Christian	3	4.3
Others	1	1.4
Total	70	100.0

Depression and caste

Thirty seven (52.9%) of them were Brahmins, 11 (15.7%) of them were Khetriyas, four (5.7%) were Newars, 13 (18.6%) were Mongolians while others (Dalits) were five in number (7.1%)(Table 5).

Table 5. Distribution on the basis of caste.

Caste	Number	%
Brahmin	37	52.9
Kshetriya	11	15.7
Newar	4	5.7
Mongolian	13	18.6
Others	5	7.1
Total	70	100.0

Depression and occupation

Most of the respondents were housewives (n= 25, 35.7%), followed by students (n= 14, 20%). Seven (10%) were unemployed during the time of presentation, 5 (7.1%) were involved in some kind of business, 2 (2.9%) were engaged in agriculture, 11 (15.7%) were service holders and six (8.6%) belonged to others such as driver, shoemaker, carpenter and restaurant dancer (Table 6).

Table 6. Distribution on the basis of occupation.

Occupation	Number	%
Unemployed	7	10.0
Housewife	25	35.7
Agriculture	2	2.9
Service	11	15.7
Business	5	7.1
Student	14	20.0
Other	6	8.6
Total	70	100.0

Depression and family type

Of the total respondents, more than half (n= 43, 61.4%) were from nuclear family, while 16 (22.9%) cases were from joint family and 11 (15.7%) from extended family (Table 7).

Table 7. Distribution on the basis of type of family.

Family	Number	%
Nuclear	43	61.4
Joint	16	22.9
Extended	11	15.7
Total	70	100.0

Depression and socioeconomic status

Most of the cases (n= 38, 54.3%) came from a middle socioeconomic status, while 23 (32.9%) cases were from lower and 9 (12.9%) from an upper socioeconomic status (Table 8).

Table 8. Distribution on the basis of socioeconomic status.

Status	Number	%
Lower	23	32.9
Middle	38	54.3
Upper	9	12.9
Total	70	100.0

DISCUSSION

The data presented here simply attempts to represent a profile of newly depressed patients visiting a tertiary level hospital in Nepal and hence, utmost care should be taken to generalize the findings keeping in view the different methodology and definition parameters used. Majority of community epidemiological studies find that gender, age, and marital status are associated with depression. Consistent with previous findings by other authors,² the mean age of presentation of our patients

was 30 ± 9.75 years (range: 15-58 years). Previous studies^{3,4} have found a twofold to threefold increased risk of major depression in women compared with men and our findings are consistent with these observations.

It is a long-held belief that people from urban set-up are more at risk for depressive illness compared to their remote counterparts owing to job insecurity, increased stress and migration issues. We observed almost equal number of depressed patients from both inside Kathmandu (48.6%) and outside of it (51.4%), in keeping with the upcoming notion that depression is a universal crisis.

The traditional wisdom holds that marital status confers protection against depression, especially in males and that new onset depressions are more common in widow/widowers, separated and divorced. The proportion of single, married, and separated patients in our study sample was 28.6% ($n = 20$), 64.3% ($n = 45$), and 7.1% ($n = 5$), respectively and more than half of the patients were married while no cases were found among widow/widower, which could have confounded the results.

The prevalence of mood disorders does not differ with ethnicity or religion. We observed 52.9% ($n = 37$) Brahmins, 15.7% ($n = 11$) Kshetriyas, 5.7% ($n = 4$) Newars, 18.6% ($n = 13$) Mongolians, and the remaining 7.1% ($n = 5$) other categories. Eighty seven percent ($n = 61$) of the population comprised of Hindus followed by Buddhists, 7.1% ($n = 5$), Christians, 4.3% ($n = 3$), and others, 1.4% ($n = 1$). The predominance of Brahmins and Hindus in our study could have confounded the results.

Educational status is known to be linked inversely with depression. Many authors have stated that individuals who are less educated and unemployed are at higher risk for depression.⁵ Our study however, showed that majority of depressed patients represented had attained at least higher secondary level of education (31.4%) followed closely by those with university level

education. This observation is consistent with some previous studies who reported that depression is rated to graduate students higher than undergraduates.⁶

We observed majority of the patients were housewives, 35.7% ($n = 25$), and one in five patients were students, which is consistent with finding from other studies.⁷

Assessment of socioeconomic status was based on the rough guidelines provided by Central Bureau of Statistics, government of Nepal. More than half of the patient sample, 54.3% ($n = 38$) belonged to middle class followed by lower class, 32.9% ($n = 23$), and upper class, 12.9% ($n = 9$). Most authors observed that higher levels of depression symptoms are particularly common among individuals with economic problems and those of lower socioeconomic status.^{5,8-11} Low income has also been shown as a risk factor for depression in Mormon women,¹² however, our findings are contrary to these studies and it could be because of the varying definitions of lower, middle and upper social class in different studies.

Most studies showed that depression is more common in families with many members. Our findings showed that 61.4% ($n = 43$) belonged to nuclear family, 22.9% ($n = 16$) to joint family and 15.7% ($n = 11$) to extended family. More than two-thirds of the total respondents belonged to nuclear family in the present study and therefore, they could be represented as having greater number of depressions.

CONCLUSIONS

Our study concluded that patients with first episode depression were relatively young, predominantly females. Most of them have attained at least secondary level of education; and most belonged to middle class nuclear families. However, these findings are based on a single center outpatient based samples, so generalization to other settings might not be appropriate.

REFERENCES

1. Ustun TB, Ayuso-Mateos JL, Chaterji S, Mathers C, Murray CJL. Global burden of depressive disorders in the year 2000. *British Journal of Psychiatry*. 2004;184:386-92.
2. Sadock BJ, Sadock V. Kaplan and Saddock's Comprehensive Textbook of Psychiatry. USA: Lippincott Williams and Wilkins; 2009.
3. Akhtar-Danesh N, Landeen J. Relation between depression and sociodemographic factors. *International Journal of Mental Health Systems*. 2007;1:4.
4. Kessler RC, Bromet EJ. The Epidemiology of Depression Across Cultures *Annu. Rev. Public. Health*. 2013;34:119-38.

5. McGrath E, Keita GP, Stickland BR, Russo NF. Women and Depression: Risk factors and Treatment Issues. In: Association AP, editor. Washington DC;1990.
6. Jack DC, Ommeren MV. Depression in Nepalese Women: Tradition, Changing Roles, and Public Health Policy. Moghadam VM, editor: Syracuse University Press; 2001.
7. Raju SS, Kumaraswamy N, Mani AJ. Socio-demographic factors of depressive disorders in India: A comparative appraisal. *Indian J Psychiat*. 1980;22(4):356-60.
8. Belle D. Social ties and Social Support, *Lives in stress: Women and depression*. Belle D, editor. Beverly Hills: Sage; 1982. 133-44.
9. Brown GW, Bhrolchain MN, Harris T. Social Class and Psychiatric Disturbance among Women in an Urban Population. *Sociology*. 1975;9(2):225-54.
10. Hirschfeld R, Cross C. Epidemiology of affective disorders: Psychosocial risk factors. *Archives of General Psychiatry*. 1982;39:35-46.
11. Makosky UP. Sources of stress: Events or conditions? *Lives in stress: women and depression*. Beverly Hills: Sage; 1982.
12. Spendlove D, West D, Stanish W. Risk factors and the prevalence of depression in Mormon women. *Social science and medicine*. 1984;18:491-5.