

To Determine the Frequency of Depressive Disorder among Patients Reporting to Primary Care Physicians at a Local Area in Karachi.

Muhammad Ilyas Jat¹, Kulsoom Lashari², Ghulam Rasool Rind²

ABSTRACT

OBJECTIVES: To determine the frequency of Depressive Disorder among patients reporting to primary care physicians at a local area in Karachi.

STUDY DESIGN: A descriptive cross-sectional study

PLACE AND DURATION: At Department of Psychiatry and Behavioral Sciences, Jinnah Postgraduate Medical Centre, Karachi, from 1st January 2016 to 30th June 2016.

METHODOLOGY: Patients' reporting to primary care physicians at a slum area of Karachi (Neelam Colony) were assessed for depressive disorder by researcher through applying PHQ-9 (Patient Health Questioner-9), a tool used for depressive symptoms and contains 9 questions; each question has 4 answering options, patient answer as he suits the option, whether patient is having depression or not depends upon the score of this questionnaire.

RESULT: Amongst total of 140 patients, average age of 32.26 ± 9.42 years and 55.00% were males and 45.00% were females. Majority of patients were either preliterate or literate up to primary. Depression was present among 32.10%. The females were more affected with depression while males were more to present to primary care physicians.

CONCLUSION: Depressive disorder is prevalent among patients visiting to primary care physicians for general physical problems. About one third of population visiting to primary care physicians suffer from this disorder.

KEYWORDS: Depressive disorder, Frequency, Primary Care Physicians, Patient Health Questionnaire, Occupational.

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INTRODUCTION

Depressive disorder is a mood disorder which is characterized

1. Assistant Professor of Medicine and Allied, Isra University, Karachi Campus, Al-Tibri Medical College and Hospital, Malir, Karachi.
2. Trainee at Jinnah Postgraduate Medical Centre, Karachi.

Correspondence to:

Muhammad Ilyas Jat
Assistant Professor of Medicine and Allied,
Isra University, Karachi Campus,
Al-Tibri Medical College and Hospital, Malir, Karachi.
E-mail: Ilyas.jat84@gmail.com

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by low mood, lack of interest and enjoyment, reduced self-esteem, slowness and reduced energy reduced sleep and appetite, for two weeks and more leading to decrease in social and occupational functioning¹. Patients with depressive disorder mainly present with somatic symptoms manifesting as gastrointestinal symptoms. In Pakistan community studies indicate that 60% of female and 25% of male in the rural area and up to 25% of female and 10% male in the urban area suffer from psychiatric illnesses². Unrecognized depression in the essential care is a basic general medical problem that has high societal cost identified with incapacity, grimness, mortality and extreme medicinal services usage³. The consequence of unrecognized and untreated depression may include excessive use of health care services, decrease treatment compliance and increase mortality and morbidity from suicide⁴. Depression is only 2nd to hypertension as the most chronic condition encountered in General Medical practice⁵. Out of one third patients attending medical and surgical outpatient department having a psychiatric illness, half of these have depression and anxiety disorder and most remaining have somatoform disorder which may lead to referral to medical Outpatients⁶. It is essential for the primary care physician and gastroenterologist to establish early diagnosis and devise management plan to avoid unnecessary investigations in patients with poor resources. Depressive Disorder is common

psychiatric condition frequently encountered and is often under diagnosed and under treated. Psychiatric morbidity especially depressive disorder in our country is on the rise in the wake of growing insecurity, terrorism, political instability, socioeconomic problems, food shortage, global economic slow-down, growing unemployment and other problems. There is a need to determine the frequency of such disorder under the present circumstances so that preventive policies can be formulated and primary care physicians be trained to manage such cases to reduce the suffering of patients and minimize morbidity. So this study has been designed with an objective to determine the frequency of Depressive disorder among patients reporting to primary care physicians at a local area in Karachi.

METHODOLOGY

This descriptive cross-sectional study was conducted at Department of Psychiatry and Behavioral Sciences, Jinnah Postgraduate Centre, Karachi and data was collected at primary care physician clinics’ at Neelam Colony a slum area of Karachi, during January^{1st}2016 to June 30th 2016. The sample size of 140 patients was calculated through standard method. The sampling technique was non probability consecutive sampling. The patients giving consent and having age limits between 18 to 60 years who presented to a primary care physician were enrolled in study and those of patients who abuse substances (opioids, cannabis), having Depressive disorders due to established chronic medical condition such Diabetes Mellitus, Hypertension, IHD, and Tuberculosis were excluded from study. Informed consent was obtained from patients after informing them in simple and understandable language about the purpose of study, assuring them of confidentiality and recognizing their right to withdraw the consent at any time even without mentioning any reason for that. The diagnosis of depressive disorder was made by applying Patient Health Questioner 9 (PHQ 9)⁷. PHQ 9 is validated tool used for depressive symptoms and contains 9 questions related to depression; each question has 4 answering options, patient answer as he suits the option, whether patient is having depression or not depends upon the score of this questionnaire. A Proforma was used to denote demographic details of the patients. Data analyzed on SPSS 20.

RESULTS

Amongst total of 140 patients with average age of 32.26 ± 9.42 years 55% were males and 45% were females. Among total 80% were married and 20% were single. Among 140 cases, 34 (24.30%) were preliterate, 42 (30.00%) were primary passed, 20 (14.30%) were educated up to middle, 27 (19.30%) were matriculated, 14 (10.00%) were intermediate and 03 (2.10%) were graduate. Majority of patients were house-hold by occupation 70 (50%), 23 (16.40%) were jobless, 22 (15.70%) were labor workers, 12 (8.60%) were professionals and 9 (6.40%) were students. The patients presenting to primary care were of mixed ethnicity as Punjabi speaking were 40 (28.6%) followed by Pashto 30 (21.40%), Sindhi 29 (20.70%), Urdu 28

(20.00%) and Balochi 13 (09.30%). Among 140 patients depressive disorder was present among 45 (32.10%) while 95 (67.9%) were not having Depressive disorder as per Patient Health Questionnaire.

The females were more affected with depression while males were more to present to primary care physicians and it was found statistically significant.

Table-I: Demographic Characteristics of participants (N = 140)

Demographic Characteristics	n (%)
Marital status	
Single	28 (20.00%)
Married	112 (80.00%)
Education status	
Preliterate	34 (24.30%)
Primary	42 (30.00%)
Middle	20 (14.30%)
Matric	27 (19.30%)
Intermediate	14 (10.00%)
Graduate	03 (2.10%)
Occupation status	
Jobless	23 (16.40%)
Student	09 (06.40%)
Household	70 (50.00%)
Skilled Professional	12 (8.60%)
Unskilled Professional	22 (15.70%)
Shopkeeper	04 (02.90%)
Language	
Baloch	13 (09.30%)
Pashto	30 (21.40%)
Punjabi	40 (28.60%)
Sindhi	29 (20.70%)
Urdu	28 (20.00%)

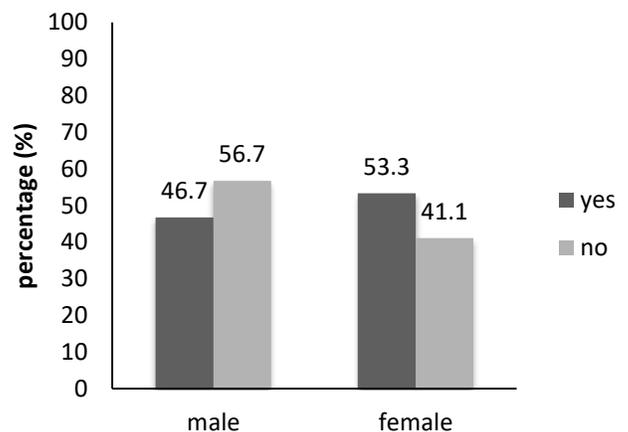


Figure-1: Graphical representation of frequency of depression among males and females (N = 140)

DISCUSSION

Depression is a global problem irrespective of age, ethnicity, gender or profession. Here in this study we have found that the prevalence of Depressive disorder among patients reporting to

primary care physicians was 32.1%, which is in accordance with many previous studies. Comparing our study with other studies conducted in different communities and areas of Pakistan showing depression in some form as 39.26% of the total patients including major depression among 9.73% of the total patients⁸. In a study it was found that 32.1% of patients were having depression and women working as house wives were predominant as compared to others⁹.

In our country many studies have been conducted that had shown the prevalence and patterns psychiatric morbidity in community and at the level of psychiatric out-patients and in-patients¹⁰. In a community based psychiatric clinic among all the patients visiting for psychiatric symptoms, 47% were found to be suffering from depressive disorder. Community study in Pakistan showed that prevalence of depression in north Pakistan is 14-46%¹¹. The prevalence of depression in our study is 32.1%, which is a quite high prevalence rate among those patients who are visiting doctors for some other purpose not for depressive disorder, so this shows how under diagnosed and ignored is the matter. First reason is that the general population in our setting is un-educated and unaware of psychiatric illnesses; this is why there is increase flow of patients towards general medical practice in primary care as well as towards other out-patient departments (OPD) in tertiary care hospitals. Second reason is that most of patients reported to general medical Practice and medical OPD is due to somatization (physical symptoms) such headache, body ache, epigastria discomfort, palpitations, sweating, tremors and so on because of depressive disorder. Due to unawareness among the general population there is a misperception that these physical symptoms are due to physical illness rather than psychiatric illness.

In our study 32.1% were having depression and most of them having moderate to severe type of depression as having Patient Health Questionnaire score of between 15 to 19 and only one patient had severe depression. In this study the participant are more of males about 55 % but prevalence of depression in women is more than men.

There is a study from Rawalpindi showing the point prevalence of depression to be 25% for women and 10% for men. Another study, using similar methods, showed prevalence of depression from rural community setting of Rawalpindi was 57.5% for females and 25.5% for males. While in another study depression was observed as 25% to 72% among women and 10% to 44% among men¹². In Pakistan community studies indicate that 60% of female and 25% of male in the rural area and up to 25% of female and 10% male in the urban area suffer from psychiatric illnesses¹³. Not being employed was associated with an increased risk in male depression whereas in females risk was nearly unchanged. The gender ratio increased with the minimum number of depressive symptoms¹⁴. In a meta-analysis on eleven studies investigating factors associated with depression in Pakistan, gender, socioeconomic status, lack of support, financial difficulties and low educational levels were found to have statistically significant positive associations with depression¹⁵.

CONCLUSION

Depressive disorder is prevalent among patients visiting to primary care physicians for general physical problems. About one third of population visiting to primary care physicians suffer from this disorder.

CONTRIBUTION OF AUTHORS

Ilyas M: Conceived idea, wrote manuscript, did data analysis wrote results.

Lashari K: Collected Data, wrote discussion, edited manuscript.

Rind GR: Literature search, designed methodology, manuscript reviewed.

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