SYMPTOMATOLOGY OF DEPRESSION IN DIFFERENT AGE GROUPS
Vinodkumar M. Darji1, Dharmesh V. Patel2, Manasvi Jariwala3

HOW TO CITE THIS ARTICLE:
Vinodkumar M. Darji, Dharmesh V. Patel, Manasvi Jariwala. "Symptomatology of Depression in different Age Groups". Journal of Evolution of Medical and Dental Sciences 2014; Vol. 3, Issue 21, May 26; Page: 5925-5938, DOI: 10.14260/jemds/2014/2684

ABSTRACT: BACKGROUND: The “typical” depression presentation in primary care is dominated by physical (somatic) complaints as opposed to psychological complaints. More than 50% of patients with depression report somatic complaints only and at least 60% of these somatic complaints are pain related. AIMS & OBJECTIVES: 1. To study the symptomatology of depression in different age groups. 2. To compare the symptomatology of depression found in each age groups. MATERIALS & METHODS: Patients who have attended out-patient psychiatric department of tertiary general hospital in urban area and diagnosed as having depression were divided in four age groups (<21 years, 21-40 years, 41-60 years, >60 years) and were evaluated for depressive symptomatology. The SYMPTOMATOLOGY part was assessed by using two scales, (1) Inventory of depressive symptomatology scale (IDS-30) and (2) Hamilton depression rating scale (HDRS-17). RESULTS: There is high frequency of somatic symptoms (both general and gastrointestinal) spontaneously as well as on systemic evaluation across all age groups amongst which most disturbing was headache followed by fatigue in all age groups. In all age groups who have reported primary depressive features like sadness and loss of pleasure, most of them had history of previous affective episodes so that they might have some insight into their depression. CONCLUSION: Our patients cannot voice their complaints spontaneously as there is a more of somatic symptoms presentation and striking rarity of spontaneously expressed depressed mood but it is invariably present on systemic interview across all age groups.

KEYWORDS: Symptomatology, depression, age groups.

INTRODUCTION: Depression affects people of all ages. It is estimated that one in five people will suffer from depression at some point in his or her life.1 Depression can affect anyone, irrespective of gender, age, race or socio-economic background. According to the WHO, depression affects 121 million people worldwide. A depressive disorder is an illness that involves the body, mood and thoughts. Depression has been called “the common cold of mental health” because it is the most frequently encountered mental illness.

The causal mechanisms for depression, like all other mental disorders, are likely to be related to an interplay between genetic vulnerability and precipitating factors in a person's psychosocial environment.2 Globally, there is evidence to support both these pathways, as well as the potential interaction between them.2 In South Asia, most of the evidence on determinants of depression focus on psychosocial factors.3

The relationship between female gender and depression is also known as female have 2:1 ratio of depression with male. This increased risk is both due to the harsher social environments for women (for example, their exposure to interpersonal violence) as well as reproductive and maternal factors.4
In three studies from India<sup>5-7</sup> people who are less educated were at greatest risk to suffer from depression. There is association between low education and high risk for depression.<sup>7</sup>

The relationship between violence and trauma (e.g. such as spousal violence or trauma following conflict or a disaster) is a major determinant of depression.<sup>8-10</sup>

After heart disease, depression is expected to become the second leading cause of disease burden by the year 2020.<sup>11,12</sup>

The prevalence of pain ranged from 15% to 100% (Mean prevalence 65%) in 14 studies investigating pain symptoms in cases of major depression (Bair et al 2003).

The “typical” depression presentation in primary care is dominated by physical (somatic) complaints as opposed to psychological complaints. More than 50% of patients with depression report somatic complaints only<sup>13-15</sup> and at least 60% of these somatic complaints are pain related.<sup>16-19</sup>

The study has shown that if all primary care patients presenting with variety of pain conditions (e.g. abdominal pain, headache, joint pain and back pain) were evaluated for possible depression, 60% of previously undetected depression cases could have been recognized (Katon W 1984).<sup>20</sup>

Some studies suggest that patients in non-Western cultures or developing countries report somatic symptoms and deny psychological symptoms more frequently than patients in Western or developed countries.<sup>21-24</sup> One conclusion drawn from these data is that patients from non-Western cultures and those of lower socioeconomic status are less willing or less able to express emotional distress.<sup>25-28</sup>

AIMS AND OBJECTIVES:
1. To study the symptomatology of depression in different age groups attending Psychiatry out-patient department in urban tertiary general hospital.
2. To compare the symptomatology of depression found in each age group.
3. To study the general socio-demographic profile of subjects in each age groups.

MATERIAL AND METHODS: Patients who have attended out-patient psychiatric department of tertiary general hospital in urban area and diagnosed as having depression were divided in four age groups (<21years, 21-40years, 41-60years, >60years) and thirty patients in each age groups were evaluated for depressive symptomatology.

The basic criteria for inclusion of subjects in the sample were:
1. The diagnosis of unipolar depression or bipolar mood disorder with current episode depression, according to DSM-IV TR.
2. Patient is having pure depression without any psychotic features and also having fresh episode of depression and should not be on any medication for the current episode.

ASSESSMENT TOOL: All the subjects were interviewed personally by same investigator using semi-structured proforma. The assessment proforma consisted of two parts.

The GENERAL INFORMATION part consisted of socio-demographic variables, patient’s voiced complaints, history of present episode, previous affective episodes, history of present or past physical illness, addiction, family history and personal history.

The SYMPTOMATOLOGY part was assessed by using two scales:
1. Inventory of depressive symptomatology scale (IDS-30)
2. Hamilton depression rating scale (HDRS-17).

Inventory of depressive symptomatology (IDS-30) and Hamilton depression rating scale (HDRS-17) are usually cover all the symptoms of depression.

Modified Prasad classification was used in all age groups for obtaining socio-economical class.

STATISTICAL ANALYSIS: Statistical analysis was done for the study by using SPSS software. Two statistical tests used for the study were chi-square test and ANOVA test (as comparison was between four age groups).

RESULT AND ANALYSIS:

SOCIODEMOGRAPHIC DATA:

| Sex   | <21 years | 21-40 years | 41-60 years | >60 years |
|-------|-----------|-------------|-------------|-----------|
| Male  | 12(40%)   | 12(40%)     | 14(46.7%)   | 19(63.3%) |
| Female| 18(60%)   | 18(60%)     | 16(53.3%)   | 11(36.7%) |

Table 1: Sex Distribution

Chi-square=4.378, df=3, p value is 0.22 that is >0.05 so the difference is not significant.

| Education | <21 years | 21-40 years | 41-60 years | >60 years |
|-----------|-----------|-------------|-------------|-----------|
| Illiterate| 2(6.7%)   | 9(30%)      | 12(40%)     | 10(33.3%) |
| Primary   | 3(10%)    | 3(10%)      | 5(16.7%)    | 7(23.3%)  |
| Middle    | 8(26.7%)  | 10(33.3%)   | 6(20%)      | 6(20%)    |
| SSC       | 7(23.3%)  | 3(10%)      | 6(20%)      | 3(10%)    |
| HSC       | 8(26.7%)  | 1(3.3%)     | 0(0%)       | 2(6.7%)   |
| Diploma   | 1(3.3%)   | 0(0%)       | 0(0%)       | 0(0%)     |
| Graduate  | 1(3.3%)   | 4(13.4%)    | 1(3.3%)     | 2(6.7%)   |

Table 2: Education Distribution

| Marital Status | <21 years | 21-40 years | 41-60 years | >60 years |
|----------------|-----------|-------------|-------------|-----------|
| Married        | 6(20%)    | 28(93.3%)   | 21(70%)     | 24(80%)   |
| Unmarried      | 23(76.7%) | 2(6.7%)     | 2(6.7%)     | 0(0%)     |
| Divorce        | 1(3.3%)   | 0(0%)       | 1(3.3%)     | 0(0%)     |
| Widow          | 0(0%)     | 0(0%)       | 6(20%)      | 6(20%)    |

Table 3: Marital Status Distribution
As patients were taken from the tertiary general hospital, most of the patients were belonging to the lower socio-economical class as per modified Prasad classification in each age group.

Chi-square=0.459, df=3, p value is 0.93 that is >0.05 so the difference is not significant.

**DETAILS ABOUT THE PRESENT EPISODE:**

Chi-square=1.086, df=3, p value is 0.78 that is >0.05 so the difference is not significant.

Chi-square=2.311, df=3, p value is 0.51 that is >0.05 so the difference is not significant.

In all age groups most of the patients were diagnosed as having unipolar depression.
Previous affective episodes | <21years | 21-40years | 41-60years | >60years
--- | --- | --- | --- | ---
Yes | 4(13.3%) | 10(33.3%) | 14(46.7%) | 13(43.3%)
No | 26(86.7%) | 20(66.7%) | 16(53.3%) | 17(56.7%)

Table 9: Previous affective episodes

In age group<21years there were less number of patients with history of previous affective episodes than remaining age groups.

Type of previous affective episodes | <21years | 21-40years | 41-60years | >60years
--- | --- | --- | --- | ---
Depression | 3(10%) | 8(26.7%) | 12(40%) | 11(36.6%)
Mania | 1(3.3%) | 1(3.3%) | 0(0%) | 0(0%)
Both | 0(0%) | 1(3.3%) | 2(6.7%) | 2(6.7%)
No | 26(86.7%) | 20(66.7%) | 16(53.3%) | 17(56.7%)

Table 10: Type of previous affective episodes

In most of the patients who had previous affective episodes, the type of previous affective episode which was most common in all age groups was depression.

Family history | <21years | 21-40years | 41-60years | >60years
--- | --- | --- | --- | ---
Depression | 4(13.3%) | 4(13.4%) | 4(13.3%) | 1(3.3%)
Bipolar mood disorder | 2(6.7%) | 1(3.3%) | 3(10%) | 2(6.7%)
Psychosis | 2(6.7%) | 1(3.3%) | 0(0%) | 1(3.3%)
No | 22(73.3%) | 24(80%) | 23(76.7%) | 26(86.7%)

Table 11: Family history

In age group>60years family history of bipolar mood disorder was more than unipolar mood disorder while in rest of age groups family history of unipolar mood disorder was more than bipolar mood disorder. There was also family history of psychosis.

PATIENT'S VOICED COMPLAINTS:

| Pts's voice complaints | <21 Yrs. | 21-40 Yrs. | 41-60 Yrs. | > 60 Yrs. |
|---|---|---|---|---|
| Yrs. | % | Yrs. | % | Yrs. | % | Yrs. | % |
| Sadness | 5 | 16.7 | 9 | 30.0 | 10 | 33.3 | 6 | 20.0 |
| Loss of pleasure | 9 | 30.0 | 13 | 43.3 | 10 | 33.3 | 12 | 40.0 |
| Worthlessness | 1 | 3.3 | 1 | 3.3 | 3 | 10.0 | 1 | 3.3 |
| Poor concentration | 10 | 33.3 | 3 | 10.0 | 4 | 13.3 | 1 | 3.3 |
| Excessive thoughts | 2 | 6.7 | 5 | 16.7 | 9 | 30.0 | 1 | 3.3 |
| Lack of confidence | 4 | 13.3 | 0 | 0 | 1 | 3.3 | 1 | 3.3 |
| Suicidal thoughts | 10 | 33.3 | 1 | 3.3 | 3 | 10.0 | 1 | 3.3 |
| Suicidal attempts | 2 | 6.7 | 0 | 0 | 0 | 0 | 0 | 0 |
| Indecisiveness | 1 | 3.3 | 0 | 0 | 2 | 6.7 | 0 | 0 |
| Crying spells | 4 | 13.3 | 1 | 3.3 | 1 | 3.3 | 1 | 3.3 |
| Irritability | 12 | 40.0 | 2 | 6.7 | 5 | 16.7 | 9 | 30.0 |
### Table 12

| Complaint                  | <21 Years | 21-40 Years | 41-60 Years |
|----------------------------|-----------|-------------|-------------|
| Agitation                  | 2         | 6.7         | 0           | 0           | 1           | 3.3         | 7           | 23.3        |
| Ghabrahat                  | 7         | 23.3        | 6           | 20.0        | 5           | 16.7        | 3           | 10.0        |
| Bechani                    | 6         | 20.0        | 8           | 26.7        | 5           | 16.7        | 3           | 10.0        |
| Sleep disturbance          | 13        | 43.3        | 10          | 33.3        | 13          | 43.3        | 9           | 30.0        |
| Appetite disturbance       | 1         | 3.3         | 8           | 26.7        | 5           | 16.7        | 2           | 6.7         |
| Fatigability               | 3         | 10.0        | 10          | 33.3        | 11          | 36.7        | 6           | 20.0        |
| Headache                   | 10        | 33.3        | 13          | 43.3        | 7           | 23.3        | 12          | 40.0        |
| Leg pain                   | 0         | 0           | 1           | 3.3         | 1           | 3.3         | 2           | 6.7         |
| Body ache                  | 2         | 6.7         | 4           | 13.3        | 3           | 10.0        | 3           | 10.0        |
| Abdominal pain             | 2         | 6.7         | 2           | 6.7         | 0           | 0           | 2           | 6.7         |
| Joint pain                 | 0         | 0           | 0           | 3.3         | 1           | 3.3         | 1           | 3.3         |
| Weakness                   | 1         | 3.3         | 1           | 3.3         | 3           | 10.0        | 2           | 6.7         |
| Tremors                    | 0         | 0           | 2           | 6.7         | 2           | 6.7         | 1           | 3.3         |
| Giddiness                  | 4         | 13.3        | 5           | 16.7        | 2           | 6.7         | 3           | 10.0        |
| Nausea                     | 1         | 3.3         | 1           | 3.3         | 2           | 6.7         | 1           | 3.3         |
| Forgetfulness              | 0         | 0           | 0           | 0           | 0           | 0           | 0           | 4           | 13.3        |
| Loss of libido             | 0         | 0           | 2           | 6.7         | 0           | 0           | 0           | 0           | 0           |
| Tingling & numbness        | 1         | 3.3         | 1           | 3.3         | 1           | 3.3         | 1           | 3.3         |

**Most Frequently Voiced Complaints in Each Age Group:**

**AGE GROUP <21 YEARS:**
- Sleep disturbance: 43.3%
- Irritability: 40.0%
- Suicidal behavior: 40.0%
- Headache: 33.3%
- Poor concentration: 33.3%
- Loss of pleasure: 33.0%

**AGE GROUP 21-40 YEARS:**
- Headache: 43.3%
- Loss of pleasure: 43.3%
- Fatigability: 33.3%
- Sleep disturbance: 33.3%
- Sadness: 30.0%
- Appetite disturbance: 26.7%

**AGE GROUP 41-60 YEARS:**
- Sleep disturbance: 43.3%
- Fatigability: 36.7%
- Sadness: 33.3%
Loss of pleasure - 33.3%
Excessive thoughts - 30.0%
Headache - 23.3%

**AGE GROUP >60YEARS:**

- Headache - 40.0%
- Loss of pleasure - 40.0%
- Irritability - 30.0%
- Sleep disturbance - 30.0%
- Agitation - 23.3%

### Table 13

#### SYMPTOMS SYSTEMATICALLY EXPLORED:

| IDS SUBSCALES          | Anova Test | <21 years | 21-40 years | 41-60 years | >60 years | P value |
|------------------------|------------|-----------|-------------|-------------|-----------|---------|
| Sleep Onset Insomnia   | Mean       | 1.77      | 1.37        | 1.8         | 1.43      | 0.392   |
|                        | Std.Deviation | 1.104    | 1.245       | 1.245       | 1.305     |         |
| Mid-Nocturnal Insomnia | Mean       | 0.83      | 1.27        | 1.1         | 1.33      | 0.359   |
|                        | Std.Deviation | 0.95     | 1.172       | 1.269       | 1.269     |         |
| Early Morning Insomnia | Mean       | 1.33      | 1.7         | 1.47        | 1.57      | 0.675   |
|                        | Std.Deviation | 1.269    | 1.208       | 1.167       | 1.104     |         |
| Hypersomnia            | Mean       | 0.07      | 0           | 0           | 0         | 0.396   |
|                        | Std.Deviation | 0.365    | 0           | 0           | 0         |         |
| Mood (Sad)             | Mean       | 2.13      | 2.17        | 2.3         | 2.3       | 0.575   |
|                        | Std.Deviation | 0.571   | 0.669       | 0.596       | 0.466     |         |
| Mood (Irritable)       | Mean       | 1.93      | 0.77        | 1.37        | 1.73      | 0.00    |
|                        | Std.Deviation | 0.868   | 1.04        | 1.129       | 1.015     |         |
| Mood (Anxious)         | Mean       | 1.57      | 1.23        | 1.37        | 0.93      | 0.07    |
|                        | Std.Deviation | 0.774   | 1.104       | 0.89        | 0.868     |         |
| Reactivity of Mood     | Mean       | 1.77      | 1.83        | 2.17        | 2.07      | 0.07    |
|                        | Std.Deviation | 0.774   | 0.648       | 0.747       | 0.45      |         |
| Mood Variation         | Mean       | 0.63      | 0.87        | 0.77        | 0.27      | 0.04    |
|                        | Std.Deviation | 0.928   | 0.937       | 0.858       | 0.64      |         |
| Quality of Mood        | Mean       | 1.7       | 1.73        | 1.87        | 2         | 0.163   |
|                        | Std.Deviation | 0.596   | 0.691       | 0.571       | 0.371     |         |
| Appetite (Decreased)   | Mean       | 1.1       | 1.47        | 1.47        | 1.73      | 0.026   |
|                        | Std.Deviation | 0.759   | 0.86        | 0.819       | 0.74      |         |
| Appetite (Increased)   | Mean       | 0.03      | 0           | 0           | 0         | 0.396   |
|                        | Std.Deviation | 0.183   | 0           | 0           | 0         |         |
| Weight (Decrease)      | Mean       | 0.63      | 0.8         | 0.8         | 1.23      | 0.059   |
|                        | Std.Deviation | 0.669   | 1.031       | 0.847       | 0.935     |         |
| Weight (Increase)      | Mean       | 0         | 0           | 0           | 0         | NA      |
|                        | Std.Deviation | 0       | 0           | 0           | 0         |         |
| Concentration/Decision Making | Mean | 2.1 | 2.13 | 2.17 | 2.03 | 0.862 |
|                        | Std.Deviation | 0.712   | 0.571       | 0.592       | 0.615     |         |
| Outlook (Self)         | Mean       | 1.03      | 1.3         | 0.97        | 1.37      | 0.244   |
|                        | Std.Deviation | 0.89    | 0.952       | 0.85        | 0.928     |         |
From above table only statistically significant results are discussed. Results which are not statistically significant across the age groups are not discussed (the subscales which has p value >0.05 are statistically not significant).

| IDS SUBSCALES                        | Anova Test | <21 years | 21-40 years | 41-60 years | >60 years | P value |
|--------------------------------------|------------|-----------|-------------|-------------|-----------|---------|
| Outlook (Future)                     | Mean       | 0.93      | 1.13        | 1.17        | 1.37      | 0.248   |
|                                      | Std.Deviation | 0.828    | 0.819       | 0.834       | 0.809     |         |
| Suicidal Ideation                    | Mean       | 1.4       | 0.7         | 1.4         | 1.53      | 0.005   |
|                                      | Std.Deviation | 1.037    | 0.877       | 1.07        | 0.9       |         |
| Involvement                          | Mean       | 1.67      | 1.97        | 1.93        | 1.7       | 0.189   |
|                                      | Std.Deviation | 0.661    | 0.809       | 0.521       | 0.651     |         |
| Energy/Fatigability                  | Mean       | 1.27      | 1.6         | 1.77        | 1.87      | 0.071   |
|                                      | Std.Deviation | 0.994    | 1.037       | 0.817       | 0.9       |         |
| Pleasure/Enjoyment (exclude sexual activities) | Mean       | 1.6       | 1.67        | 1.83        | 1.9       | 0.263   |
|                                      | Std.Deviation | 0.675    | 0.711       | 0.592       | 0.662     |         |
| Sexual Interest                      | Mean       | 0.27      | 1.1         | 1.03        | 1         | 0       |
|                                      | Std.Deviation | 0.45     | 0.923       | 0.89        | 0.83      |         |
| Psychomotor Slowing                  | Mean       | 0.5       | 0.5         | 0.43        | 0.5       | 0.976   |
|                                      | Std.Deviation | 0.682    | 0.63        | 0.679       | 0.777     |         |
| Psychomotor Agitation                | Mean       | 0.67      | 0.1         | 0.63        | 0.63      | 0.004   |
|                                      | Std.Deviation | 0.802    | 0.305       | 0.718       | 0.809     |         |
| Somatic Complaints                   | Mean       | 1.27      | 1.5         | 1.17        | 1.37      | 0.53    |
|                                      | Std.Deviation | 0.98     | 0.9         | 0.913       | 0.809     |         |
| Sympathetic Arousal                  | Mean       | 1.07      | 1.03        | 1.03        | 0.63      | 0.049   |
|                                      | Std.Deviation | 0.64     | 0.765       | 0.669       | 0.669     |         |
| Panic/Phobic Symptoms                | Mean       | 0.37      | 0.53        | 0.4         | 0.3       | 0.617   |
|                                      | Std.Deviation | 0.556    | 0.776       | 0.563       | 0.837     |         |
| Gastrointestinal                     | Mean       | 0.5       | 0.6         | 0.57        | 0.73      | 0.732   |
|                                      | Std.Deviation | 0.731    | 0.894       | 0.774       | 0.868     |         |
| Interpersonal Sensitivity            | Mean       | 0.47      | 0.43        | 0.67        | 0.4       | 0.525   |
|                                      | Std.Deviation | 0.73     | 0.774       | 0.844       | 0.675     |         |
| Leaden Paralysis/Physical Energy     | Mean       | 0.2       | 0.4         | 0.4         | 0.07      | 0.026   |
|                                      | Std.Deviation | 0.407    | 0.675       | 0.563       | 0.254     |         |

Table 14

| HDRS SUBSCALES                     | Anova Test | <21 years | 21-40 years | 41-60 years | >60 years | P value |
|------------------------------------|------------|-----------|-------------|-------------|-----------|---------|
| DEPRESSED MOOD                     | Mean       | 2.37      | 2.47        | 2.57        | 2.27      | 0.343   |
|                                    | Std.Deviation | 0.809    | 0.681       | 0.568       | 0.568     |         |
| FEELING OF GUILT                   | Mean       | 0.7       | 1.03        | 0.97        | 1.23      | 0.069   |
|                                    | Std.Deviation | 0.651    | 0.809       | 0.89        | 0.728     |         |
| SUICIDE                            | Mean       | 1.5       | 0.73        | 1.3         | 1.53      | 0.009   |
|                                    | Std.Deviation | 1.167    | 0.907       | 1.055       | 0.86      |         |
| INSOMNIA EARLY                     | Mean       | 1.2       | 0.83        | 1.27        | 0.9       | 0.1     |
|                                    | Std.Deviation | 0.714    | 0.791       | 0.868       | 0.845     |         |
| INSOMNIA MIDDLE                    | Mean       | 0.63      | 0.8         | 0.77        | 0.87      | 0.701   |
|                                    | Std.Deviation | 0.669    | 0.761       | 0.858       | 0.819     |         |
| INSOMNIA LATE                      | Mean       | 0.87      | 1           | 1.03        | 1.07      | 0.818   |
|                                    | Std.Deviation | 0.937    | 0.91        | 0.809       | 0.785     |         |
| WORK AND ACTIVITIES                | Mean       | 2.2       | 2.17        | 2.23        | 2.1       | 0.887   |
|                                    | Std.Deviation | 0.664    | 0.874       | 0.568       | 0.548     |         |
As discussed above only statistically significant results are discussed. Results which are not statistically significant across the age groups are not discussed (the subscales which has p value >0.05 are statistically not significant).

LIMITATIONS OF THE STUDY:

1. As only patients without psychotic features were taken into the study the psychotic presentation of depressive patients was not studied.

2. As patients who were on treatment for present episode also not taken into the study, the effect of medication on symptoms of depression was not studied.

3. The sample that was studied was from a hospital in urban general setting. This undoubtedly must have led to some degree of bias.

CONCLUSION: Females are more prone to depression than males because female gender has increased stress sensitivity, maladaptive coping strategies and multiple social roles. In males substance use disorders can mask depressive symptoms (Kaplan and Sadock, CTP 2009).¹

As patients were taken from out-patient psychiatric department of tertiary general hospital situated in urban area, most of the patients were from the locality that is from urban area. This finding can be correlated partly due to greater exposure to stressor and partly due to knowledge about illness and accessibility to psychiatric treatment and also due to lesser awareness of rural population about depression (Blazer et al 1994).²⁹

Lower the level of education more prone to develop depression (Kaplan and Sadock, CTP 2009).¹ Now in recent years considerable amount of weight has been put on child's education, more numbers of patients in age groups <21 years were having higher level of education than rest of the age groups.
In Indian tradition most of the females in the family have to divert toward household work, take care of the children’s, younger siblings, parents, in-laws. All most all the patients who were doing household work were females.

Being single for male or female makes them prone to develop depression to some extent but other factors like socio-economic status, lack of intimate relation, stressful life events also operate to development of depression. Marital status per se does not predict higher frequency as revealed by Paykel et al 1982.30

In individual with lower socio-economic status have a lower level of education, lower income and poorer living conditions as well as a higher rate of unemployment (Mohandas E. 2009).31

In each age group most of the patients were belonging to the nuclear family as most of the patients were also residing in urban areas where nuclear families are more common than joint families. Depression is more common in those residing in nuclear families as found out by Sethi BB (1980).32

Sudden onset of depression is more common in acute life events while gradual onset is more common in continuous presence of stressors.

There was no difference in effect of precipitating factor(s) on present episode in all age groups.

Social stressors, in general, have been well recognized as risk factors for mood disorders. Different kinds of social stressors (i.e. childhood vs. adulthood events, acute vs. chronic stressors, positive vs. negative life events) can play different role in the predisposition and precipitation of depressive disorders (Kaplan and Sadock 2009).1

Diagnosis of depression as a unipolar or bipolar is important as difference in the presentation of symptoms of unipolar and bipolar depression like psychomotor retardation and hypersomnia are more common in bipolar depression while agitation and insomnia are more common in unipolar depression (Kaplan and Sadock, 2009).1

Previous affective episodes have major impact on the presentation of present episode inform of symptomatology, duration between onset of symptoms and first consultation, compliance with the treatment and insight into the illness.

Amongst who had depression in past, most of the patients spontaneously voiced primary depressive features like loss of pleasure and sadness.

Mood disorder runs in the family and major depression is the most common mood disorder in the family of both bipolar and unipolar proband (Kaplan and Sadock, 2009)1.

In all age groups somatic symptoms were most frequently complained, of which headache and fatigability were most commonly voiced.

The prevalence of pain ranged from 15% to 100% (Mean prevalence 65%) in 14 studies investigating pain symptoms in cases of major depression (Bair et al 2003).

This finding are also similar to what Ajit Avasthi (2010)11 stated in his study on overview of Indian research in depression. He stated that One common theme with regard to symptomatology of depression, which has been reported by most of the researchers, is high prevalence of somatic symptoms and some studies report that somatic symptoms are the most common manifestation of depression in India.

The irritability was most common presentation in age group<21years and also in age group>60years.
Suicidal behavior which included both suicidal thoughts and suicidal attempts was most common in age group < 21 years. This finding is also comparable with finding of Ajit Avasthi et al (2010). Studies which have evaluated depressed subjects with suicidal ideation have shown that 16.6% of these subjects make suicidal attempt and a higher risk of suicidal attempt is found in individuals less than 30 years of age, single men, married women and students and higher education.

Sleep disturbance was complained by all age groups patients with most disturbing in age group < 21 years and age group 41-60 years.

Agitation was noticed more frequently in age group > 60 years compared to other groups. With respect to somatic symptoms, depressed older women report more appetite disturbance than men, whereas older men report more agitation (Kockler & Heun, 2002).

In all age groups who have reported primary depressive features like sadness and loss of pleasure, most of them had history of previous affective episodes so that they might have some insight into their depression.

Forgetfulness was also the complaint only reported by patients of age group > 60 years (13.3%). Subjective complaints of poor memory and concentration are common among depressed older adults. Slower cognitive processing speed and executive dysfunction are frequent findings from objective testing (Butters et al, 2004).

Studies have evaluated the symptomatology of depression in elderly depressed subjects too and have reported that the common symptoms in order of frequency were sadness, depressed mood, somatic symptoms and signs, suicidal ideas, lack of energy, anxiety or tension, inability to fall asleep, early awakening, hopelessness, irritability and inability to enjoy (Venkoba Rao et al 1983).

Another study, which compared the symptomatology of children and adults, showed that more children than the adults presented with the somatic symptoms and the predominant mood symptom in children was irritability in contrast to sadness in adults (Bhargava et al 2005).

Other commonly reported symptoms of depression in children’s across studies include low mood, diminished interest in play and activities, excessive tiredness, low self-esteem, problems with concentration, behavior symptoms like anger and aggression, decreased interest in school and recent deterioration in school performance, death wish and suicidal behavior (Krishna Kumar et al 2006 and Tharoor et al 2002).

CONCLUSION: Our patients cannot voice their complaints spontaneously as there is a striking rarity of spontaneously expressed depressed mood but it is invariably present on systemic interview across all age groups.

There is high frequency of somatic symptoms (both general and gastrointestinal) spontaneously as well as on systemic evaluation across all age groups amongst which most disturbing was headache followed by fatigue in all age groups.

Most of the patients who have reported primary depressive features like sadness and loss of pleasure, had past history of affective episodes which may have impact on the presentation due to some insight into their depression due to past experiences.

STATISTICALLY SIGNIFICANT RESULTS: Irritability was most disturbing in age group < 21 years followed by > 60 years, 41-60 years and 21-40 years.
Diurnal variation of depressed mood was most complaint by age groups 21-40years and 41-60years than rest of age groups.

Both loss of appetite and loss of weight were most disturbing in age group >60years followed by age groups 21-40years and 41-60years and with lowest frequency by age group <21years.

Suicidal behavior was spontaneously reported more in age group <21years but on systemic evaluation found out more in > 60years followed by <21years with suicidal attempts more in <21years.

Sexual interest which was absent (of loss of sexual interest) in nearly all patients in age groups <21years due to unmarried status of most of the patients in this age groups (23 out of 30).

Psychomotor agitation which was reported more by age group >60years but on systemic evaluation found out to be more in age groups <21years with age group 41-60years and age group >60years follow it and with lowest in age group 21-40years.

Anxiety (psychic and somatic) was higher in age groups <21years and 41-60years.

Leaden paralysis as a symptom of depression on systemic interview was present with high frequency in age groups 21-40years and 41-60years.

BIBLIOGRAPHY:

1. Kaplan & Sadock, Comprehensive Textbook of Psychiatry, 9th edition 2009, vol.1:1649-1707.
2. Patel V, Lund C, Hatherill S, Plagerson S, Corrigall J, Funk M, et al. Social determinants of mental disorders. In: Priority Public Health Conditions: From Learning to Action on Social Determinants of Health (eds. Blas E, Sivasankara Kurup) World Health Organization, Geneva Forthcoming.
3. Patel V, Sumathipala A, Khan M, Thapa S, Rahman O. South Asian Region. Chapter for Textbook of Cultural Psychiatry (eds. Bhui and Bhugra). 2006.
4. Patel V, Araya R, de Lima M, Ludermir A, Todd C. Women, poverty and common mental disorders in four restructuring societies. Social science & medicine (1982). 1999 Dec; 49(11):1461-71.
5. Patel V, Pereira J, Coutinho L, Fernandes R, Fernandes J, Mann A. Poverty, psychological disorder and disability in primary care attenders in Goa, India. Br J Psychiatry. 1998 Jun; 172: 533-6.
6. Patel V, Kirkwood BR, Pednekar S, Weiss H, Mabey D. Risk factors for common mental disorders in women. Population-based longitudinal study. Br J Psychiatry. 2006 Dec; 189:547-55.
7. Mumford DB, Saeed K, Ahmad I, Latif S, Mubbashar MH. Stress and psychiatric disorder in rural Punjab. A community survey. Br J Psychiatry. 1997 May; 170: 473-8.
8. Patel V, Kirkwood BR, Pednekar S, Pereira B, Barros P, Fernandes J, et al. Gender disadvantage and reproductive health risk factors for common mental disorders in women: a community survey in India. Archives of General Psychiatry. 2006 Apr; 63(4):404-13.
9. Kumar S, Jeyaseelan L, Suresh S, Ahuja RC. Domestic violence and its mental health correlates in Indian women. Br J Psychiatry. 2005 Jul;187: 62-7.
10. Fikree FF, Bhatti LJ. Domestic violence and health of Pakistani women. International journal of gynaecology and obstetrics: the official organ of the International Federation of Gynaecology and Obstetrics. 1999 May;65(2):195-201.
11. Sandeep Grover, Alakananda Dutt, Ajit Avasthi. An Overview of Indian Research in Depression. Indian J Psychiatry 2010; 7: 178-188.
12. www.who.int/mental_health/prevention/genderwomen/en
13. Gada M T. Psychobiology of depression: Tilak Venkoba Rao Oration. Ind J Psychiatry 1987; 29: 15-31.
14. Kirmayer LJ, Robbins JM, Dwarkind MJ. Somatization and the recognition of depression and anxiety in primary care. Am J Psychiatry 1993 150: 734-741.
15. Caper, McCulloch Y. Patient’s reason for not presenting emotional problems in general practice consultations. Br J Gen Pract. 1999; 49: 875-879.
16. Gada MT. Depression as seen in clinical practice: a study of 100 cases. The Bombay Hospital Journal. 1980; 22:39-45.
17. Kroenka K, Spitzer RL, Williams JB. Physical symptoms in primary care: predictors of psychiatric disorders and functional impairment. Arch Fam Med. 1994; 3: 774-779.
18. Katon W, Roy-Byrne P. Antidepressants in the medically ill: diagnosis and treatment in primary care. Cli Chem 1988; 34: 829-836.
19. Hollifeld M, Katon W, Morojele N. Anxiety and depression in an outpatient clinic in Lesotho, Africa. Int J Psychiatry Med.1994; 24: 179-188.
20. Katon W. Depression: relationship between somatization and chronic medical illness. J Clin Psychiatry 1984; 45: 4-12.
21. K. Bechter. The peripheral cerebrospinal fluid outflow pathway – physiology and pathophysiology of CSF recirculation: A review and hypothesis. Neurology, Psychiatry and Brain Research 2011;17:3, 51-66.
22. Sarah Kilroy, Elizabeth Nolan, Kiran M. Sarma. Quality of Life and Level of Anxiety in Youths with Inflammatory Bowel Disease in Ireland. Journal of Pediatric Gastroenterology and Nutrition 2011;53:3, 275-279.
23. Kim E. Innes, Terry Kit Selfe, Parul Agarwal. Prevalence of restless legs syndrome in North American and Western European populations: A systematic review. Sleep Medicine 2011;12:7, 623-634.
24. Deisenhammer EA, Coban- Başaran M, Mantar A, Prunlechner R, Kemmler G, Alkin T, Hinterhuber H. Ethnic and migrational impact on the clinical manifestation of depression. Soc Psychiatry Psychiatr Epidemiol. 2012 Jul;47(7):1121-9. doi: 10.1007/s00127-011-0417-1. Epub 2011 Jul 31.
25. Zhou X, Dere J, Zhu X, Yao S, Chentsova-Dutton YE, Ryder AG. Anxiety symptom presentations in Han Chinese and Euro-Canadian outpatients: Is distress always somatized in China?. J Affect Disord. 2011 Dec;135(1-3):111-4. doi: 10.1016/j.jad.2011.06.049. Epub 2011 Jul 26.
26. F Radat, M Koleck. Douleur et dépression: les médiateurscognitifs et comportementauxd’une association trésfréquente. L’Encéphale 2011;37:3, 172-179.
27. Carla C. Schubert, Raija-Leena Punamäki. Mental health among torture survivors: cultural background, refugee status and gender. Nordic Journal of Psychiatry 2011;65:3, 175-182.
28. Lin CH, Lane HY, Chen CC, Jiu SH, Yen CF. Pain has a Strong Negative Impact on the Fluoxetine Response in Hospitalized Patients with Major Depressive Disorder. Clin J Pain. 2011 Nov-Dec;27(9):805-10. doi: 10.1097/AJP.0b013e3182201849.
29. Blazer Ronald C, Kessler Katherine A, Mcgonagle, Marvin S. Swartz. The Prevalence & Distribution of Major Depression in a National Community Sample; The National Community Survey. Am J Psychiatry 151:7, July 1994.
30. Paykel E.S.(1982): Hand Book of affective disorder; New York, USA Churchill, Livingstone.
31. Mohandas E. Roadmap to Indian Psychiatry. Indian J Psychiatry 2009;51: 173-9.
32. Sethi BB, Sharma M. Depressive disorders and family consultation. Indian J Psychiatry 1980; 22: 69-73.
33. Kockler M, Heun R. Gender differences of depressive symptoms in depressed and nondepressed elderly persons. Int J Geriatr Psychiatry. 2002;17: 65–72.
34. Butters MA, Whyte EM, Nebes RD, Begley AE, Dew MA, et al. The nature and determinants of neuropsychological functioning in late-life depression. Arch Gen Psychiatry. 2004;61: 587–95.
35. Venkoba Rao A, Madhavan T. Depression and suicide behavior in the aged. Indian J Psychiatry 1983; 25: 251-9.
36. Bhargava SC, Sethi S. Depressive disorder in children. J Indian Assoc Child Adol Mental Health 2005; 1:4.
37. Krishnakumar P, Geeta MG. Clinical profile of depressive disorder in children. Indian Pediatrics 2006;43: 521-6.
38. Tharoor H, Kar N, Shameera, Jagdisha. Profile of childhood depression in a south Indian clinic population. Indian J Psychiatry 2002;45 :S9.

AUTHORS:
1. Vinodkumar M. Darji
2. Dharmesh V. Patel
3. Manasvi Jariwala

PARTICULARS OF CONTRIBUTORS:
1. Senior Resident, Department of Psychiatry, AMC MET Medical College.
2. Associate Professor, Department of Psychiatry, AMC MET Medical College.
3. Senior Resident, Department of Psychiatry, AMC MET Medical College.

NAME ADDRESS EMAIL ID OF THE CORRESPONDING AUTHOR:
Dr. Vinodkumar M. Darji,
#36, Laxminagar Society,
Opposite Khodiyar Nagar Post Office,
Bapunagar, Ahmedabad-552350
Email: vinodkumardarji@yahoo.com
Date of Submission: 06/05/2014.
Date of Peer Review: 07/05/2014.
Date of Acceptance: 13/05/2014.
Date of Publishing: 26/05/2014.