DEPRESSIVE DISORDERS IN PSYCHIATRIC OUTPATIENT CLINIC ATTENDEES IN EASTERN SAUDI ARABIA

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Background: Depressive disorders are common in Psychiatry Outpatient Clinics.

Patients: All new patients attending the Psychiatry Clinics at King Fahd Hospital of the University (KFHU), in the Eastern Province were included in the study.

Aim: To investigate the frequency and pattern of depressive disorders among Psychiatric Out-patients attendees in the KFHU.

Methods: A semi-structured psychiatric interview and clinical mental state examination were used in the assessment of all consecutive new patients attending the clinic during the study period. The Psychiatric diagnoses were made according to the 10th Edition of International Classification of Mental and Behavioral Disorders (ICD-10).

Results: The frequency of depressive disorders was 19.3%. The majority of the patients were between 20-49 years of age and females predominated in the ratio of 1.7:1. Almost 70% were formally unemployed (including 66 housewives). Depressive disorder of the moderate nature was the commonest.

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Depressive Disorders in Eastern Saudi Arabia 43
Conclusion: Depressive disorders are common in Psychiatry outpatients. The socio-demographic characteristics of depressive disorder in the Kingdom of Saudi Arabia are similar to those abroad in many respects.

Key Words: Frequency, Pattern, Depression, Saudi teaching hospital.

INTRODUCTION
Depression is a common, chronic, relapsing disorder, associated worldwide with substantial morbidity and excessive use of health care services. In addition, depression is the commonest disease leading tragically to suicide. It is estimated that between 11-17% of the severely depressed patients ultimately commit suicide. Depression is frequently misdiagnosed or even missed completely; which, ultimately, results in the underestimation of published prevalence rates. In reality, the scope of depressive problems is still immense, for up to 10% of patients in primary care settings have depression. The rate of developing depression is thought to be as high as 16-25%. However, it coexists with anxiety disorders, eating disorders and substance abuse. Higher estimates of depressive disorders were reported in the younger age group, in comparison with low rates in the elderly. These disorders are thought to be more among females, the divorced or separated, and in lower socioeconomic groups.

The aim of the present preliminary study was to determine the frequency and pattern of depressive disorders in a Saudi teaching hospital; perhaps for the first time.

METHOD
The study included all the new patients attending the Psychiatric Outpatient Department Clinics (total sample of 632) in King Fahd Hospital of the University (KFHU) during a period of two years from April 2000 to March 2002. The patients were seen, assessed and investigated by the Author and other Consultant Psychiatrists in the department. The Psychiatric Assessment was carried out by using a semi-structured psychiatric interview and a standard mental state examination. Special attention was paid to socio-demographic aspects of the history of the patient, such as the age, sex, nationality, marital status and occupation. The intelligence of the patients was assessed only clinically (general information, school and work records), and personality was assessed only in descriptive terms. No formal testing or inventories were carried out due to technical difficulties. The psychiatric diagnoses of the patients were made along the lines cited in the ICD-10 Classification of Mental and Behavioral Disorders Clinical Descriptions and Diagnostic Guidelines.

In addition, physical examination and basic investigations, e.g. blood tests, thyroid, liver and kidney function tests were done for all the patients. Further relevant investigations such as EEG, Brain scan, MRI, etc. were carried out only when an organic disease is suspected. There was a regular follow up of patients during the study period.

RESULTS
The total number of patients who attended the Psychiatric Outpatient Clinics during the study period was 632. Of those, 122 patients were diagnosed as suffering from depressive disorders giving a frequency of 19.3%

A total of 105 patients (72%) were between the ages of 20 and 49 years (Table 1). Only 2 patients were below the age of 10, and 4 patients above 70 years of age.
The mean age of the patients was 36 years, and the Standard Deviation was 14.76. Ninety two patients were female and 54 male; a ratio of 1.7:1; making the differences statistically significant ($x^2 = 18.75, p <0.00002$).

Table 1: Age and sex distribution

| Age group | Male | Female | Frequency |
|-----------|------|--------|-----------|
| <10       | 1    | 1      | 2         |
| 10-19     | 7    | 7      | 14        |
| 20-29     | 17   | 20     | 37        |
| 30-39     | 13   | 30     | 43        |
| 40-49     | 6    | 19     | 25        |
| 50-59     | 5    | 7      | 12        |
| 60-69     | 4    | 6      | 10        |
| 70-79     | -    | 2      | 2         |
| >80       | 1    | 1      | 2         |
| Total     | 54   | 92     | 146       |

Valid cases = 146, Missing cases = 0
Mean = 35.96 Standard deviation = 14.76

One hundred and four patients were married, 37 patients single, three patients divorced and two patients widowed. One hundred and forty one patients were Saudis and only five patients were non-Saudis. Two of the latter were Arabs. With regards to employment, 104 patients were unemployed (66 housewives, 22 students, 16 unemployed); 13 had white collar jobs (seven teachers, one social worker, one nurse, one secretary, three retired). Seven were in the services (one policeman, four soldiers, two security guards), 11 employed in jobs unknown, four were professionals, four were low-paid workers (one housekeeper, one housemaid, one salesclerk and one transporter) and three were employers. All patients were of average intelligence and there was no significant deviation of the patient’s personality from the normal.

Twenty-six patients (21.3%) were diagnosed with mild depression, 50 (41%) patients with moderate depression and 28 (19%) with severe depression. Thirteen (10.6%) patients were dysthymic; and 5 (3.42%) patients had recurrent depression. Depression was co-morbid in 24 (19.6%) patients (Table 2).

Table 2: Categories of depressive disorders

| Type                 | No. of patients (%) |
|----------------------|---------------------|
| Depressive episode:  |                     |
| Mild                 | 26 (17.8)           |
| Moderate             | 50 (34.2)           |
| Severe               | 28 (19.2)           |
| Dysthemia            | 13 (8.9)            |
| Recurrent            | 5 (3.4)             |
| Co-morbid            | 24 (16.4)           |

DISCUSSION

The frequency of depressive disorders in the present study was 19.3%. Similar figures were reported in studies abroad and frequency rates for developing depressive disorders ranged between 16-25% in the majority of reliable studies. Even higher rates were reported, especially in primary care settings. El-Rufaie's study in the same area but in different setting reported a prevalence rate of 55%. Abiodun in Nigeria reported 51.7% of depressive illness, and Ghubash in Dubai reported a rate of 13.7% among women only. Lower rates for depressive disorders were also reported elsewhere. Severe depression with or without psychotic symptoms in the present study constituted 20% of all depressive disorders compared with 10% reported by Katon in 1992, 16% by Chichester in 1992 and 17% by Kessler in 1994. These wide differences in frequency of depression are probably due to methodological differences in study designs.

The frequency of dysthymia in the present study was 9%, compared to 6.4% reported by Kessler and 3% in the Epidemiological Catchment Area (ECA) study in the United States of America. Recurrent depression constituted 3.4% in
our study, compared with 5% in the Zurich study, these differences in the results can be explained on the basis of differences in the methods and study design.

Depression is more prevalent in the age group of 20-49 years, and the mean age of onset of unipolar depression in Epidemiological Catchment Area Study (ECA) was 27 years. In our study, 72% of the patients were between the same age range but the mean age of the patients was 36. It seems that our patients present to the psychiatric clinic rather late, compared with the patients in the ECA study.

In the present study, females were significantly more than males, in the ratio of 1.7:1. This is in accord with all studies. Thus, in the ECA study a ratio of 2:1 is reported, while Gabroon et al reported a 3.3:1 and a ratio of 1.63:1 was reported in Zhonghua's study.

Depressive disorders are consistently increased in women across different cultures. The reasons for increased rates among women is not known, but the fact that women would more readily complain of symptoms than men, in addition to misdiagnosis and co-morbidity with drug abuse in men, might play a part.

The notion that depressive disorders are more common among the divorced was not substantiated in the present study; the majority of patients in our study (104) were married. It seems that marriage did not give much of a defense against developing depression.

Depressive disorders are more common among the unemployed but this was not clearly associated to the socio-economic indices. In our study, 100 patients were formally unemployed; two-thirds of these were housewives and one-fifth were students.

CONCLUSION
The Saudi pattern of depressive disorders seems to have much in common with the characteristics of the disease elsewhere. Depression is a widespread disorder and remains costly in relation to human and financial resources. More attention should be given to its diagnosis and management, and cooperation and the possible integration of various medical and social services would go a long way in dealing with the problem.

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