

Depression in Medical in-patients

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Abstract

A total of 50 medical in-patients were studied in Marjan Teaching Hospital for the occurrence & features of depression. The result of this study revealed that 36% met a criterion for depression based on the Beck Depression Inventory Scale. Depression was more common in those who confined to bed. The occurrence & course appeared closely bound up with the medical illness. The depressive medical in-patients more often showed feeling of sadness, anorexia, guilt, fatigability, pessimism, dissatisfaction & sense of failure.

Introduction

Depression is one of the commonest psychiatric disorder from which human being is suffering, depression means dysphoric mood accompanied by a reduction in energy & activity with loss of interest or pleasure in all or almost all usual activities & past events. He takes a gloomy view of him self, of the world about him & of the future.(1)

Numerous studies have found an association between physical & psychiatric disorders among general hospital in-patients & out-patients e.g. surveys in medical wards have shown that over a quarter of in-patients have psychiatric disorders (2)

It was widely accepted that psychological factors can play a part in the a etiology of physical illness psychosomatic theory held that emotional changes in human being were accompanied by physiological changes & that when emotional changes were persistent or frequent, pathological changes could follow, once physical pathology was established, psychological factors could help to maintain or aggravate it, or trigger relapse, it was assumed that physical conditions induced in this way would improve if the psychological disturbances improved, either spontaneously or as a result of psychological treatment (3). The affective disorder in general hospital in-patients are studied by a number of researcher, Maguire *et al* (1974)(4), Bergman & Eastman (1974)(5), Moffie & Paykel (1975)(6), showed that the prevalence of depression among medical in-patients were 23,19,14 respectively, while Knight & Folstien (1977)(7), Depaulo *et al* (1980)(8) & Cavanaugh (1983)(9) showed that the prevalence of depression in medical in-patients were 26,30,32 respectively

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Methods

50 medical in-patients were studied in Marjan Teaching Hospital in Babil Governorate .The study conducted during the period first of June-first of October 2004 .The study included patients between the age of 18 &74, those patients fitting a criterion for depression were studied .These patients were interviewed within 1 to 7 days of their admission. These patients covered a wide range of medical diagnose& severity of illness .An additional 6 patients were excluded from the study .3 because they were unconscious .3 because they were reluctant to participate in the study .Beck depression Inventory Scale were used(10)It contain 13 items from which are derived total score which can range from 0-39 The rating procedure were done by the researchers .A cut off point of 5 has been reported by Beck to differentiate effectively between depressive &non-depressives.& this was criterion adopted in the present study .The inventory was administered by the researchers. All medical patients were received physical &psychiatric examinations Patients fitting the criteria fot depression on the Beck Scale underwent further clinical interview .Ratings were made on the basis of severity to mild ,moderate & severe.

Results

The results showed that 36 patients scored 5 or above on Beck Scale & so fitted the predetermined criterion for depression; thus the prevalence of depression in the week after admission was 36%.the findings are summarized in the following tables.

Table-1:Medical in-patients

	Number	%
Total	50	100
Non-depressed	32	64
Depressed	18	36

Table-2:Severity of depression

	No.	%
Total	18	100
Mild depression	5	27.8
Moderate depression	11	61.1
Severe depression	2	11.1

Table-3:Age

Year	Depressed		Non- depressed	
	No.	%	No.	%
Total	18	100	32	100
18-36	5	27.8	10	31.25
37-55	5	27.8	10	31.25
56-74	8	44.4	12	37.5

Table -4 :Sex

	Depressed		Non- depressed	
	No	%	No	%
Total	18	100	32	100
Male	9	50	16	50
Female	9	50	16	50

Table -5: Marital status

	Depressed		Non-depressed	
	No	%	No	%
Total	18	100	32	100
Single	8	44.4	14	43.75
Married	10	55.6	18	56.25

Table -6: Severity of medical illness

	Depressed		Non-depressed	
	No.	%	No.	%
Total	18	100	32	100
Confined to bed	14	77.8	10	31.25
Not confined to bed	4	22.2	22	68.75

Table-7: Prognosis

	Depressed		Non-depressed	
	No	%	No.	%
Total	18	100	32	100
Discharged	14	77.8	28	87.5
Transferred to other hospital	11.1	2	4	12.5
Died	2	11.1	0	0

Table-8: Medical diagnosis by system

	Depressed		Non-depressed	
	No.	%	No.	%
Total	18	100	32	100
Cardio-vascular	5	27.7	8	25
Respiratory	3	16.7	6	18.8
Infections	5	27.7	10	31.2
Endocrine	1	5.6	1	3.1
Rheumatoid	1	5.6	1	3.1
Gastro-intestinal	2	11.1	4	12.5
Others	1	5.6	2	6.33

Table -9:- Background psychiatric status

	Depressed		Non-depressed	
	No.	%	No.	%
Total	18	100	32	100
Additional concurrent Stresses	13	72.2	7	21.9
No additional stresses	5	27.8	25	78.1

Table -10 : Origin of depression

	No.	%
Total	18	100
Physical illness as consequence of depression	4	22.2
Depression precede physical illness	3	16.7
Depression as consequence of physical illness	11	61.1

Table -11 : Individual items of B.D.

	Depressed		Non-depressed	
	No.	%	No.	%
Total	18	100	32	100
Sadness	18	100	1	3.1
Pessimism	16	88.9	2	6.25
Sense of failure	6	33.3	0	0
Dissatisfaction	7	44.4	1	3.1
Guilt	13	72.2	2	3.1
Self-dislike	6	33.3	3	9.4
Self-harm	7	38.9	0	0
Social withdrawal	5	27.8	0	0
Indecisiveness	4	22.2	1	6.25
Self-image change	4	22.2	0	0
Work difficulty	11	61.1	7	21.9
Fatigability	17	94.4	10	31.25
Anorexia	14	77.8	10	31.25

Discussion

This study indicates that depression is a common phenomenon among medical in-patients, present in 36% within a week of admission. The prevalence which is found in this study is higher than that in other studies. Using a cut off point on the Beck scale of 14 Schwab et al found 22% of medical in-patients were depressed (11). Stewart et al used a definition based on occurrence of psychological symptoms only, they found a prevalence of 27% for severely ill medical patients & 13% among less severely ill patients selected at random (12). All the symptoms in the Beck Scale differentiated depressed from non-depressed medical patients. Even symptoms such as work difficulty, fatigability & anorexia which are common in medical patients, were also commoner in depressives. The symptoms which differentiated depressives most strikingly included such central manifestations under any circumstances as sadness, pessimism, guilt, self-harm, as well as symptoms liable to confusion such as work difficulty, fatigability, anorexia. The factors producing depression in any individual are likely to be complex. For these medical patients aetiology tended to be closely bound up with the medical illness. The depression was found more commonly among those who were confined to bed. Stewart et al, & Moffice & Paykel reached similar conclusion in their studies. However, the depression was not entirely a consequence of the medical state. Depressed medical patients were more likely to have other concurrent stresses. The complexity of causes in any single case renders aetiological judgement difficult. However, in terms of clinical judgement, taking into account as much as was known about the case, there were two main groups of medical depressives. For the majority 61.1%, the depression appeared to have been caused by the medical illness. In a smaller group of 38.9% the causal link was in a variety of other directions & the depression appeared more closely related to other stresses. This simple classification may give some clues as to treatment. In spite of the availability of a psychiatric consultation service, the majority of medical depressives in this series did not receive any psychiatric referral or treatment. As in other settings, the treatment of depression in medically ill patients involves both psychotherapy & antidepressant medications. In general the depression among medical patients tended to be moderate; both in terms of Beck Scale scores & in the clinical rating of severity. Somatic symptoms form a prominent part of the symptomatology of the medical depressives. Symptoms of medical illness must be distinguished from somatic symptoms characteristic of depression. How can the special features of medical depression be interpreted? Most of them arise easily from the specific situation & psychological threats to which the medical in-patients is exposed.

Conclusion

There is ample evidence that depression is common in medical in-patients. Many studies leave no doubt that the psychological dimension is an important factor to be considered in the management of many medically ill patients. The careful observation to detect depressive symptoms together with few additional questions

will allow detection of medical in-patients with depression. In case sheets I suggest to allow a space for the brief psychiatric assessment especially enquiring for major depressive symptoms to raise awareness among junior doctors & treating physicians for such a common compounding problem for the sake of good welfare of the medical patients

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