Epidemiological profile of patients with depression in Shkoder, Albania

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Abstract

Introduction

Depression is a prevalent mental healthcare problem and a common cause of disability worldwide. As people age, their physical and mental health conditions begin to deteriorate. Late-life depression affects about 6 million Americans ages 65 and older. The aims study was to evaluate the prevalence of depression and associated risk factors in older people living in Shkodra district.

Methods

This is a cross-sectional study based on a mental health screening among the elderly in Shkodra district. All elderly over 60 years who accepted voluntarily to

coming in community center of mental health screening and to be part of this study were recruited for at least 3 years. A standardized questionnaire which measures depression and associated factors were filled for each of them. The software SPSS version 20.0 was used for data calculation. P-values less than <5% were taken as significant.

Results

Over all 138 patients with depression were conducted in this study, the average was 72±11.02std, with min age 61 years old and max 92 years old. Related to the severity of depression, as mild depression resulted 37.7% of participants, moderate 42.08% and severe 20.3%. Almost 42.7% of participant were male and 57.3% were female statistic significant between them p =0.03. Regarding the living area 65.9% living in rural area and 34.1% in urban area without significant association. A significant association were seen between age, gender and sedentary living and depression in multivariate analysis.

Conclusion

Older adults are more vulnerable and severely affected by the mental health especially the depression. Early recognizing of problem due to depression and motivation to participating for a healthy live after retirement may improve their mental life and of quality of life.

Keywords: Depression, older people, Shkodra district

Introduction

A mental disorder is a syndrome characterized by a clinically significant disturbance in cognition, emotional regulation, or behavior of an individual that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning [1]. They are often associated with significant distress or disability that affect social, occupational, or other important activities, according to DSM-IV (Diagnostic and Statistical Manual of Mental Disorders - Fourth Edition) [2] and ICD-10 (International Classification of Diseases - 10th Revision). About 90% of psychiatric manifestations are related to nonpsychotic disorders, mainly depressive disorder, including symptoms such as insomnia, fatigue, irritability, difficulty in memory and concentration, and somatic complaints [3].

Depression is a common illness worldwide, with an estimated 3.8% of the population affected, including 5.0% among adults and 5.7% among adults older than 60 years. Approximately 280 million people in the word have depression [4]. Major depression is a commonly occurring, serious, recurrent disorder

linked to functioning and quality of life, medical morbidity, and mortality [5, 6].

Depression results from a complex interaction of social, psychological, and biological factors. People who have gone through adverse life events (unemployment, bereavement, traumatic events) are more likely to develop depression. Depression can, in turn, lead to more stress and dysfunction and worsen the affected person's life situation and the depression itself [7]. Information on the prevalence and correlates of depression does not exist for most countries, but, in more studies the available data indicate that aspects of descriptive epidemiology (e.g., age-of-onset, persistence) are quite consistent across countries. Also, some of consistent socio-demographic correlates have also been found across studies. There are interrelationships between depression and physical health. For example, cardiovascular disease can lead to depression and vice versa [5].

Method

Study design: This is a cross-sectional study based on a mental health screening among the elderly in Shkodra district. All elderly over 60 years who accepted voluntarily to coming in community center of mental health screening and to be part of this study were recruited for at least 3 years.

Study population: Individuals aged 60+ years old that were presented to community mental health center with problems mental disorders were eligible to be part of this study. For all participants (138) we were used the Revised Clinical Interview Schedule for the detection of common mental disorders and epidemiological data to elderly people for the period January 2017 until to December 2019. Gender, age, residence, marital status and condition of living were some of the demographic data. For the classification of the mental disorders, we are based on diagnostic criteria from the Diagnostic and Statistical Manual of Mental Disorders DSM-5. 5th ed (DSM_V) [8] and in the International Classification of Diseases and Injuries 10th Revision (ICD_10) [9]. A standardized questionnaire which measures depression and associated factors were filled for each of them. Exclusion criteria: Patients with other mental health problem were excluded.

Statistical analysis: Data were analyzed using the statistical package for social science (SPSS) version 20.0, and summarized using descriptive statistics of frequency, as well as mean and standard deviation. We used the chi-square and Fisher exact tests for categorical variables and Student t test and Mann-Whitney U test for continuous variables. Multivariable logistic regression was used to estimate odds ratios (OR) adjusted for the potential correlation between the risk factors: gender, age, and other risk factors. Differences between samples were considered significant at $p < 0.05$.

Results

Over all 138 elderlies conducted in this study, the min age resulted 61 years old and max 92 years old with average 72±11.02std. In the age groups 60-69 years old resulted 21% (29/138) of patients, in the age groups 70-79 years old resulted 45.6% (59/138) of patients and in the age groups more than 80 years old resulted 33.3% (59/138) of patients with depression. Regarding age, there was a significant difference among age groups and depression for Wald χ^2=21.6 p value 0.01.

Almost 42.7% (59/138) of participant were male and 57.3% (79/138) were female statistic significant between them p =0.03. Regarding the dwelling 65.9% (91/138) living in rural area and 34.1% (47/138) in urban area, we not found a significant association.

Related to the marital status our depressive patients were as below, 3.6% (5/138) were single, 30.4% were widow, 9.4% were divorced and most of them were married 56.4%. for the marital status among our patients with depression, there was a significant difference with 95% CI p value 0,014. Our patients were asked about the monthly income that have in their family (table 1).

TABLE 1. Demographic characteristics of study population

Demographic variables	Total number	Percentage	*P value*
Gender			
Female	79	57.3%	0.03
Male	59	42.7%	
Age (years)		E	0.01
60-69	29	21%	
70-79	63	45.6%	
≥80	46	33.3%	
Dwelling			>0.05
Urban	47	34.1%	
Rural	91	65.9%	
Marital statue			0,014
Single	5	3.6%	
Married	78	56.5%	
Widow	42	30.4%	

Divorced	13	9.4%	
Monthly income			0.0001
Without	9	6.5%	
Social assistance	11	8%	
100-200 lekë* (monthly income)	39	28.3%	
200-400 lekë* (monthly income)	43	31.1%	
More than 400 lekë* (monthly income)	36	26.1%	
Heredity			0.04
Without	97	70.3%	
With	41	29.7%	
Employment status			>0.05
Employment	35	25.4%	
Unemployment	103	74.6%	
Life style			0,004
Living alone	65	47.1%	
Living with family	73	52.9%	
Physical activity			<0,0001
Yes	42	30.4%	
No	96	69.6%	

About 6.5% (9/138) of them referred that did not have a monthly income, 8% (9/138) living with many of assistance given by the municipality of Shkodra, 28.3% (39/138) living with monthly income 100-200 thousand lekë (lekë is Albanian money), 31.1% (43/138) living with monthly income 200-400 thousand lekë and 26.1% (36/138) of patients living with more than 400 thousand lekë. A strong association were seen between the monthly income and the presence of depression among our patients Wald χ^2=54.8 p value 0.0001.

For the heredity or a family history of depression, most of patients 70.3% (97/138) confirmed that did not have and the others 29.7% (41/138) confirmed a familiar with depression. The p value resulted 0.04.

According the employment status, the most predominant patients were retired, consequently we have included in the category of unemployed. So, only 25.4% of our depressive patients resulted in category of employment and 74.6% in category

of unemployment. And in these cases, we did not find an association with the presence of depression.

Life style and physical activity play a significant role in mental health especially for the depression disorder. Our patients referred that living alone in 47.1% of cases and living with family in 52.9% of them. Regarding the physical activity, 30.4% have a daily activity and 69.6% referred a sedentary life. In two cases we found a strong association with depression. P value resulted < 0.05 (table 1).

Based on severity of depression evaluation by medical staff (physicians) of Community Center of Mental Health of Shkodra district, patients in mild depression were 37.7% (52/138) of participants, moderate 41.8% (58/38) and severe 20.4% (28/138). In table 2 we have presented the distribution of severity of depression according the gender of our patients. As seen, female patients have a predominance in the total number and in the same time have a predominance in the moderate 45.6% and severe depression 21.5% is we compared to male for the same severity of depression. Male resulted in 37.5% of patients resulted in moderate depression and 18.6% in severe depression. For the mild depression we have the same number of patients between female and male, but the percentage for female resulted 32.9% and for male 44.1% (table 2).

TABLE 2. Type of depression according to female-male

Type of depression	Total number	Female		Male	
		No	**%**	**No**	**%**
Mild depression	52 (37.7%)	26	32.9%	26	44.1%
Moderate depression	58 (42.0%)	36	45.6%	22	37.3%
Severe depression	28 (20.3%)	17	21.5%	11	18.6%
Total	**100%**	**79**	**100%**	**59**	**100%**

Discussion

Depression is a common and substantial mental health problem in the community worldwide in the past two decades during the era of emergence of Internet and online health information [10]. According to the WHO, an important barrier to effective care for depression is inaccurate assessment and that people who are

depressed are often not correctly diagnosed [11, 12]. The aims study was to evaluate the epidemiological profile of patients with depression in Shkoder district. We have included 138 elderly patients that were diagnose with depression for at least 3 years. More of epidemiological profile are reported by a wide range of literatures worldwide as risk factors for stimulation or severity of persons with depression. So, it has long been known that marital dissatisfaction and discord are strongly related to depressive symptoms, with a very similar patterns for men and women [13-16]. Kessler and Bromet, in their study document that women typically have a two-fold increased risk of major depression compared to men, individuals who are separated or divorced have significantly higher rates of major depression than the currently married, and prevalence of major depression generally goes down with age [5].

Some literatures mention that personal earnings and household income of people is one of most striking aspects of the impairment associated with depression [17-20]. Causal effects of low income on depression have been documented in quasi-experimental studies of job loss [21]. Also, depression is known to be associated with unemployment, most research on this association has emphasized the impact of job loss on depression rather than depression as a risk factor for job loss [21,22].

Based on a multivariate analysis our study shows that some of those factors such as women in the population, aging, marital status, heredity, monthly income, life style and physical activity aggregate the prevalence of depression in elderly people in Shkodra district. On the other hand, we did not find an association regarding the dwelling and employment status.

As we mention before major depression generally goes down with age [5]. In this study we have presented the type of depression within our patients. Most of patients were in moderate depression (42.0%), a high number were in mild depression (37.7%) and few of them were in severe depression (20.3%).

Conclusion

Older adults are more vulnerable and severely affected by the mental health especially the depression. Early recognizing of problem due to depression and motivation to participating for a healthy live after retirement may improve their mental life and of quality of life. On the other hand, application of the epidemiological studies in different population are very important to determine this problem, being very useful and relevant in the decisions and planning of public mental health policies, in the organization of services and also, in the development of prevention and treatment programs.

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