Original article:

Prevalence of Depression among Different Age Groups: A Clinical Study

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ABSTRACT

Background: Depression requires proper diagnosis and management in different age groups. This study was conducted to consider cases of depression in different age groups.

Materials & Methods: This study was conducted in Department of Psychiatry, Santosh Medical College and Hospital, Ghaziabad, Uttar Pradesh, India. It consisted of 288 patients diagnosed with depression. Subjects were divided into 3 groups. Group I (Young group) - <40 years, group II (Middle aged group)- 40-60 years and group III (Older group)- >60 years. We evaluated number and type of drugs used for antidepressant treatment.

Results: Group I (< 40 years) had 50 males and 46 females, group II (40- 60 years) had 60 males and 36 females and group III (>60 years) had 30 males and 66 females. The difference was non- significant (P> 0.05). 50% of patients in group I, 35% in group II and 55% in group III was of 1 drug only. 10% in group I, 30% in group II and 15% in group III was on 2 drugs. 20% in group I, 10% in group II and 10% in group III was on 3 drugs. 20% in group I, 25% in group II and 20% in group III (10%) were not on any drug. The difference was non significant (P<0.05).

Conclusion: Depression is one of the prevailing diseases nowadays. Older are more prone to develop this due to various reasons.

Key words: Benzodiazepines, Depression, Older.

INTRODUCTION

Depression has been considered 4th causes of diseases worldwide according to World Health Organization (WHO). Depression requires proper diagnosis and management in different age groups. Depressive disorders are becoming common nowadays. It has high mortality and morbidity. It is a great public health problem.[1] Few consider that older age itself is a negative prognostic factor for the depression which leads to multiple medical, physical and psychosocial factors whose occurrence exponentially increases with age.

College is a stressful time for many students as they go through the process of adapting to new educational and social environments. College may be even more stressful for international students who have the added strain of learning different cultural values and language in addition to academic preparation. Old age people carry poor prognosis and recovery rate. But recent research says that old people can respond to antidepressants or psychotherapy and thus subsequently the rate of recovery and prognosis increase.[2]

By middle-age, many employees have begun to experience age-related changes in health, sensory, and physical functioning. Such changes can undermine their productivity, decrease their tolerance for shift work, and threaten their safety in a work environment designed for a younger, “average” worker. Older workers are also likely to be

20+ years postformal education.[3]The management of depression is very challenging especially in older where there are diminished all types of systems. However, treatment of elderly patients includes psychotherapy, pharmacotherapy and electroconvulsive therapy (ECT), similar to young adults. Psychological therapies are strongly recommended for elderly depressed patients as they are vulnerable to adverse effects and high rates of medical problems and medication use. Older adults often have better treatment compliance, lower dropout rates, and more positive responses to psychotherapy than younger patients.[4]The present study was conducted to evaluate cases of depression in different age groups.

MATERIALS & METHODS

This study was conducted in Department of Psychiatry, Santosh Medical College and Hospital, Ghaziabad, Uttar Pradesh, India. It consisted of 288 patients diagnosed with depression. All were informed regarding the study and written consent was obtained. Ethical clearance was obtained prior to the study.

Subjects were divided into 3 groups. Group I (Young group) - <40 years, group II (Middle aged group)- 40-60 years and group III (Older group)- >60 years. We evaluated number and type of drugs used for antidepressant treatment. Results thus obtained were subjected to statistical analysis. P value less than 0.05 was considered significant.

RESULTS

Graph I shows that group I (< 40 years) had 50 males and 46 females, group II (40- 60 years) had 60 males and 36 females and group III (>60 years) had 30 males and 66 females. The difference was non- significant (P> 0.05).

Table I shows that 50% of patients in group I, 35% in group II and 55% in group III was of 1 drug only. 10% in group I, 30% in group II and 15% in group III was on 2 drugs. 20% in group I, 10% in group II and 10% in group III was on 3 drugs. 20% in group I, 25% in group II and 20% in group III (10%) were not on any drug. The difference was non significant (P<0.05).

Table 2 shows that in group I, 45% of patients were on selective serotonin reuptake inhibitors (SSRI), 30% were on combination of selective serotonin reuptake inhibitors and benzodiazepines (BDZ) and 25% were on benzodiazepines only. In group II, 35% of patients were on selective serotonin reuptake inhibitors (SSRI), 45% were on combination of selective serotonin reuptake inhibitors and benzodiazepines (BDZ) and 20% were on benzodiazepines only. In group III, 45% of patients were on selective serotonin reuptake inhibitors (SSRI), 40% were on combination of selective serotonin reuptake inhibitors and benzodiazepines (BDZ) and 15% were on benzodiazepines only. The difference was significant (P<0.05).

Graph 1: Distribution of patients

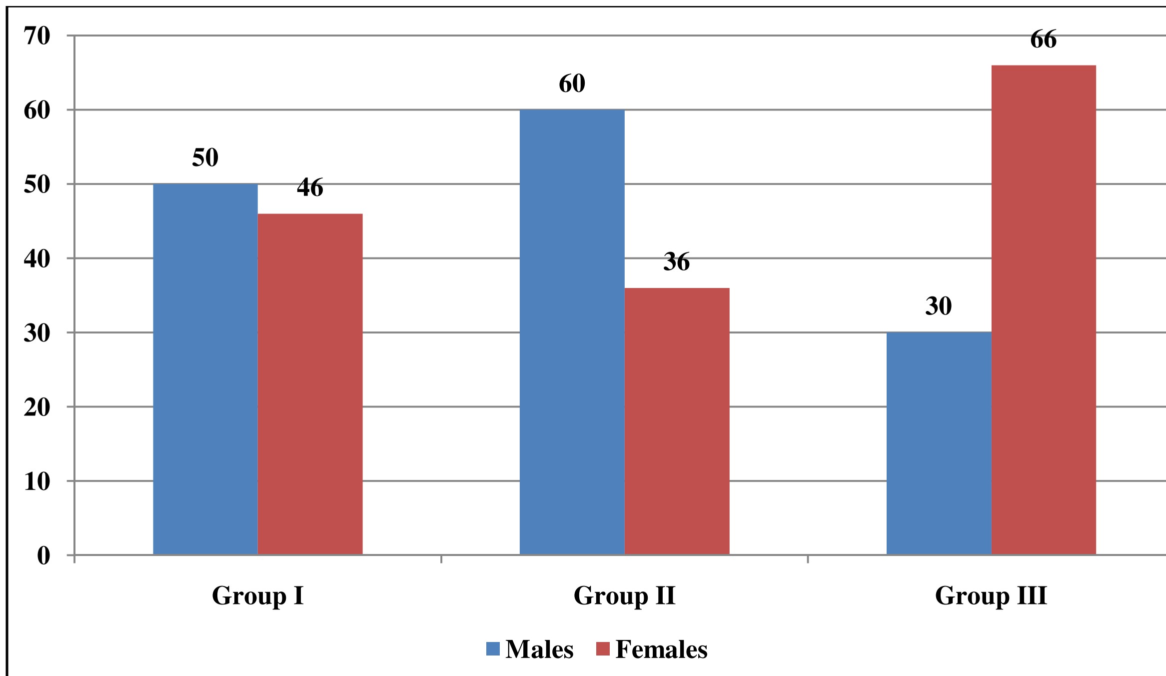

Table 1: Subjects on drugs in all groups

Number of drugs	Group I	Group II	Group III
1	50%	35%	55%
2	10%	30%	15%
3	20%	10%	10%
No drugs	20%	25%	20%

Table 2: Type of drugs used by subjects

Drugs	Group I	Group II	Group III
SSRI	45%	35%	45%
SSRI+ BDZ	30%	45%	40%
BDZ	25%	20%	15%

DISCUSSION

Depression is the 4th most common disease occurring not only in older but young adults too. The organizational and social context of the job can also contribute to depression, in the form of constrained or unpredictable resources, threats to job security, role ambiguity, conflict with co-workers, and unsupportive supervisors, among many variables. Osipow and Doty[5] found that older workers, with their experience and increased status in the work

organization, experience more depression emanating from their responsibility for people, and from work load, compared to younger persons, but less stress based on conditions of their physical environment. The present study was conducted to determine cases of depression in young, middle and older age groups.

In present study, all subjects were divided into 3 age groups of <40 years, 40- 60 years and >60 years. We found that 20%, 25% and 20% subjects in group I, group II and group III were not on any medication. This is in agreement with Shabnamet al.[6]

In our study, we found that we also evaluated that whether patients were on selective serotonin reuptake inhibitors (SSRI, combination of selective serotonin reuptake inhibitors and benzodiazepines (BDZ) or benzodiazepines only. The difference was significant in all the groups regarding combination therapy and benzodiazepines ($P<0.05$). Neptune et al[7] in her study found similar results. While Paykel[8] found that older uses benzodiazepines more frequently as compared to SSRI because of sedative efficiency of BDZ are more as compared to SSRI.

Over the past two decades, research has continued to examine whether phenomenological differences in depression emerge during older adulthood. Age based differences in depression is important to understand as variations in clinical presentations could contribute to misdiagnosis or incorrect treatment. One approach to examining the phenomenology of depressive symptoms across adulthood is to compare depressive symptoms in younger and older adults diagnosed with MDD according to diagnostic criteria outlined in major classification systems.[9]

Selective serotonin reuptake inhibitors (SSRI) are the first line of antidepressants. Elderly patients use more frequently older tricyclic antidepressants because of positive experiences in previous depression episodes, as well as benzodiazepines than younger depressed patients.However, Large-scale epidemiological studieshave found that depressive symptoms are typically lesssevere in older adults than younger adults, which suggeststhat severely depressed inpatients may not be themost representative sample.

CONCLUSION

Depression is one of the prevailing diseases nowadays. Older are more prone to develop this due to various reasons.

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