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SOCIODEMOGRAPHIC AND CLINICAL FEATURES OF PATIENTS WITH DEPRESSIVE DISORDER IN KHARTOUM, SUDAN

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SUMMARY

Background: *It's known worldwide that depression is becoming a major health problem and its prevalence is increasing. The main objective of this study is to find out the prevalence of depression among patients attending a general psychiatric clinic, and study their sociodemographic and clinical features.*

Methods: *Files of patients attending a private psychiatric clinic in Khartoum in the period June 2005- June 2010 were reviewed. Only those with a diagnosis of depression were chosen, sociodemographic date and clinical features were documented and results were shown below.*

Results and discussion: *Total numbers of patients with depression were 137 (11.4%). Females were more than males (56.2%), the majority are between ages 41-60 (40.9%), married (65%), (14.9%) had family history of psychiatric disorders and (52%) had a previous history of psychiatric treatment. Depressed mood is the commonest symptom (98.5%), loss of interest (91.9%), reduced energy (57%), guilt feelings (17.9%) and (35.8%) of our samples expressed suicidal ideations. The commonest type of somatic symptom is generalized aches and pain (30.7%), (18%) were psychotic.*

Conclusion: *The present study is a retrospective descriptive study, based on a private psychiatric clinic sample. It provided a useful baseline for more comprehensive field based studies, to try to aid planning and development of services to meet the needs of the population.*

Key words*: depression - demographics*

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INTRODUCTION

Sudan is an African Country of a population of 37,707,000. Its Gross national income per capita (PPP international) is $1,780.It is the largest country on the African continent; its total area is 2,505,810 square kilometers. Total expenditure on health per capita (Intl $, 2006) is $61. Total expenditure on health as % of GDP (2006) 3.8 (1).

The mental health unit in Khartoum was established in the 1950s. It is a 30 bedded establishment with 19 males and 11 females. It has 6 consultant psychiatrists. It is affiliated to The Department of Psychiatry at Khartoum University with undergraduate and postgraduate department. The psychiatric services are hospital based.

Although it is recognised that in less than 10 years depression will become the second disease in term of burden, very few studies have been carried out in our area (2).

OBJECTIVE

To study the sociodemographic characteristics of patients suffering from depressive disorders attending psychiatric clinics in Sudan.

To find out the main clinical features of such patients.

METHODS

Patients who attended a private psychiatric clinic in Khartoum in Sudan were identified. All case notes of patients were reviewed in the period of June 2005 to June 2010. Patients either self-refer or are referred by other specialists or by general practitioners in Khartoum and neighboring suburbs and rural areas around Khartoum. In rare instances, patients come from different counties. Only those with the diagnoses of depressive episode according to ICD 10 were included. Patients with co morbid conditions were excluded. A special form was designed to collect information, including, age, sex, marital status, employment, detailed symptomatology of depression, and all data was input onto Excel Microsoft Programme and analyzed by its statistical package.

RESULTS

137 patients suffering from depression were identified, 11% of all patients that attended during this period. 57% were women. There were equal age ranges between 21-40 years and 41-60 years of about 40%. 57% were employed compared to 43% unemployed. Married were 65%, followed by singles 32% and divorced and widowed were 1%. Table 1 demonstrate Demographic characteristics.

Table 1. Demographic Characteristics of Depressed patients attending Qartoum Psychiatric clinic

Sex		
Male	60	43%
Female	77	57%
Age		
Below 20 years	6	5%
21-40 years	56	41%
41-60 years	54	39%
Above 60 years	21	16%
Employment		
Employed	78	57%
Unemployed	59	43%
Marital Status		
Single	43	32%
Married	89	65%
Divorcees	2	1%
Widows	3	2%

There was no family history of depression in 81% and 51% had positive past history of mental illness.

Depressed mood scored the highest 98.5% followed by loss of interest 91%, reduced energy 52%, suicidal ideation 35% and impaired concentration 33.5%. Generalized pain scored highest in the somatic symptoms 30.6%, followed by headache 10.9%. Psychotics were 18%. Table 2 shows symptoms according to frequency.

Table 2. Describes the symptomatology of Depression According to its Frequency

Depressed Mood	135	98.5%
Loss of Interest	125	91%
Reduced Energy	72	52%
Suicidal Ideation	49	35%
Impaired Concentration	46	33.5%
Somatic Symptoms		
Headache	15	10.9%
Backache	6	4.3%
Generalized Pain	42	30.6%
Arthralgia	10	7.2%
Psychosis	25	18.1 %

DISCUSSION

Women were slightly higher than men in this study. This finding was lower than international studies which had indicated that women suffer more in a ratio of 1:1.7(3). Local studies showed a higher ratio, as Al Ain study, 1:2.8-10.3 respectively, this ratio increased with the increase number of children and adverse life events(4). Our findings might be explained by social stigma, for that reason women were not taken to psychiatrists when they suffered mentally. The age distribution was consistent with local studies, as depression tends to be more common in the younger age group 21-40 years old, compared to middle age in the western studies. A few explanations had been put forwards, as the younger generation are more exposed to stresses of modern life style. They are more educated and their life style, ambitions and aspirations are different from older people. This can be explained by their responsibilities may be more in a culture where young people are expected to look after older people. Weissman et al. reported age range of 24. 8-34.8 (5) and Lewinsohn et al. (6) reported a range of 45-55 years; both results are consistent with our study.

There were more Employed than unemployed, this can be explained by the fact that this sample is from private clinic and patients have to be employed to be able to afford paying for treatment.

There were more Married than single which is against expectation and findings of studies in the West (7). This finding was consistent with local studies and it could be explained by the fact that people stay with their parents until they get married. They move out afterwards, when they have to take all the responsibilities of the household. Divorcees and widows were a very small proportion and this may be due to the low level of divorce in that part of the world.

Positive family history of depression was 16% which is more or less the same universally, although you expect it to be more in Sudan, because of the high prevalence of first cousin marriages. Some patients may deny a family history because of the social stigma.

Depressed mood was the commonest symptom, 98% as expected, followed by loss of interest and lack of energy. These findings are consistent with local and international studies. Suicidal ideation was 35% which is expected in a predominately Muslim culture were suicide is frowned upon.

Somatic symptoms were common, as they formed about 50%, the commonest symptom was generalized pain 30%, headache 11% followed by arthralgia 7.5%. Somatization has been claimed to be more common in developing countries, where the language is not developed to express mental symptoms and people are less sophisticated to express themselves in psychological terms. Physical symptoms are more acceptable by people and get more attention from doctors.

Patients who suffered from delusion were 18% which is consistent with Rao & Begum (8). The commonest delusion was nihilistic 8% slightly more than persecutory delusions 7.5% which is against expectation as persecutory delusion are usually the commonest (8).

CONCLUSION

The present study revealed interesting findings, with regards to male: female ratio, age distribution, symptomatology, family and personal history in Sudan. Its limitation being a retrospective study which was based on a private clinic. It could not claim that its results could be generalised to the whole of Sudan, but at least it provided a baseline for more representative population studies.

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Conflict of interest: None to declare.

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