

DEPRESSION—A STUDY OF 80 CASES*

R. PONNUDURAI¹, M.N.A.M.S. (Psy.), D.P.M.
O. SOMASUNDARAM¹, M.B.B.S., D.P.M., M.R.C.Psy.
S. BALAKRISHNAN², M.A., D.M. & S. P.
NIRMALA SRINIVASAN³, M.B.B.S.

SUMMARY

The present study refers to an analysis of eighty cases of depression. The annual incidence in our psychiatric population ranges from 17-20% of all the new psychiatric cases. The peak incidence was observed in the age group of 26-45 years., without any particular affinity to either sex. 83.8% of our sample were married and those hailing from nuclear families formed the larger proportion (58.75%).

Somatic symptoms were the predominant presenting complaint in 61.3% of our patients. Another noteworthy observation was significant number of depressives harboured guilt feelings (76.3%) and suicidal ideas (73.8%). Other findings are also discussed.

Depression is one of the commonest psychiatric illnesses all over the world. It has been recognised, discussed, classified and treated right from the pre Christian era. Yet there are as many controversies about this condition as about other illnesses in psychiatry. For example, Murphy *et al.* (1967) reported that guilt feelings are rarely seen in depressed Hindus, though they are common in western patients. This has been lent support by some Indian studies too. Thus some of the facets of this illness require further attention. The present study was undertaken to analyse some of its demographic and clinical aspects in our sample.

MATERIAL AND METHOD

The material consisted of 80 cases of depression who reported to the Department of Psychiatry, Govt. General Hospital, Madras during the period 1979-80. The diagnosis was made by the two psychiatrists (independently) and only those cases where there was total agreement about the diagnosis, were taken up for the study. Each patient

was interviewed on an average $\frac{1}{2}$ hr. to 1 hr. per session, for 2 to 3 sessions. A detailed history was obtained from the family members also. All the patients were subjected to physical and psychiatric evaluation and the data were recorded in the case sheets. Further, all the patients were screened with Hamilton's Rating Scale for depression. Other psychological testings and laboratory investigations were carried out wherever necessary.

RESULTS AND DISCUSSION

Annual incidence in our Psychiatric Population

Our observations show that depression constitutes 17-20% of all the psychiatric cases during the recent years (1975-78).

Other Socio Demographic Factors

The peak incidence has been observed in the age group of 26-45 years (51.25%). There is no perceptible difference in the sex distribution. (Table I) This study showed that 83.8% of patients were married. This enormous incidence in the married

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1. Assistant Professor
2. Professor & Head,
3. Clinical Psychologist
4. Tutor. } Department of Psychiatry, Govt. General Hospital,
Madras-600 003.

TABLE I

		Total No. of cases (80)	
		(M—41, F—39)	
<i>Marital Status</i>			
Married	..	67	83.8
Single	..	11	13.7
Widow	..	2	2.5
<i>Socioeconomic Status</i>			
(Kuppuswamy's Scale) :			
I	..	1	1.2
II	..	4	5.0
III	..	15	18.8
IV	..	57	71.3
V	..	3	3.7
<i>Family Structure</i>			
Single	..	47	58.8
Joint	..	33	41.2

group could be either due to the predominance of the age group of 26-45 yrs. or the inherent hardships and tribulations that marriage offers to susceptible individuals. Most of the patients hailed from the lower socio economic status, which is however an untenable finding, in view of the fact that up to Rs. 300 p.m. the treatment is free in this hospital.

Patients hailing from single families formed the larger population (58.75%) which is in line with Bagadia *et al.* (1973), and Lal (1971). Sethi and Sharma (1980) have observed that when categories I to IV were grouped (all degrees of Jointness) and compared to category V (Not at all joint) no significant difference emerged. However, when both the depressed groups were seen individually (Primary and secondary) there was an over all trend for loading of patients towards a nuclear family. Another noteworthy observation was males from the single families were found to be more prone (35%) than those from the joint families (15%). Probably in the joint families men share their stress and strain with the other males of the family which is rather difficult in the single families.

Presenting Symptoms :

Somatic symptoms were the predominant ones in 61.3% of our patients. The next disturbing symptoms were insomnia (57.5%), anxiety (46.3%), worrying tendencies (21.25%), loss of appetite (20%) etc.

Clinical Picture :

Table II shows the frequency of particular symptoms elicited from our patients. In all patients the mood was depressed to a variable extent, since the authors refrained from selecting the cases in its absence to ensure diagnostic accuracy. A significant finding was the relatively high incidence of guilt feelings in our patients (76.3%) which is in agreement with Ansari (1969) who reported guilt feelings in 67.50% of his 40 depressed patients. However this has not been observed by some (Venkobaraao, 1966, 1970). Suicidal ideas were present in 73.8% of our cases. No specific pattern of diurnal variation could be found out in 45% of patients. Differences between the various patterns of sleep disturbances appeared to be only marginal.

TABLE II

Clinical Symptoms	No.	%
Suicidal ideas ..	59	73.8
Guilt ..	61	76.3
<i>Diurnal Variation :</i>		
Depression more in the morning	18	22.5
Depression more in the evening	22	27.5
Depression throughout the day	4	5.0
No Specific pattern ..	36	45.0
<i>Insomnia</i>		
Initial ..	16	20.0
Late ..	12	15.0
Initial and late ..	5	6.2
Irregular pattern ..	32	40.0
No disturbance ..	15	12.7
Other symptoms ..	6	7.5

CONCLUSION

In our experience, fluency in the local language and detailed psychiatric evaluation, appear to influence ones findings to a great extent. However, our study will serve as a pointer for more intense investigation of Indian depressives, before drawing hasty conclusions.

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