

Prevalence of Anxiety and Depression among Patients Attending Outpatient Clinics in Hawler Teaching Hospital



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Abstract:

Background and objectives: The present study was designed to determine the prevalence of anxiety and depression among the client who visit the outpatient (medical surgical and dermatology) unit.

Methods: A descriptive study was carried out by investigators from (November 2011 to February 2012) in (medical, surgical & dermatology) outpatient units In Hawler Teaching Hospital.

Results: The results found that (62.3%) of patients have anxiety, among them 28.4% have mild anxiety (28.4%) have moderate anxiety and 10.6% have severe anxiety, the results also found that 50% of patients were suffering from depression, among them 25.4% were mild, 19.9% were moderate and 4.7% were severe. The overall prevalence of psychological disorder is more in early stage of life & more common in male, no educated and married people.

Conclusion: the study concluded that the prevalence of anxiety and depression among the client visiting outpatient in Hawler Teaching Hospital is appeared great anxiety and depression that have a significant burden on the society, which the client don't visit psychiatrist, So increased public and professional awareness of psychological care might decrease the size of outpatient clients.

Keywords: anxiety, depression, outpatient, Hawler Teaching Hospital.

Introduction:

Depression and anxiety are two causes of illness and death in the United States and are associated with reduced quality of life, social functioning, and excess disability. Psychiatric conditions such as depression can contribute to or worsen chronic diseases. Depression and anxiety frequently co-occur and when they do they have an even greater impact than when they occur alone [1].

Also anxiety and depression as a general mental health problems cause lots of physical signs and symptoms, and day

by day prevalence of psychosomatic disorders become increased. In the developed countries, most of the patient who has mental health problem or psychosomatic disorders refer to the psychologist but in our country referring to the psychiatrist and psychiatric department is stigma [2]. Therefore we think that a study in this field is necessary to carryout and identify prevalence of anxiety & depression among patients attending (medicine, surgical & dermatology) outpatient units in Hawler Teaching Hospital.

Methods:

Patients who attend outpatient complained from physical problems in Hawler Teaching Hospital (HTH) between the periods of November 2011 to February 2012 was recruited. The sample consists of (236) patients who attend to Hawler Teaching Hospital of Medicine, Surgical and Dermatology outpatient unit. Data were obtained by a direct interview using standard questionnaire, Hospital Anxiety & Depression scale (HADS) this questionnaire developed by Zigmond and Snaith (1983) [6,7]. A scale has been developed and found to be a reliable instrument for detecting states of depression and anxiety in the setting of a hospital medical outpatient clinic. The anxiety and depressive subscales are also valid measures of severity of the emotional disorder. It is suggested that the introduction of the scale into general hospital practice would facilitate the large task of detection and management of emotional disorder in patients under investigation and treatment in medical and surgical departments [3,4,5]. The two parts of the questionnaire was translated into Kurdish language. Time required for each participant to respond to the tool was approximately between 15-20 minutes. Data requested included: age, sex, marital status, education, occupation, home ownership, economical status and residential area.

Statistical analysis:

Data recording and analyses performed through Statistical Package for Social Sciences version 18 (SPSS-18). Differences of proportions were measured by adopting chi-square for the data, in addition of frequency and percentage.

Results:

The sample included 250 patients consecutive female and male patients fulfilling the selection criteria were approached to take part in the study. From these, 236 agreed to participate, the age of the participants ranged from 15 to 65 years. The highest percentage (39.8%) of patients' age group were between (15-25) years, while only (8.1%) of them were between (56-65) years. the highest percentage (58.1%) of patients were female, married 62.3%, while (32.6%) of them were single. Most of the participants had attended school (76.7%), while only 29.7% had never been to school.

The highest percentage (44.7%) of patients were housewife, while only (1.7 %) of them were retired. The majority of patients (83.5%) were from urban residential areas, while only (16.5 %) of them were from rural areas, and more than half of patients (51.7%) were of middle socio-economic status, while only (14.4 %) of them were of low socio-economical status. Also more than half of patients (69.1%) had their own house, while only (30.9 %) of them lived in Rented house.

Table (1): Age group, Gender, Marital status, Educational levels of the Sample of the study.

Age group	Frequency	Percent
15-25	94	39.8
26-35	58	24.6
36-45	38	16.1
46-55	27	11.4
56-65	19	8.1
Total	236	100.0
Gender	Frequency	Percent
male	99	41.9
female	137	58.1
Total	236	100.0
Marital Status	Frequency	Percent
Single	77	32.6
Married	147	62.3
Total	236	100.0
Educational Level	Frequency	Percent
Illiterate	70	29.7
able to Write and Read	18	7.6
Primary	46	19.5
secondary	42	17.8
High School	25	10.6
Academic	35	14.8
		76.7%
Total	236	100.0
Occupation	Frequency	Percent
employed	46	19.5
free works	56	23.7
retired	4	1.7
housewife	105	44.5
Jobless	25	10.6
Total	236	100.0
Residency	Frequency	Percent
rural	39	16.5
urban	197	83.5
Total	236	100.0
Economic Status	Frequency	Percent
sufficient	80	33.9
barely sufficient	122	51.7
in sufficient	34	14.4
Total	236	100.0
House	Frequency	Percent
Owned	163	69.1
Rented	73	30.9
Total	236	100.0

Table (2): Level of anxiety.

Anxiety	Frequency	%
Normal	89	37.7%
Mild	67	28.4%
Moderate	55	23.3%
Severe	25	10.6%
Total	236	100%

Regarding level of anxiety, table 2 indicated that 37.7% of the samples were normal, 28.4% were or experience mild anxiety, while 23.3% and 10.6% experience either moderate or severe anxiety respectively.

Table (3): Level of depression.

Depression	Frequency	%
Normal	118	50 %
Mild	60	25.4%
Moderate	19.9	19.9%
Severe	11	4.7%
Total	236	100%

This table shows that 50% of the sample was normal, 25.4% had mild depression, 19.9% had moderate depression, and 4.7% had severe depression.

Table (4): Relationship between anxiety and depression with sociodemographic characteristic.

Model	Anxiety Sig. P-Value	Depression Sig. P-Value
age	0.240	0.012
sex	0.673	0.704
M.S	0.489	0.255
Education	0.431	0.007
Pt.Ocup	0.458	0.485
R.area	0.945	0.150
E.status	0.534	0.100
H.Owen	0.985	0.388

A significant relationship was found between age and education with depression, while no relationship was observed between anxiety and other socio-demographic characteristics, as Table (4) illustrated.

Discussion:

The result of this study shows that 63.3% of people who attend outpatient units (medicine, surgical & dermatology) have anxiety and 50% have depression, which indicates that the prevalence of psychological disorders is half among clients in outpatient. The most frequent diagnoses of mental illnesses made in general hospital settings are depression and anxiety disorders, [8,9] and these are more frequently associated with chronic medical conditions [10,11,12]. However, since most patients present in outpatient units with medical rather than psychiatric complaints, these diagnoses may be missed especially if the levels of somatic symptoms are elevated [13,14]. This is especially so considering that some chronic medical illnesses and psychiatric disorders may produce similar somatic symptoms [15,16,17]. Conversely, almost 50% of psychiatric patients have identifiable physical illnesses [18,19,20]. There are no significant relationship between age and anxiety, but a significant relationship between age and depression p. value 0.0012. Several studies have found that there are significant relationship between old age and depression [20]. No significant differences were found between sexes, marital status and depression. The finding of the present study also confirmed that the significant

relationship between education and depression 0.007, but no significant between education and anxiety [20]. The study also found that no significant relationship between occupation, residential area, house, and economical status with anxiety and depression (Table 4).

Conclusion and Recommendations:

Anxiety and depression are two main problems in our society and generally in the entire world, according to scientific studies anxiety and depression have high prevalence in the community [1]. There is high prevalence of psychiatric morbidity in Hawler teaching hospital but this largely goes undiagnosed and therefore, unmanaged. The more specialized medical facilities get in the various general and surgical disciplines, the less recognized mental disorders become. Chronic conditions had the highest comorbidity with mental disorders, particularly depression and anxiety. These findings call for continuing education on mental health at all levels of general and surgical outpatient, and also for routine screening for mental disorders.

Anxiety and depression are major health issues to be prevented and treated. We suggest that all patients who attend outpatient clinic should be assessed for these conditions so that they also can be managed so as to improve clinical outcomes. Health care providers engaged in psychotic care and treatment should be trained and updated regarding case-finding and management of these psychological conditions. Further research is needed to clarify the underlying mechanisms of associated factors and also to test interventions to reduce the risk of co-morbid anxiety and depression and their adverse outcomes.

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