



DEPRESSION IN YOUNG ADULTS: FREQUENCY OF DEPRESSION AMONG YOUNG ADULT POPULATION.

Muhammad Aslam Rind¹, Jeando Khan Daidano², Muhammad Saleem Rind³, Haresh Kumar⁴, Fahadul Zain⁵, Safdar Ali Pervez Tunio⁶.

ABSTRACT:

INTRODUCTION: Depression associated with low energy and mood, affecting self-esteem, feelings and patients behavior. **OBJECTIVE:** We will determine the frequency of depression among young adult population. **TYPE OF STUDY:** Cross Sectional. **DURATION OF STUDY:** This study was conducted at psychiatric OPD LUMHS Hospital Jamshoro from May 2019 to December 2020. **METHODS:** 110 patients were enrolled for this study. Out of 110 patients 62 were females and 48 were males, with patient permission depression was analyzed by using Beck Depression Inventory. Assessment of Depression was done by Beck Depression Inventory and Statics by software 15 version. **RESULTS:** Age ranged from 19-37 years, 51 male and 59 female. Occupation of the participants 27 farmers, 44 housewives, 17 unemployed, 13 self-employed, 7 Government Employ and 2 were Landlords. Depression level mild in 6 participants, border line clinical depression in 31 participants, moderate depression in 54 participants and severe depression in 19 participants **CONCLUSION:** Depression in young adults in severity presents with poor outcome, commonly seen in families with first and second degree relatives with previous history of depression. Depression is complicated by drug addiction. Treatment with antidepressant drugs, change in life style and psychotherapy patient can be prevented from complications.

KEY WORDS. Depression, Mood Disorder, Bipolar Disorder, Young Adults

1. Assistant Professor, Department Of Medicine, LUMHS Jamshoro.
2. Assistant Professor, Department Of Medicine, PUMHSW, SBA.
3. Assistant Professor, Department Of Medicine, PUMHSW, SBA.
4. Assistant Professor, Department Of Psychiatry, KMC Khairpur Mirs.
5. Assistant Professor, Department Of Psychiatry, PUMHSW, SBA.
6. Associate Professor, Department Of Medicine, KMC Khairpur Mirs.

For correspondence: Muhammad Aslam Rind¹, Assistant Professor, Department of Medicine, LUMHS Jamshoro.

How to cite this article: Rind MA¹, Daidano JK², Rind MS³, Kumar H⁴, Zain F⁵, Tunio SAP⁶. **DEPRESSION IN YOUNG ADULTS: FREQUENCY OF DEPRESSION AMONG YOUNG ADULT POPULATION.** JPUMHS; 2021:11:04,24-27. <http://doi.org/10.46536/jpumhs/2021/11.04.331>

Received MARCH 19 2021, Accepted On 15 December 2021, Published On 31 December 2021

INTRODUCTION

Depression associated with low energy and mood, affecting self-esteem, feelings and patients behavior.¹ Depression is mental disorder with difficulty in concentration, fatigue, irritability, loss of sleep, fatigue, and loss of appetite. It is fourth ranked disorder expected to carry the disease burden in high income countries by 2030.² Depression disturbs quality of life with maximum level of disability. In various studies rate of depression is 14% to 20%. Depression associated with suicidal behavior as compared to general population. Depression is burden on patient and his family.³ In high income countries prevalence of depression is 5.5%.⁴ In adolescents and young adults it is a common condition .12 months prevalence 6.7% depression among 18-25 ys old found in one study.⁵ Adolescents are associated

with poor school performance, alcohol and tobacco use, and suicidal behavior.⁶ An 18% increase in depression cases reported from 2005 to 2015 according to WHO.⁷ Depression is collection of disorders include subgroups that are genetic in origin, Huntington's disease, schizophrenia and Alzheimer's disease, earlier onset, genetic association with poor long term outcome. There is high risk of Bipolar disorder in young adults with Depression. It can present at any age group, but people with severe mood disorder are more affected. Depression associated with substance misuse and personality disorder. Suicide is common cause of death in UK between ages 25 -40 years. Unemployment, poor schooling and poverty are important factors for suicide. Family history of suicide and

mental illness are risk factors of suicide.⁸ Depression is twice as likely in women as men, but more common in boys than girls before puberty. Between the ages of 11 and 13 risk of depression in girls compared to boys is 2:1. This gender gap is due to changes in gonadal steroids. Increase level of cortisol to dehydroepiandrosterone in depressive disorder contribute to atrophy of hippocampus, neurogenesis impaired in hippocampus due to increase level of cortisol and protected by DHEA.⁹ Higher level of cortisol to DHEA seen in depression.¹⁰ Changes in social environment, hormonal changes and relationships play a part for emotional stress in females. Due to interpersonal consequences girls can be left more vulnerable to negative life events.¹¹ In a study it was found that suicidal tendencies were more in males as compared to females.¹² Both males females have different life styles and needs, to tackle the issues of depression.¹³ It is noted that depression precipitated by negative life events. Patients with depression are likely to generate stressful life events.¹⁴

METHODS

This study was performed in at LUMHS Hospital Jamshoro, 110 patients were enrolled for this study. Performa was given to all patients after taking permission; detailed history was taken along with examination of the patient. Beck Depression Inventory was used for the

analysis of Depression. Patients included in this study younger age, new cases and willing to participate. Patients on antidepressants therapy, severe psychiatric illness, any neurological disorder, ischemic heart disease, hypertension, diabetes mellitus and stroke were excluded from this study. Data analyzed by statistical package for social sciences (SPSS). Data was explained in percentages, frequencies, depression level according to Beck Depression Inventory, gender and age of the patient.

RESULTS

Age ranged from 19-37 years, 51 male and 59 female sex. 81 patients belonged to rural area and 29 patients from Arabian area of residence. Occupation of the participants 27 farmers, 44 housewife, 17 unemployed, 13 self-employed, 7 Government employ and 2 participants were landlord. Education of the participants 51 uneducated, 23 primaries, 17 middle, 13 Matriculation, 4 intermediate and 2 were graduate. Markers for education is as 1=uneducated, 2= Primary, 3=Middle, 4= Matriculation, 5=Intermediate and 6=Graduate. Markers for occupation is as 1=Farmer, 2=house work, 3=unemployed, 4=self-employed, 5= government employ and 6= Landlord. Depression level mild in 6 participants, border line clinical depression in 31 participants, moderate depression in 54 participants and severe depression in 19 participants.

Descriptive Statistics

Variables	N	Minimum	Maximum	Mean
Age	110	19.00	37.00	29.80
Sex	110	1.00	2.00	1.46
Occupation	110	1.00	6.00	2.40
Education	110	1.00	6.00	2.10
D.Level	110	2.00	5.00	3.78
Residence	110	1.00	2.00	1.26
M.Status	110	1.00	4.00	1.98

Depression Level

Variables	Frequency	Percent
Mild	6	5.5
Border line	31	28.2
Moderate	54	49.1
Severe	19	17.3

BDI for Depression Level

Score	Depression
1-10	Considered as normal
11-16	Mild
17-20	Border line
21-30	Moderate
31-40	Severe
40 or above	Extreme

DISCUSSION

Patients with depression can present at any age but more in those patients who suffer from recurrent mood disorders. Depression can be precipitated by negative life events. Bipolar Disorder develop in young people with history of recurrent depression.¹⁵ Depressed person can generate stressful life events in higher genetic loading as compared to low genetic loading [kindler and karko].¹⁴ Emotional, physical and sexual abuse in childhood are important risk factors in adults. Emotional disturbance develop due to Traumatic experiences, with the result abused and neglected individuals become depressed in adulthood.¹⁶ Frequency of Depression increased between 2005 to 2015 in a study, in young adults 1 in 11, non-Hispanic whites young females were more than young males. Depression found more in girls than boys in recent studies. Increase incidence of suicide was observed in young in young females. Young females are more exposed to Depression. Excessive use of Mobile phone associated with mood disorders.¹⁷ Mood disorders increased in recent years by giving self-harm non suicidal more in young females as compared to young males.¹⁸ Socioeconomic factors like income, parents, home and drug addiction were associated with mental illness.¹⁹ Depression run in families observed in a study genetically rather than environmental influences.²⁰ Unipolar Depression is included as genetic form of illness, early onset of depression before the age of 25 years, follow a malignant course with past family history, poor response to drugs and physical and psychiatric comorbidity.²¹ In recurrent depressive illness association between depression and life events is strong initially becomes weaker with increased episodes.²² In recent studies antidepressant act by activation of cyclic adenosine monophosphate elevated brain neurotrophic factors in brain, brain derived neurotrophic factor with the result stress in cerebral cortex and hippocampus is reversed. Kindling is a phenomenon in which recurrent episodes of depression are more autonomous and less linked to

REFERENCES

1. Godll A, Mallick MS, Adam AM, et al : Prevalence and severity of depression in a Pakistani population with at least one major chronic disease. *J Clin Diagn Res.* 2017, 11:OC05-OC10.
2. Mathers CD Loncar D. Projections of global mortality and burden of disease from 2002 to 2030. *PLoS Med* 2006 Nov;3(11): e442.

environment. Kindling is more in patients with lower genetic risk depression, Prekindling is in patients with higher genetic risk. Depression is more in prekindled even minimal environmental provocation.²³ Young patients are constitutionally vulnerable to stress with family history of depressive illness. Depression increases in young adult due to alcohol misuse, depression more in patients with earlier alcohol use.²⁴ In depression bipolar disorder develop initially, bipolar disorder develop in early age, 20% rate of depression to bipolar disorder in early age.²⁵ Patients who present with recurrent depression in early age considered to be bipolar disorder.²⁵

CONCLUSION

Depression in young adults in severity presents with poor outcome, commonly seen in families with first and second degree relatives with previous history of depression. Depression is complicated by drug addiction. For early onset depression genetic and neuroendocrine screening is needed along with neuroimaging studies environmental risk factors. Treatment of depression and other mental disorders with psychotherapy is major goal in mental health. For prevention of depression in young adults counseling in school and college health services are necessary.

ETHICS APPROVAL: The ERC gave ethical review approval

CONSENT TO PARTICIPATE: written and verbal consent was taken from subjects and next of kin

FUNDING: The work was not financially supported by any organization. The entire expense was taken by the authors

ACKNOWLEDGEMENTS: We would like to thank the all contributors and staff and other persons for providing useful information.

AUTHORS' CONTRIBUTIONS: All persons who meet authorship criteria are listed as authors, and all authors certify that they have participated in the work to take public responsibility of this manuscript. All authors read and approved the final manuscript.

CONFLICT OF INTEREST: No competing interest declared.

3. Lepine J, Briley M. The increasing burden of depression. *Neuropsychiatric Dis Treat* 2011; 7: 3-7.
4. Bromet E, Andrade LH, Hawang A, Sampson NA, Alonso J, D Girolamo G et al. Cross national epidemiology of DSM-IV major depressive episode. *BMC Med* 2011; 9:90.
5. de Graaf R, TenHave MVD, Van Dorsselaer S. D Sychische gezondheid

- van de Nederlandse bevolking: NEMESIS II: Opzetting en de eerste resultaten [The Medical Health of Dutch Population: Netherlands Mental Health Epidemiological and Incidence study. NEMESIS II: Design and First Results]. Utrecht, Netherlands: Trimbos Institute; 2010.
6. Fergusson DM, Woodward L J, Horwood L J. Risk factors and life processes associated with the onset of suicidal behavior during adolescence and early adulthood. *Psychol Med* 2000 Jan;30(1): 23-39.
 7. Depression Let's talk (2017). Accessed: September 24, 2019: https://www.who.int/mental_health/management/depression/en/.
 8. Agerbo E, Nordentoft M and Mortensen, P.B.(2002) Familial psychiatric and socioeconomic risk factors for suicide in young people nested case-control study *BMJ*,325, 74-77.
 9. Young A H, Gallagher. P, & Porter R.J. (2002) Elevation of the cortisol-dehydroepiandrosterone ratio in the drug free depressed patients. *American Journal of Psychiatry*, 159, 1237- 1239.
 10. Goodyer, I. M. Herbert J, Tamplin. A. et al (2000) First –episode major depression in adolescents. Affective cognitive and endocrine characteristics of risk status and predictors of onset. *British Journal of Psychiatry*, 176, 142-149.
 11. Cyranoski J, Ellen F, Young E, et al (2000) Adolescent onset of gender difference in life time rates of major depression: a theoretical model. *Archives of General Psychiatry*, 57, 21-27.
 12. Brown DR, Balanton CJ, Physical activity, sports participation and suicidal behavior among college students. *Med Sci Sports Exerc* 2002, 34: 287-296.
 13. Depression let's talk.(2017). Accessed September 24, 2019: https://www.who.int/mental_health/management/depression/.
 14. Kindler K & Karkowski-Shuman, L. (1997) Stressful life events and genetic liability to major depression: genetic control of exposure to the environment. *Psychological Medicine*, 27, 539-547.
 15. Daniel J, Smith & Douglas H. R, Blackwood. Depression in young adults. *Advances in psychiatric treatment*. 2004(10) 4-12.
 16. Curtin SC, Warner M, Hedegaard H. Increase in suicide in the United States, 1999-2014. Hyattsville, MD: National Center for Health Statistics:2016.
 17. Augner C, Hacker GW. Associations between problematic mobile phone use and psychological parameters in young adults. *Int J Public Health*. 2012; 57 (2): 437-441.
 18. Borwn J., Cohen P, Johnson J, G et al (1999) Drug use and risk of major depressive disorder, alcohol dependence and substance use disorders. *Archives of General Psychiatry*, 59, 1039-1044.
 19. Johnson LD, O Mally PM, Miech RA, Bachman JG, Schulenberg JE. Monitoring the future national survey Results on drug use. 1975-2015: Overview key findings on adolescent drug use, an arbor, MI: Institute for Social Research, The University of Michigan: 2016.
 20. Sullivan P, Neale MC & Kendler KS (2000) Genetic epidemiology of major depression: review and meta-analysis. *American journal of Psychiatry*, 157, 1552-1562.
 21. Zubenko G, Zubenko W, N, Spiker. D, G et al (2001) Malignancy of recurrent early onset depression: a family study. *American Journal of Medical Genetics*, 105, 690- 699.
 22. Ghaziudin M, Ghaziudin N, and Stein, G, S (1990) Life events and the recurrence of depression. *Canadian Journal of Psychiatry*, 35, 239-242.
 23. Kindler k, Thornton L, & Gardner, C. *American Journal of Psychiatry*, 158, 582-586.
 24. Brook ,D. W, Brook J S, Zhang C, et al (2002) Drug use and the risk of major depressive disorder, alcohol dependence and substance use disorders. *Archives of General Psychiatry*, 59, 1039-1044.
 25. Rao UM, Rayan ND, Birmaher B. et al (1995) Unipolar depression in adolescents: clinical outcome in adulthood, *Journal of American Academy of child and Adolescent Psychiatry*, 39, 215-222.



© 2021 This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), Attribution-Share Alike CC BY-SA. This license lets others remix, adapt, and build upon your work even for commercial purposes, as long as they credit you and license their new creations under the identical terms.