A CROSS-SECTIONAL STUDY TO KNOW DEPRESSION AND ANXIETY RATO IN PATEINTS HAVING DIFFERENT MEDICAL DISORDERS

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Abstract:
Objective: *To evaluate the rate of depression and anxiety in patients suffering from various medical conditions.*
Study design: *A cross-sectional study.*
Place and Duration: *In Mayo hospital, Lahore for one-year duration. Patients were selected from cardiology, dermatology, oncology and Gastroenterology Department.*
Subjects and methods: *Participants included study with appropriate sampling techniques. 339 patients with heart, cancer, liver and dermatological diseases from Mayo hospital participated in the study. Synchronization of psychiatric disorders was detected with the help of DSM IV TR criteria for depression and generalized anxiety.*
Findings: *The main diagnoses were anxiety (n = 32, 9.43%), ages 50 to 59, ages 40 to 49 and depression (14.9%, n = 31). Depression (% 15.04, n = 51), Anxiety (8.84%, n = 30), depression and anxiety (n = 7.37%,25) were common in all patients. ignorance. Depression (16.81%, n = 57) and Anxiety (10.91%, n = 37) were more common in housewives. The most common diagnosis was depression (27.43%, n = 93), anxiety (22.71%,n = 77) and depression and anxiety (13.27%, n = 45) in patients who were married. Patients with anxiety (15.92%, n = 54), common liver and heart disease depression (15.04%, n = 51), depression and anxiety (9.43%, n = 32).*
Conclusion: *cardiac patients were found mostly depressed. Approximately Half of the cancer patients are depressed and anxious; No pr minimum psychiatric disorders noted in dermatological patients.*
Key words: *Depression, Anxiety, Cancer, Cardiac, Hepatic, Dermatology, Psychiatric issues.*

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INTRODUCTION:

Medical patients who refer to general hospitals are not those who suffer from medical problems; In most cases, long-term illness, hospitalization, other similar factors, as well as the complications of the disease, will cause the psychiatric referral to be exposed. Multiple studies have found relation between psychiatric and physical disorders in general hospitals patients. The percentage of psychiatric morbidity is approximately between 26% and 51%. In one study, pavilion personnel rated 30.99% of the applicants as psychological or emotional problems, while 28% of the admissions in Hospitals had diagnosed psychiatric disorders. There was a high rate of psychiatric morbidity (36.4%) in intensive care unit; it was observed that age or sex is not related to psychiatric morbidity. Other investigations have found that 51 out of 100 patients suffer from psychiatric problems. The disorder was only accepted in 5 cases. Psychiatric disorders are more common in women. A same study by these researchers reported that medical patients with morbid psychiatry found more somatic presentation in Bradford's somatic inventory than in the non-morbid group. General medical conditions and psychiatric morbidity are very high. Depressive and Anxiety disorders are the most common psychiatric problems. In one study, 50.9% of patients with general medical condition were found to be anxiety and 27.99% were morbid with depression. As the general medical disorders intensity increases, the rate of co morbidity increases. In moderate and severe cases, the morbidity of depressive disorders was 75.9%. In another study, the General Health Questionnaire evaluated 11% of cases without psychiatric symptoms versus 11% of cases without psychiatric symptoms. The majority of patients (51%) were diagnosed with mild to severe depressive episodes. It is seen that bad medical conditions are related to psychiatric morbidity. Surprisingly, according to some estimates, up to three individuals, this is not detected until the half of psychiatric morbidity. This study purpose is to know the generalized anxiety and depression with the co morbidity frequency with medical illnesses. The aim is to examine the distribution of patients with morbidities according to age, gender, marital status, education, income, occupation and medical diagnosis. According to the medical department some of the individual aspects have been analyzed and published before.

SUBJECTS AND METHODS:

This cross-sectional study was conducted in four different departments of Mayo Hospital, Lahore cardiology, dermatology, oncology and Gastroenterology for one year duration. The main purpose of the study was to know depression in patients suffering from various medical disorders.

Participants

339 patients were included in this study with appropriate sampling techniques. These anxiety and depressive patients were accessed from four departments: cardiology, dermatology, oncology and Gastroenterology. 77 patients were selected from the Dermatology Department. Sixty patients were enrolled from the Oncology Department, 102 patients with liver disease were taken from the Gastroenterology department. Participants were assisted by medical officers appointed by the heads of the concerned units. The Study was approved by Corporate Ethics Research Committee.

Clinical interviews were conducted to diagnose depression and anxiety in the patients. DSM IV TR22 diagnostic criteria were used to label patients with anxiety and depression. The form of biological data is composed of personal and demographic variables. The researchers approached the participatory sections. Researchers receive the informed consent of the participants before submitting brochures with the demographic variability of the work. The team of observers was trained to help a Performa patient read, write, and examine patients for depression and anxiety according to DSM IV TR criteria. The data are tabulated with the participant's demographic information. For data analysis analyze SPSS version 13.0 was used.

RESULTS:

Our study results showed that depressive disorder constituted the largest group of diagnoses in women (22.12%, n = 76) and both were anxiety and depression (13.56%, n = 46).

Table 1: Frequencies and Percentages of Age as per Psychiatric Diagnosis

Age (In years)	Psychiatric Diagnosis				Total
	Anxiety	Depression	Anxiety & Depression	None	
10-19	5 (1.47%)	3 (0.88%)	3 (0.88%)	10 (2.94%)	21 (6.19%)
20-29	21 (6.19%)	12 (3.53%)	10 (2.94%)	22 (6.48%)	65 (10.17%)
30-39	21 (6.19%)	24 (7.07%)	6 (1.76%)	10 (2.94%)	61 (17.99%)
40-49	32 (9.43%)	28 (28.5%)	14 (4.12%)	13 (3.83%)	87 (25.66%)
50-59	11 (3.24%)	31 (9.14%)	14 (4.12%)	8 (2.35%)	64 (18.87%)
60-69	7 (2.06%)	10 (2.94%)	11 (3.24%)	2 (0.58%)	30 (8.84%)
70-79	2 (0.58%)	5 (1.47%)	3 (0.88%)	0 (0%)	10 (2.94%)
80-89	0 (0%)	0 (0%)	1 (0.29%)	0 (0%)	1 (0.29%)
Total	99 (29.20%)	113 (33.33%)	62 (18.28%)	65 (19.17%)	339 (100%)

Anxiety (n = 32, 9.43%) and depression (n = 32, 9.24%) were detected in the age group of 40-49 years. Anxiety and depression (40-49 and 50-59, respectively) age group (n = 14, 4.12%) (Table 2).

Table 2: Frequencies and Percentages of Education as per Psychiatric Diagnosis

Education (In years)	Psychiatric Diagnosis				Total
	Anxiety	Depression	Anxiety & Depression	None	
0	30 (8.84%)	51 (15.04%)	25 (7.37%)	12 (3.53%)	118 (34.80%)
5	11 (3.24%)	14 (4.12%)	3 (0.88%)	5 (1.47%)	33 (9.73%)
8	26 (7.66%)	15 (4.42%)	5 (1.47%)	16 (4.71%)	62 (18.28%)
10	13 (3.83%)	21 (6.19%)	17 (5.01%)	7 (2.06%)	58 (17.10%)
12	13 (3.83%)	5 (1.47%)	7 (2.06%)	8 (2.35%)	33 (9.73%)
14	4 (1.17%)	4 (1.17%)	3 (0.88%)	11 (3.24%)	22 (6.48%)
16	2 (0.58%)	3 (0.88%)	2 (0.58%)	4 (1.17%)	11 (3.24%)
18	0 (0%)	0 (0%)	0 (0%)	2 (0.58%)	2 (0.58%)
Total	99 (29.20%)	113 (33.33%)	62 (18.28%)	65 (19.17%)	339 (100%)

Depression (15.04, n = 51%), Anxiety (8.84%, n = 30) and depression and anxiety (7.37%, n = 25) were common in illiterate patients. Anxiety and depression (n = 24, 07.07%), (13,56%, n = 46) and depression (20.5%, n = 68) 0-5500 2) were more than group income.

Table 2: Frequencies and Percentages of Education as per Psychiatric Diagnosis

Education (In years)	Psychiatric Diagnosis				Total
	Anxiety	Depression	Anxiety & Depression	None	
0	30 (8.84%)	51 (15.04%)	25 (7.37%)	12 (3.53%)	118 (34.80%)
5	11 (3.24%)	14 (4.12%)	3 (0.88%)	5 (1.47%)	33 (9.73%)
8	26 (7.66%)	15 (4.42%)	5 (1.47%)	16 (4.71%)	62 (18.28%)
10	13 (3.83%)	21 (6.19%)	17 (5.01%)	7 (2.06%)	58 (17.10%)
12	13 (3.83%)	5 (1.47%)	7 (2.06%)	8 (2.36%)	33 (9.73%)
14	4 (1.17%)	4 (1.17%)	3 (0.88%)	11 (3.24%)	22 (6.48%)
16	2 (0.58%)	3 (0.88%)	2 (0.58%)	4 (1.17%)	11 (3.24%)
18	0 (0%)	0 (0%)	0 (0%)	2 (0.58%)	2 (0.58%)
Total	99 (29.20%)	113 (33.33%)	62 (18.28%)	65 (19.17%)	339 (100%)

Depression (16,81%, n = 57) and Anxiety (10,91%, n = 37) were the most common in housewives and anxiety and depression were more common in care takers(7.07%, n = 24). Anxiety (n = 77, 22,71%), depression (n = 94, 28,03%) and depression and anxiety (n = 46, 13,48%) were all diagnosed in married patients.

Table 4: Frequencies and Percentages of Occupation as per Psychiatric Diagnosis

Occupation	Psychiatric Diagnosis				Total
	Anxiety	Depression	Anxiety & Depression	None	
Student	5 (1.47%)	1 (0.29%)	3 (0.88%)	14 (4.12%)	23 (6.78%)
Business	14 (4.12%)	19 (5.40%)	9 (2.65%)	6 (1.76%)	48 (14.15%)
Service	18 (5.30%)	20 (5.89%)	24 (7.07%)	21 (6.19%)	83 (24.48%)
House wives	37 (10.91%)	57 (16.81%)	5 (1.47%)	7 (2.06%)	106 (31.26%)
Farming	5 (1.47%)	10 (.94%)	14 (4.12%)	7 (2.06%)	36 (10.61%)
Unemployed	13 (3.83%)	3 (0.86%)	2 (0.58%)	8 (2.35%)	26 (7.66%)
Laborer	3 (0.88%)	2 (0.58%)	2 (0.58%)	1 (0.29%)	8 (2.35%)
Student + job	1 (0.29%)	0 (0%)	0 (0%)	0 (0%)	1 (0.29%)
Any other	3 (0.88%)	1 (0.29%)	3 (0.88%)	1 (0.29%)	8 (.35%)
Total	99 (29.20%)	113 (33.33%)	62 (18.28%)	65 (19.17%)	339 (100%)

In dermatologic patients mental disorder and anxiety (15.92%, n = 54), while the rate of depression in heart patients (15.04%, n = 51) was frequent in liver patients. and depression (9.43%, n = 32,) (Tables 4, 5 and 6).

Table 5: Frequencies and Percentages of Marital status as per Psychiatric Diagnosis

Marital Status	Psychiatric Diagnosis				Total
	Anxiety	Depression	Anxiety & Depression	None	
Single	16 (4.71%)	12 (3.53%)	13 (3.83%)	28 (8.25%)	69 (20.35%)
Married	77 (22.71%)	93 (27.43%)	45 (13.27%)	34 (10.02%)	249 (73.45%)
Divorced	0 (0%)	1 (0.9%)	2 (0.58%)	1 (0.29%)	4 (1.17%)
Window	6 (1.76%)	7 (2.06%)	2 (0.58%)	2 (0.58%)	17 (5.01%)
Total	99 (29.20%)	113 (33.33%)	62 (18.28%)	65 (19.17%)	339 (100%)

Table 6: Frequencies and Percentages of Medical Department as per Psychiatric Diagnosis

Medical Department	Psychiatric Diagnosis				Total
	Anxiety	Depression	Anxiety & Depression	None	
Cardiology	15 (4.42%)	51 (15.04%)	32 (9.43%)	2 (0.58%)	100 (29.49%)
Hepatology	54 (15.92%)	36 (10.61%)	0 (0%)	12 (3.53%)	102 (30.08%)
Oncology	6 (1.76%)	11 (3.24%)	29 (8.55%)	14 (4.12%)	60 (17.69%)
Dermatology	24 (7.07%)	15 (4.42%)	1 (0.29%)	37 (10.91%)	77 (22.71%)
Total	99 (29.20%)	113 (33.33%)	62 (18.28%)	65 (19.17%)	339 (100%)

DISCUSSION:

The results of our study show that women are associated with depression and that men are also associated with anxiety and depression at the same time. Statistics collected with gender studies show that 2% of women are at risk of depression. In women, previous research has shown that psychiatric disorders are common in women. Young people are more safe than older people in psychiatric morbidity. Patients aged 40-49 were associated with anxiety. It is the age one should plan for the spring of the future and meet the increasing financial needs of their careers. This responsibility can be threatened by the presence of a chronic illness (as four illnesses continue for a long time) and causing concern when the illness continues. Anxiety can turn into depression between 50 and 59 years. After this age, life becomes very important and people have to face big life passages such as retirement, new marriage, fighting their own house. These important events may cause anxiety with the depression that is present, because the results show that people aged 60 to 69 are also associated with anxiety and depression at the same time. This finding, unlike previous research. It is thought that non-illiterate patients are more associated with all psychiatric diagnoses and may depend on the prognosis and the ignorance of the outcome options. When they arrive at the training graduation and above, they become aware of the illness and the course of the current treatment facilities and are therefore not related to any psychiatric diagnosis. Patients with low or out-of-date financial resources (Rs 0-5500) were more likely to be associated with depression and anxiety as they could not afford the cost of treatment. Household spouses were found to be more associated with anxiety and depression. Cancer and Cardiac patients have depression and anxiety. The consequences and complications of the disease can make them feel anxious, side effects of stigma and treatment can affect them. The description fits well with the relationship between anxiety and liver disease. Heart diseases are also linked with depression. Cardiac drugs also produce side effect mainly depression. Among psychiatric patients, all psychiatric morbidities were found to be of sufficient concern; These findings are suitable for other investigations.

CONCLUSION:

Psychiatric morbidity of anxiety and depression in medical illness is a worrying situation. Physicians working in these units should be better educated and educated about the management and evaluation of psychiatric disorders, especially depression and anxiety. In addition, psychiatrists should know when to send complicated cases. The results of this study are an indication of the establishment of appropriate psychiatric referral services in all general hospitals.

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