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THE PREVALENCE AND CLINICAL FEATURES OF DEPRESSION IN THE PRACTICE OF "INTERNAL MEDICINE"

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INTRODUCTION

Each year at least one hundred million people in the world develop clinical manifestations diagnosed as depression(16-19). There is likelihood that the number will increase. So, it can be said that our current society is moving from the era of anxiety to that of depression. This problem may be partially attributed to the fundamental changes taken place in the modes of living during the last two decades. Also our understanding of the nature of depression and diagnostic tools available may be regarded as another underlying factor in this case. (2-14-15-18)

During the last 15 years a change in symptomatology of depression has been occured, a change characterized by an increasing tendency towards somatization of emotional turmoil. Therefore, despite improved methods of

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diagnosis, many cases of depression are not recognized timely, because the underlying depressive conditions are masked by a wide variety of somatic and autonomic symptom conditions.

A review of litereture on this matter indicates that between 14 and 40 percent (averege 25 percent)of patients seen by General Practitioner are psychiatric cases mostly suffering from depression(1-2-3-4-7-8-15-18-26-29) Recently, the terms of affective or depressive equivalents, "masked depression" and "smiling depression" are being used more and more often, especially in the Anglo-Saxon literatures. By these diagnostic categories somatic signs and bodily complaints are more prominant than the underlying depressive mood and feelings that patient is experiencing. In fact the patient communicates his depression in a language expressing the somatic symptoms. Consequently it is of great importance both for the general practitioner and for the somatic specialist to understand this mode of communication correctly. The importance is increased by the fact that these depressions lend themselves very well to treatment with antidepressant drugs, especially when combined with psychotherapy (1-2-3-4-5-7-8-15-17-19-26-27-29).

The purpose of this study is both an investigation on the prevalence of depression observed in the practice of "internal medicine", and gathering data to demonstrate the concept of "masked depression".

METHODOLOGY

Subject: The sample selected for this study were chosen from a population of patients admitted to a ward in

Emam Khomeyni hospital, University of Tehran.
Each patient was interviewed and examined psychiatrically, regardeless of the reasons for the admission (50 males and 50 females were included in the study). Each patient was interviewed and assessed during two half hour periods.

In this study diagnosis of depression was on the basis of subjective complaints and objective manifestations such as Low spirits, decreased drives, diminished vitality, depressed appearance, depressed thought, psychomotor retardation and malfunctioning of vital activity.*

RESULTS AND DISCUSSION

Table 1. shows the findings and results of psychiatric examination. An inspection of table 1, results that only 36 percent of these in-patients are physically ill and mentally normal, from the remaining 64 percent, 12 percent were physically ill with neurotic personality and 52 percent were suffering from psychiatric disorders.

Table 2 shows the frequency of diagnostic categories among which 84.6 percent were diagnosed as depressed.

In support of the results reported by other investigators one of the interesting clinical findings in this study was the mode of presentation of psychiatric disorders in about all our psychiatric cases, especially for depression, which was quite different from the clinical picture seen in every day psychiatric practice (12-16-17-19-23-24-29). Although approximately all the patients reported psychological camplaints such as anxiety, apprehension, irritability, hopelessness, insomnia, depression

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* Use of Psychological Tests due to lack an Iranian Norm was methodologically inadequate in this study.

Age groups	15-20		21-25		25-30		31-35		36-40		41-45		46-50		51-55		56-60		61-65		66-70		71-75		T		T
Sex	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	F	M+F	
Physically ill, mentally normal	7	4	4	3	-	-			2	4	-	5	2	6	6	2	3	1	2	1	1	-	-	-	10	36	46
Physically ill + Neurotic Perso-nality	1	-	3	-	-	2	-	-	2	1	-	1	-	2	-	-	-	-	-	-	-	-	-	-	6	12	18
Mentally distur-bed	4	3	1	5	4	2	2	3	2	3	-	5	2	4	-	2	-	1	1	1	1	1	-	-	34	52	86
Total	12	7	8	8	4	4	3	4	6	8	4	11	4	12	6	4	4	2	3	2	2	1	1	-	50	100	150

Table 1. Distribution of physically ill,mentally normal; Psyically ill-neurotic personality and mentally disturbed patients.

commonly recognised \ Sex	M	F	M+F	
Depressions	14	30	44	84/6%
Anxiety State	-	2	2	3/8%
Delerious and sub-delirious states	2	-	2	3/8%
Schizophrenia	-	1	1	1/9%
Drug dependency	2	-	2	3/8%
Epilepsy	-	1	1	1/9%
Total	18	34	52	99/8%

Table 2. Disturbation of diagnostic categories

and phobia etc. but their presenting complaints at the initial interview were reported to be of bodily nature as follows(3-4-6-7-8-15-19-23-26-28-29):

1- Head area: 22%

- Headache.
- Feeling of hotness, shaking and pressure in the head.
- Vertigo.
- Dizziness.

2- Heart 24%

- Palpitation, vague precordial pain.

3- Digestive area 13%

- Feeling of hunger
- Indigestion and bloated sensations after meals.
- A sense of gnawing, trembling, rumbling and faintness in the stomach.
- Anorexia.
- Dry mouth and sense of bitter taste in the mouth.
- Nausea and vomiting.
- Vague abdominal pains.

4- Pain of the limbs. 9%

5- Dysuria. 1%

6- Pain in the chest. 8%

7- Backache. 14%

8- Undue fatigue. 52%

9- Hand tremor 11%

It may be worth mentioning that the reason for masking a depression behind somatic symptoms may be based on several factors, viz, cultural, sociological, psychological and somatic. It is still more acceptable to have a somatic disease, having less social stigma psychologically speaking. Masked depression may be defined as an ego-alien state in which ego is not totally occupied by it making it egosyntonic, as expressed by the melancholic patient: "I am the biggest sinner in the world"(3-4-7-12-16-17-19-23-26-31).

In the somatic field knowlege is still sparse, but there is probably also an important somatic factor in depression ,giving validity to the patients visited by a physician (11-18-20-21-22-25-27).

The relationship between depression and bodily function is an important factor which needs to be investiga-

Sex	M	F	M + F	
Greif reaction	-	1	1	2/2%
Depression as a reaction to physical illness and other environmental factors	11	18	29	65/9%
Neurotic Depression	-	5	5	11/3%
Symptomatic Depression	-	2	2	4/5%
Depression(none specified)	3	4	7	16%
Total	14	30	44	99/9%

Table 3. Distribution of different kinds of depression.

ted, but in recent years clinicians have become more and more aware of the fact that depression is often accompanied by autonomic, somatic symptoms besides psychological ones.(1-3-4-10-12-14-15-16-17-19-23-28-29).

Another clinical finding, apart from the errors that derive from the compartmentalization of psychological and somatic approach is the fact that many of depressed patients have defensive mechanisms which make them unperceptive of relevent life problems, and even when aware of psychological distress they may attribute it to their physical symptoms, e.g. "I am depressed because of the pain in my abdomen"(3-4-5-6-8-10-15-17-19-30).

The last worth point is to mention that psychotic

quality may also be present in masked depressions as in other types of depression(7-23-2 4-32).

Summary

One hundred patients hospitalized at th medical ward of Emam Khomenyni Hospital were psychiatrically interviewed and examined regardless of their physical diagnosis. Psychiatric diagnosis were so suggested. It was found that only 36 percent of the sample were psychologically normal the remaining 64 percent were found to have neurotic personality or suffering from mild to severe psychiatric conditions. The modes of presentation of psychiatric disorders especially of depression was further discussed.

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Reviewing the article entitled: "Total Lipid in 100 Patients Suffering from Myocardial Infarctions"Dr.Keramatollah Imandel Assistant Professor of the Faculty of Public Health has made a criticism bearing thereon which we reproduce accurately here.

Evaluating a Scientific article appeared in Vol. 22 No. 1, 1980 ACTA MEDICA IRANICA pp 62-70 and The Criticisms on this work

Through reading and attendance at this educational and scientific article one can find a variety of basic questions discussed below.

Material and Methods

Material and methods are not clearly described. The description does not include exact references to criteria, to methods used, and to selection of the sample. The sampling is not appropriate and the effort was not made to avoid sampling bias.

Results

The results are not clearly described and tabulated and they are not reasonable in light of what is known about the subject.

From the data, without statistics of any kind,the author concludes that 56 patients out of a total 100 patients under the study had abnormal blood lipid.

The criticisms of this work are obvious. A single experiment with fifty paired samples is insufficient to

support the thesis that results are showing any association with myocardial infraction and total lipid particularly it fails to consider the possibility that certain factors may give very different results by the different nutritional status, as total lipids increase with age.

Statistical Analysis

A cursory glance at the results one can find that it is not adequate to draw conclusions without statistical analysis specially when borderline differences are considered.

Conclusions

From the statistical analysis point of view,the conclusions are not applicable to whole populations. Because even the careful attention to proper random selection and other precautions there may be a hidden difference in groups, particularly for small samples. The conclusions are not justified by the data and one may assume that the author jumped "from a preconceived notion to a foregone conclusion" and that the work reported has no bearing on these conclusions.

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