Anxious and Depressive Disorders – Frequency and Comorbidity

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SUMMARY

Introduction: Clinical experience and epidemiological, clinical international studies show a high prevalence and significance of psychiatric comorbidity of depression and anxiety disorders. Goal: The goal of this study was to analyze the comorbidity of anxiety disorders and depression in patients at a Psychiatric Clinic, Clinical Center of Sarajevo University (CCUS), and examine the demographic profile of the patients. Material and methods: The study included 1202 patients with different diagnoses, hospitalized at the Psychiatric Clinic CCUS from January 1st 2010 to December 31st 2010. Of this total was selected 491 patients with depressive and anxiety disorders. The intensity of depressive symptoms was assessed using the Hamilton Depression Rating Scale (HDRS), with 17 items, and anxiety symptoms were assessed by Beck Depression Inventory Scale with 21 items. The study was retrospective, clinical and epidemiological. Results: Of the total number of patients (1202) 424 (35.3%) patients had depressive disorders and anxiety disorders in 57 (4.7%). Comorbidity of these disorders occurs in 10 (0.8%) of patients. Depressive disorders were more present among males (89.1%), while the anxiety disorders and comorbidity in women with 13% and 3%. Depressive disorders are more common (91.7%) among older respondents (over 65 years) and an anxiety up to 25 years of age (25%). Comorbidity was present in 2.6% in age from 26-45 years. Smallest representation had the category of pupils/students with depression, and respondents with university education, which are mostly represented with anxiety disorders. According to duration of hospitalization is highest for depression (over 90 days) and shortest in the case of anxiety (30 days). Conclusion: The results of clinical and epidemiological studies indicate a trend that anxiety disorders and depression occur in comorbidity (simultaneous or alternating) more often than other psychiatric disorders. Clinical experience and epidemiological, clinical international studies show a high prevalence and significance of psychiatric comorbidity of depression and anxiety disorders. Severely depressed and anxious patients have reduced capacity for work, and as such represent a considerable burden to family, community and society. Proper diagnosis, monitoring and treatment leads to better and higher quality of life. Required is a further research of this complex phenomenon on a larger sample in order to improve prevention that is still inefficient.

Key words: depression, anxiety disorder, comorbidity.

1. INTRODUCTION
Clinical experience and epidemiological, clinical international studies show a high prevalence and significance of psychiatric comorbidity of depression and anxiety disorders. The frequency of comorbid anxiety disorders in patients with depression is about 58% and the prevalence of comorbid depression in patients with anxiety disorders, 30% (1). The most frequent is comorbidity of depression and panic disorder, generalized anxiety disorder and post-traumatic stress disorder. Clinical and epidemiological studies have confirmed the clinical impression that the phenomenon of comorbidity is associated with severity of illness (2,3).

The results of clinical studies suggest that comorbid anxiety disorders in patients with depression caused by a higher level of dysfunction that is associated with depression and influencing the increase of suicidal risk neglecting the clinical form of anxiety disorder, and hinder recovery (4).

On the other hand, comorbid depression negatively affects the clinical features of generalized anxiety disorder, panic disorder and social phobia in terms of intensification of symptoms that result from the primary, but not anxiety disorder and other anxiety disorders (1).

Comorbidity of anxiety and depressive disorders was associated with higher rates in the primary practice and it represents costs to individuals and the society. Also the occurrence of comorbidity of these disorders complicated diagnosis, but also the treatment. Effective assessment, diagnosis and treatment leads to faster recovery, but also improve the quality of life of the individual (5). The results of clinical and epidemiological studies indicate a trend that anxiety disorders and depression occur in comorbidity (simultaneous or alternating) more often than other psychiatric disorders (1, 6, 7).

2. GOALS
Make an analysis of depression, anxiety, and their comorbidity in patients hospitalized at a psychiatric clinic CCUS during 2010.

Present prevalence of comorbid depression and anxiety disorders according to gender, age, employment status, qualifications and duration of hospitalization.
3. MATERIAL AND METHODS

Subjects of this study were the patients (N = 1202) hospitalized at the Psychiatric Clinic CCUS Sarajevo, from 1st January 2010 to 31st December 2010. Out of this total was selected 491 patients with depressive and anxiety disorders, and their comorbidity. Variables taken in the analysis were: gender, age, education, employment status, duration of hospitalization. The study was epidemiological, retrospective, analytical and descriptive in character, and based on observation and analysis of relevant variables. The intensity of depressive symptoms was assessed using the Hamilton Depression Rating Scale (HDRS), with 17 items, and anxiety symptoms were assessed by Beck Depression Inventory Scale with 21 items (9,10). Data processing methods used were of standard and non-parametric statistics, significance levels were determined using the χ²-test (chi-square test). The level of significance was defined as p <0.05. The results are presented in tables and charts.

4. RESULTS

This study included 1202 subjects of whom 491 were identified as with anxiety disorders (F40-F49), depression (F30-F39) and comorbidity of these two diseases. Review of presence of depression, anxiety disorders and PTSD in the reference sample indicates that in the group F30-F39 was the most frequent diagnosis F33 (44 or 15.7%), followed by F32 (42 or 14.9%), while the other diagnosis in this group was only in the case of 2 patients or 0.7%. In group F40-F49 dominated PTSD; F43 (179 or 63.7%), followed by F41 (11 or 3.9%) and F42 (1 or 0.4%). Statistical analysis using chi-square test indicate the significant differences in presence of comorbid disorders among primary ones.

Overview of depression, anxiety disorders and comorbidity of these two diagnoses (listed as primary diagnosis) hospitalized in the total sample showed that most were patients with depression (424 or 35.5%), followed by anxiety disorders (57 or 4.7%), and comorbidity in 10 patients or 0.8%). Review of specific diagnostic entities by gender shows that in the case of depression, more men are represented, in the case of comorbidity and anxiety women. Statistical analysis using Chi-square test shows that there are statistically significant differences between genders (Chi-square = 23.836, p = 0.0147).

Review of specific diagnostic entities by age shows that in the case of depression it is more present older patients (over 65 years), in the case of anxiety in younger patients (25 years) and comorbidity in group of patients 26-45 years. Statistical analysis using Chi-square test shows that there are statistically significant differences in terms of age (Chi-
Increased percentage of depressed patients in our country.

Review of specific diagnostic entities by employment status shows that in the case of depression are less present pupils/students, in the case of anxiety. Statistical analysis using Chi-square test shows that there are statistically significant differences in relation to employment status (Chi-square = 15.474, p = 0.0485).

Table 3 shows that the longest hospitalization was for depressive disorder (over 90 days) and shortest in case of anxiety (30 days). Statistical analysis using Chi-square test shows that there are statistically significant differences in relation to employment status (Chi-square = 17.377, p = 0.0287).

5. DISCUSSION

Our study included 1202 subjects, of which, depressive disorders had 424 or 35.2%, and 57 with anxiety (4.7%). Epidemiological studies suggest that the incidence of anxiety disorders is significantly higher than the prevalence of depression (1). Prevalence and clinical significance of comorbid anxiety disorders and depression were studied by other others on 255 subjects. Comorbid diagnosis of anxiety disorder was present in 50.6% of these respondents (11).

The results of the survey by American authors are contrary to our as well. Major depressive disorder is a major cause of disability in the United States. The prevalence of depression in the U.S. was 14.8 million adults per year or 6.7% of the total mature population. Of the total 25.6% of patients suffering from depression (12,13). Cause for an increased percentage of depressed patients in our country can be considered a war 92-95, which have left huge traumas to domestic population. These traumas in many cases may be an etiological factor in the onset of depressive disorders.

According to our research, the number of patients diagnosed with anxiety is 57 or 4.7% of the total sample. About 40 million Americans at age of 18 and older, or about 18.1% of the total adult population suffers from anxiety disorders, which amounts to 69.3% of the total number of mental patients (12,13). These results also do not correlate with ours. Possible causes of these differences are lack of knowledge and cultural level of the local population that does not visit psychiatrist in the case of mild forms of anxiety disorders, and that are traditionally considered to be physiological form of behavior. Milder forms of anxiety disorders are often mixed among people with stage fright, justifiable fears, introverted personality type.

Also it should be noted that in the Bosnia and Herzegovina, there is a strong influence of Eastern culture and religion, that many phenomena, among other things, many mental disorders can be explain by their alternative view. Therefore, a large number of slightly ill patients first seek help from religious entities, various psychics, and many alternative medicines, and may never contact a psychiatrist. This reduced the percentage of patients with anxiety in our sample regard to U.S. which influence also slow and calm style of living, which is the result of post-socialist system of our society. Socialist system, unlike conventional capitalist organization in the United States gives the individual a slower pace of life and less professional workload, all of which reduces the amount of stress.

Our research shows that there were 10 patients with the diagnosis of comorbid anxiety and depression in 2010, which represents 0.8% of the total number of diagnoses. Our results do not correlate with the results of Italian researchers. They performed the analysis on protocols of 21 primary health facilities and came to data that 20% of respondents suffer from comorbidity of anxiety disorders and depression (14). Depressive disorder occurs with 50.6% in comorbidity with anxiety disorders including social phobia (11).

The frequency of comorbid anxiety disorders in patients with depression is about 58% and the prevalence of comorbid depression in patients with anxiety disorders is about 30%. In fact, most frequent comorbidity of depression is panic disorder, generalized anxiety disorder and posttraumatic stress disorder (2,3). About 85% of patients with depression have symptoms of anxiety.

Also, depression occurs in 90% of comorbidity with anxiety disorders (5). Analysis by the U.S. authors show that in the review of anxiety and depression adult anxiety prevalent percentage (72.9%) of depression (27%) (12,13). In patients with panic disorder and agoraphobia, there is a high prevalence of comorbid disorders (85%), a large number of patients (67%) had two or more comorbid diagnoses (1).

The total number of diagnosed anxiety panic disorder in our study was 11 patients with primary diagnosis of panic disorder, which represents 3.9% of the total number of patients. The number of respondents with obsessive compulsive disorder is 1, which makes 0.085% of the total number of patients (11). The results of the study of group
of authors show that the most common comorbid disorders is specific phobia (62%), generalized anxiety disorder (50%), depressive episodes (50%) and social phobia (22%) as a specific predictor for the presence of multiple comorbid disorders distinguishes the existence of the diagnosis personality disorder (1).

Review of depression, anxiety disorders and PTSD in our study shows that in group F30-F39 was the most frequent diagnosis of F33 (44 or 15.7%), followed by F32 (42 or 14.9%), while the other diagnosis in this group was only present in the case of 2 patients or 0.7%. In group F40-F49 dominated PTSD F43.1 (179 or 63.7%), followed by F41 (11 or 3.9%), F42 (1 or 0.4%).

The results of our study is similar to a group of authors in the study where the prevalence of comorbidity of anxiety disorders in patients with depression is about 58% and the prevalence of comorbid depression in patients with anxiety disorders, about 30%.

In fact, most frequent comorbidity of depression is with panic disorder, generalized anxiety disorder and post-traumatic stress disorder (3).

About 6 million American adults or 2.7% of the total adult population in one year, have panic disorder, which represents 10.3% of the total number of mental patients. 2.2 million American adults, or 1% of the total adult population suffers from obsessive-compulsive disorder, which represents 3.81% of the total number of mentally ill (12,13). Approximately 7.7 million adult U.S. citizens, or about 3.5% of the total mature population suffers from post-traumatic stress disorder (PTSD), which makes 13.3% of the total number of mentally ill (12,13).

The subject of our research were also demographic variables (gender, age, employment status) to the depressive and anxiety disorders separately, and comorbidity. In depressive disorders are more represented males (89.1%), and with anxiety disorders and comorbidity women with 13% and 3%. Depressive disorders are more common (91.7%), among older respondents (over 65 years) and an anxiety in younger up to 25 years of age (25%). Comorbidity was present in 2.6% in age from 26-45 years.

Our results correlate with the U.S. results in terms of greater prevalence of anxiety disorders in women compared to men. Larger is the lifetime prevalence of anxiety disorders in women (30.5%) than men (19.2%) (6). However, the results are contrary to our (the average age for anxiety disorders is 20 years) (25%). Smallest category of pupils/students in case of depression, and respondents with university education, which are mostly represented with anxiety disorders. The duration of hospitalization is highest for depression (over 90 days) and shortest in the case of anxiety (30 days).

Simil results have a group of authorshors in their research (15).

6. CONCLUSIONS

Of the total number of respondents (1202) it was determined that 424 (35.3%) have depressive disorders, and 57 (4.7%) patients anxiety disorders. Comorbidity of these disorders occur in 10 (0.8%) of patients.

The depressive disorders are more represented in males (89.1%), and anxiety disorders and comorbidity in women with 13% and 3%.

Depressive disorders are more common (91.7%) among older respondents (over 65 years) and an anxiety in younger up to 25 years of age (25%). Comorbidity was present in 2.6% in age from 26-45 years.

Smallest was the category of pupils/students in case of depression, and respondents with university education, which are mostly represented with anxiety disorders. The duration of hospitalization is highest for depression (over 90 days) and shortest in the case of anxiety (30 days).

Finally, the question remains concerning the implications of comorbidity for prevention of mental illness. Namely, if we take into account that patients with comorbid disorders had significantly more severe clinical signs than patients without comorbidity dilemma arises whether early detection and treatment of primary chronologically (mainly anxiety) disorder seemed protective for the occurrence of comorbid, secondary in chronological order (the most common depressive) disorder? Or, whether prevention and occurrence of comorbidity caused the reduction of the intensity and persistence of primary disorders?

The answer to this question is still not clear enough. In fact, if you take into account the “genetic hypothesis”, or the hypothesis that the emergence of comorbidity is genetically determined, it can hardly be expected to prevent the occurrence of such comorbid disorders.

On the other hand, if we accept the hypothesis that the primary disorder causes the occurrence of comorbid disorders, it would prevent this, obviously, been very successful in preventing the occurrence of comorbid disorders.

How this question has not yet given a definitive answer, it is hoped that further research that would take all this into account, to give clear answers regarding complex phenomenon of comorbidity of psychiatric disorders.

REFERENCES


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