Original Research Article

Assess the effect of various socio-demographic variables on major depressive disorder among high stigma population: an observational study

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Abstract

Aims: To identify interrelation between chief presenting complains of depressive disorder with level of stigma associated, with reference to patient's socio economic and demographic back ground. **Materials and Methods:** With the help of purposive sampling technique a total of 100 patients diagnosed with major depressive disorder as per DSM-IV-TR criteria and stigma score above 16, who visited Psychiatry OPD (Out Patient Department), were enrolled into the study. Semi structured proforma for socio-demographics. Hamilton depression rating scale, distress questionnaire and stigma scale from the selected portion of Eplanatory Model Interview Catalogue (EMIC) were used. **Results:** Mean stigma score calculated was 17.16±1.12. Almost one-third (34%) of the participant of this study complained sadness followed by pain (26%), Mental stress (18%) and other problems (8%)**Conclusion:** Majority of patients with major depression reported somatic complaints as most troubling which may hinder early recognition. As stigma is positively related with depression severity it may acts as barrier to help seeking. Socio-demographic variables are unrelated with presentation of depression.

Keywords: Major depressive disorder, Stigma, Socio-demographic

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Introduction

Currently major depressive disorder is a serious public health concern. It has been estimated that, by 2020, major depressive disorder will become the second most common debilitating disease, trailing only cardiovascular disease[1]. High stigma has been considered as an important cause for the low rates of help seeking, lack of access to care, under-treatment, material poverty, and social marginalization[2]

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Dr. Rakesh Kumar Singh

Associate Professor, Department of Psychiatry, Adesh Medical College and Hospital, Ambala, Haryana, India Stigma is regarded as a set of prejudices, stereotypes, discriminatory beliefs, and biases linked to the characteristics that differentiate a person from others.ⁱ Mental health stigma can be conceptualized in a variety of ways, and it has usually been classified as perceived stigma and personal stigma. Perceived stigma concerns negative attitudes where one believes that society as a whole holds about individuals with mental illness, while personal stigma focuses on one's own beliefs about individuals with mental illness[3]Several cultural factors complicate the identification and treatment of depression. These include the experience and communication of social and emotional problems as aches, pains, and other somatic symptoms, illustrating a process known as somatization. Failure to recognize these somatic symptoms as a presentation of depression leads to missed diagnosis and opportunities for treatment. Because the relationship between somatic

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symptoms and emotional symptoms is not obvious, patients may reject the diagnosis and fail to comply with recommended treatment[2]. Hence the present study was conceived with an idea to study the effect of various socio-demographic variables on major depression disorder among high stigma population.

Materials and methods

Study design

The present hospital based questionnaire study conducted at the department of Psychiatry, Adesh Medical College and Hospital, Ambala, Haryana, India. The study protocol was reviewed by the Ethical Committee of the Hospital and granted ethical clearance. After explaining the purpose and details of the study, a written informed consent was obtained.

Inclusion criteria

Patients above 18 years of age

Diagnosed cases of major depressive disorder as per DSM-IV-TR criteria[4]

Stigma score above 16

Exclusion criteria

Patients with Acute and severe psychiatric illness Uncooperative persons

Those who do not give consent to take part in the study **Sample selection**

With the help of purposive sampling technique a total of 100 patients diagnosed with major depressive

disorder as per DSM-IV-TR criteria and stigma score above 16, who visited Psychiatry OPD (Out Patient Department), were enrolled into the study[5-7]

Methodology

Socio-demographic

Socio-demographic data were recorded using a self-report pre-designed and pre-tested questionnaire, which included information about age, gender, education, occupation, marital status, and ethnicity.

Depression severity and stigma

Hamilton Depression Rating Scale (HAM-D) was used to monitor the severity of major depression[8-10]

EMIC (Explanatory Model Interview Catalogue) stigma scale was used to assess the most troubling patient-specified symptoms and stigma among the selected patients[11]

Statistical analysis

Completed questionnaires were coded and spreadsheets were created for data entry. The data was analyzed using SPSS 20 (SPSS Inc. Chicago, IL, USA) Windows software program. Descriptive statistics were used to summarize the demographic information and the survey data was analyzed. Test applied for the analysis of quantitative data was Pearson correlation coefficient. Confidence level and level of significance were fixed at 95% and 5% respectively.

Results

Table 1: demographic profile of the study population

Variables	N (%)			
Age				
18-27 Years	16 (16%)			
28-37 Years	50 (50%)			
38-47 Years	24 (24%)			
>47 Years	10 (10%)			
Education				
Illiterate/ Read and write	7 (7%)			
Primary	24 (24%)			
Higher Secondary	46 (46%)			
Graduate	23 (23%)			
Occupation				
Un-employed	14 (14%)			
Skilled	58 (58%)			
Un-skilled	28 (28%)			
Marital status				
Married	59 (59%)			
Un-married	29 (29%)			
Divorced	12 (12%)			
Residence				
Rural	54 (54%)			

Urban	28 (28%)			
Peri-Urban	18 (18%)			
Religion				
Hindu	34 (34%)			
Muslim	49 (49%)			
Sikh	9 (9%)			
Christian	8 (8%)			
Family History				
Present	60 (60%)			
Absent	40 (40%)			
Total	100 (100%)			

Table 2: Distribution of most troubling patient-specified symptoms

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Symptoms	N (%)			
Sadness/Loneliness	34 (34%)			
Pain	26 (26%)			
Mental stress	18 (18%)			
Other	12 (12%)			
Stigma score (Mean±SD)	17.16±1.12			

Table 3: Stepwise Multiple Linear Regression analysis

Model	R	\mathbb{R}^2	F	P			
Stigma Score							
1	0 .258 (a)	0.067	69.88	0.000(a)			
2	0. 317 (b)	0.101	54.64	0.000(b)			
3	0. 372 (c)	0.138	52.17	0.000(c)			
4	0.417 (d)	0.174	50.33	0.000(d)			
a Predictors: (Constant), Oral Hygiene Age							
b Predictors: (Constant), Age, Family History							
c Predictors: (Constant), Age, Family History, Marital status							
d Predictors: (Constant), Age, Family History, Marital status, SES							

Discussion

In the present study stepwise multiple linear regression analysis with stigma scores as the dependent variables and various independent variables. The best predictors in the descending order for stigma score were age, family history, marital status, SES. This effect of age on MDD patients' stigma was consistent with a previous study that showed greater stigma among younger people. One possible explanation is that people younger age groups usually have more pressure or responsibility stemming from many social and life facets, such as employment, education, and family, which make them more prone to conceal their illness

for fear of losing their job and failing to integrate into society.

As per patient's identification of most troubling symptom; patterns of distress of study population was determined and broadly categorized as Sadness, Pain, Mental stress and others; it was noticed that almost one-third (34%) of the participant of this study complained sadness followed by pain (26%), Mental stress (18%) and other problems (8%) which were found in agreement with the previous studies conducted at local, national, international levels.

It is also evident that majority of patients who somatize used to reveal psychosocial aspects in response to careful probing. Raguram et al. and Patel argued about the role of stigma in expressing psychological distress.

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Limitation

The cross-sectional design limits the inference of causality of stigma and its associated factors, investigation of which may be feasible with a longitudinal follow-up study. Small sample size which may not be representative of the regional population.

Conclusion

The present study concluded that majority of the study participants endorsed somatic complaints as most troubling which may hinder early recognition. The best predictors for stigma score were age, family history, marital status, SES.

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