## Magnitude of Depression and its Associated Factors: Hospital Based Cross Sectional Study

**ABSTRACT:** Background: Depression is a mental disorder that is pervasive in the world and a fects us all. It a fects up to 50.6% of patients in medical settings. While the disorder can be re ably diagnosed and treated in primary care, it's unre ognized and under managed. Therefore, the objective of this study was to assess the prevalence and associated factors of depression among adult in patients in medical and surgical outpatient departments in Dessie referral hospital, north eastern, Ethiopia.

**Methods:** A facility based cross-sectional study was conducted in March 2017 at Dessie referral hospital and comprised patients in the Medical and Surgical outpatient departments. The sample size was determined using a single population proportion formula. Participants were selected using systematic random sampling technique. The fnal calculated sample size was 424 adult patients. The prevalence of depression was assessed using Patient Health Qurstionnaire-9. Descriptive statics, bivariate and multivariate logistic regression analyses were performed using SPSS 20.

**Results:** The prevalence of depression among the study participants was 39.1%. In this study, females were 2 times more likely to experience depression compared with males: [AOR=1.92, 95% CI: 1.15, 3.22] and Participants who were divorced and widowed were 3 times more likely to have depression as compared with participants who were married [AOR=3.07, 95% CI: 1.11,8.49].

**Conclusion:** The prevalence of depression among patients in medical and surgical OPDs in Dessie referral hospital was relatively high (39.1%). Depression had statistically signifcant association with age, sex, marital status, occupational status, chronic illness, substance use and family history of mental illness. The major implication of these study findings on the health s oatttt

Received: 27-Feb-2022, Manuscript No: ijemhhr-22-55672, Editor assigned: 03-Mar-2022, Manuscript No: ijemhhr-22-55672 (PQ), Reviewed: 17- Mar-2022, Manuscript No: ijemhhr-22-55672, Published: 24-Mct-2022, DOI: 10.4172/1522-4821.1000523 \*Correspondence regarding this article should be directed to: guvkhcpqu9090@ i o ckn.eq o dwtfgp qh fkugcug cpf c ects people in all communities cetquu vjg yqtnf. Vqfc{, fgrtguukqp ku guvkocvgf vq c gev 350 oknnkqp rgqrng. Vjg yqtnf ogpvcn jgcnvj Uwtxg{ conducted in 17 countries found that on average about 1 in 20 people reported having an episode of depression in the rtgxkqwu {gct. Opg qwv qh vgp ogp cpf cn oquv qpg qwv qh Łxg yq ogp uw gt htq o vjku fkuqtfgt fwtkpi jku (qt jgt) nkhgvk og (one-year prevalence is 10% and lifetime prevalence 17%) (WHO, 2016) who gets depression varies considerably cetquu vjg rqrwncvkqpu qh vjg yqtnf. Lkhgvk og rtgxcngpeg tcvgu tcpig htq o crrtqzk ocvgn{ 3% kp Jcrcp vq 16.9% kp 0

the United States, with most countries falling somewhere dgvyggp 8 vq 12%. Y jkng fgrtguukqp ku vjg ngcfkpi ecwug of disability for both males and females, the burden of depression is 50% hig jgt hqt hg o cngu vjcp o cngu. Iv cnuq jcu uvtqpi nkpm ykvj ejtqpke knnpguu (YHO, 2016).

Depression is currently the leading cause of non-fatal burden when considering all mental and physical illnesses, accounting for approximately 10% of total years lived with fkucdknkv{ kp Lqy cpf Mkffng

<sup>27</sup> Shewangashaw NE, Wordofa B, Fantahun A, et al• Magnitude of Depression and its Associated Factors: Hospital Based Cross Sectional Study.

participants, 214(51.7%) ygtg ocngu. Vjg ogcp cig qh vjg tgurqpfgpvu ycu 39.01 (UDÕ 16) {gctu. Mqtg vjcp jcnh qh vjg

<sup>28</sup> Shewangashaw NE, Wordofa B, Fantahun A, et al• Magnitude of Depression and its Associated Factors: Hospital Based Cross Sectional Study.

#### Table 2.

#### Clinical, substance use and behavioral characteristics of participants.

Variables	Frequency(n=414)	Percent (%)	
OPD	· · · · · · · · · · · · · · · · · · ·		
Medical	252	60.90%	
Surgical	162	39.10%	
Chronic illness			
No	253	61.10%	
Yes	161	38.90%	
Family history of mental illness			
No	317	76.60%	
Yes	97	24.40%	
Substance use history			
No	297	71.70%	
Yes	117	28.30%	

Abbreviation: OPD outpatient department

### Table 3.

# Symptom of depression measured by PHQ 9 among adult patients attended medical and surgical OPDs in Dessie referral hospital, north eastern Amahara, Ethiopia, 2017.

PHQ 9 Symptoms	Frequency	Percent (%)	
Loss of intersect	232	56	
Feeling down	200	48.3	
Insomnia or hypersomina	208	50.2	
Feeling tiered	272	65.7	
Poor apatite or over eat	227	55	
Feeling bad about yourself	160	38.7	
Lack of concentration	185	44.8	
Restlessness	141	34.1	
Suicidal thought	96	23.2	

Abbreviation: PHQ 9 Patient Health Questionnaires 9

Depression		OR(95% CI)	
Yes	No	COR	AOR
92	108	1.75 (1.18-2.61)	1.93(1.15-3.22) **
70	144	1	1
27	17	3.71(1.86-7.39)	3.59(1.41-9.10) **
24	24	2.33(1.21-4.49)	2.75(1.14-6.66) *
25	40	1.49(0.80-2.65)	1.27(0.57-2.81)
35	50	1.63(0.95-2.81)	2.16(1.00-4.47)
51	119	1	1
19	7	4.67(1.90-11.51)	3.08(1.11-8.49) *
46	78	1.06(0.65-1.58)	2.03(1.11-3.74) *
97	167	1	1
3.08(1.11-8.49)	*		
	Yes 92 70 27 24 25 35 51 19 46 97	Yes No   92 108   70 144   27 17   24 24   25 40   35 50   51 119   19 7   46 78	Yes No COR   92 108 1.75 (1.18-2.61)   70 144 1   27 17 3.71(1.86-7.39)   24 24 2.33(1.21-4.49)   25 40 1.49(0.80-2.65)   35 50 1.63(0.95-2.81)   51 119 1   19 7 4.67(1.90-11.51)   46 78 1.06(0.65-1.58)   97 167 1

29 Shewangashaw NE, Wordofa B, Fantahun A, et al• Magnitude of Depression and its Associated Factors: Hospital Based Cross Sectional Study.

and widowed were 3 times more likely to have depression as compared with participants who were married P = 0.03(AOR=3.08, 95% CI: 1.11, 8.49).

A strong positive association was obtained during multivariate cpcn{uku dgvyggp fgrtguukqp cpf cig. Uwwf{ uwdlgevu cigf >54

<sup>30</sup> Shewangashaw NE, Wordofa B, Fantahun A, et al• Magnitude of Depression and its Associated Factors: Hospital Based Cross Sectional Study.

<sup>31</sup> Shewangashaw NE, Wordofa B, Fantahun A, et al• Magnitude of Depression and its Associated Factors: Hospital Based Cross Sectional Study.

Odcfglk, A., Oiwpnguk, AO., & Afgdqycng, VO. (2014). Ptgxcngpeg cpf rtgfkevqtu qh fgrtguukqp kp rgqrng nkxkpi ykvj HIX/ AIDU cvvgpfkpi cp qwvrcvkgpv enkpke kp Nkigtkc. *Iran J Psychiatry Behav Sci*, 8(1), 26.

Rcj ocp AU., A|k| A., Jcocn Q, gv cn. (2015). Prevalence of recognised and unrecognised depression among medical and surgical patients in a tertiary care hospital. *J Pak Med Assoc*, 65(12), 1320-1324.

Vgujcigt, Y. (2016). Prevalence of Depression and Associated Factors among Adult Diabetic Patients Attending Outpatient Dgrctvogpv, cv Fgngig Hkyqv Rghgtten Hqurkven, Bejkt Det, Nqtvjyguv Evjkqrkc, 2016 (Doctoral dissertation, Addis Ababa Wpkxgtukv{). Int J Health Sci Res, 6(9), 264-276.

Vkncjwpg AB., Bgmgng G., Mgmqpppp N., gv cn. (2016). Prevalence of unrecognized depression and associated factors among patients attending medical outpatient department in Afctg Hqurkven, Hcycuuc, Evjkqrke. *Neuropsychiatr Dis Treat,* 12, 2723.

Wfgfk, M. (2014). Vjg rtgxcngpeg qh fgrtguukqp c o qpi rcvkgpvu and its detection by primary health care workers at Matawale Health Centre (Zomba). *Malawi Med J*, 26(2), 34-37.

YHO. Dgrtguukqp hcev ujggv. 2016.

Yqtmw DK., [khtw [M., Pquvgnu DG, gv cn. (2014). Prevalence qh fgrtguukqp kp Petmkpuqpøu fkugcug rcvkgpvu kp Evjkqrkc. J Clin Mov Disord, I(1), 1-12.

[qpi N., Hw H., Fcp Z., gv cn. (2012). Prevalence and risk factors for depression and anxiety among outpatient migraineurs in mainland China. *J Headache Pain*, *13*(4), 303-310.

<sup>33</sup> Shewangashaw NE, Wordofa B, Fantahun A, et al Magnitude of Depression and its Associated Factors: Hospital Based Cross Sectional Study.