

ORIGINAL RESEARCH

A study comparing socio-demographic and clinical profile of patients of unipolar and bipolar depression

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ABSTRACT

Background: To assess socio-demographic and clinical profile of patients of unipolar and bipolar depression.

Materials & methods: 100 patients with confirmed diagnosis of unipolar depression and 100 patients with confirmed diagnosis of bipolar depression were enrolled. Complete demographic details and clinical data of all the patients was obtained. Diagnosis of unipolar and bipolar was confirmed as per the International Statistical Classification of Diseases and Related Health Problem Tenth Revision (ICD-10), were included. A Preformed Performa was made and complete details of all the patients was recorded. Clinical and socio-demographic data of all the subjects was recorded and compared. Assessment of results was done using SPSS software.

Results: Majority proportion of bipolar depression were males (p -value < 0.05). Majority proportion of patients of unipolar group were married and unemployed (p -value < 0.05). Non-significant results were obtained while comparing the socio-economic status among patients with unipolar and bipolar depression. Mean age of onset among patients with unipolar depression was significantly higher in comparison to patients with bipolar depression. Mean duration of illness among patients with bipolar depression was significantly higher in comparison to patients with unipolar depression. Majority of patients of unipolar depression were of mild severity.

Conclusion: It has become more important not to miss bipolarity in patients with first episode depression. Adequate measures should be taken to understand the clinical markers of depression.

Key words: Socio-Demographic, Depression, Bipolar, Unipolar

INTRODUCTION

Over the past 100 years, conceptions of depression within bipolar disorder have varied widely, and the changes in conceptualization have been reflected in fundamental changes in the diagnostic nomenclature. Mania and depression have been seen as distinct, yet related, phenomena since ancient Greece. Only in recent history have mood disorders been divided into syndromes of mania and depression.¹⁻³

Although symptoms of depression are present in many psychiatric and somatic illnesses, depressive episodes are most prominent in bipolar disorder (BP) and in major depressive

disorder (MDD), the two most common mood disorders that, together, afflict up to one-fifth of the world's population. The distinction between bipolar and unipolar illness, first made decades ago, was originally based on differing patterns of external validators such as family history, sex and premorbid personality.^{4,5}

Unipolar depressive disorders were ranked fourth in 2004 and will rise to the first place by 2030 in terms of the global burden of all diseases. Bipolar disorder affected an estimated 29.5 million individuals worldwide in 2004, according to the World Health Organization. If the current trends for demographic and epidemiologic transition continue, it is estimated that by the year 2020, the burden of depression will increase to 5.7% of the total burden of disease and it would be the second leading cause of disability-adjusted life years.⁵⁻⁷ Hence; the present study was conducted for comparing socio-demographic and clinical profile of patients of unipolar and bipolar depression.

MATERIALS & METHODS

The present study was conducted for comparing socio-demographic and clinical profile of patients of unipolar and bipolar depression. Patients with unipolar and bipolar depression from outpatient department fulfilling the inclusion criteria were selected by purposive sampling. 100 patients with confirmed diagnosis of unipolar depression and 100 patients with confirmed diagnosis of bipolar depression were enrolled. Complete demographic details and clinical data of all the patients was obtained. Diagnosis of unipolar and bipolar was confirmed as per the International Statistical Classification of Diseases and Related Health Problem Tenth Revision (ICD-10), were included.⁶⁻⁸ A Preformed Performa was made and complete details of all the patients was recorded. Clinical and socio-demographic data of all the subjects was recorded and compared. Assessment of results was done using SPSS software.

RESULTS

100 patients with unipolar depression and 100 patients with bipolar depression were enrolled. Mean age of patients with unipolar and bipolar depression were 39.4 years and 40.7 years respectively. Majority proportion of bipolar depression were males (p- value < 0.05). Majority proportion of patients of unipolar group were married and unemployed (p- value < 0.05). Non-significant results were obtained while comparing the socio-economic status among patients with unipolar and bipolar depression. Mean age of onset among patients with unipolar depression was significantly higher in comparison to patients with bipolar depression. Mean duration of illness among patients with bipolar depression was significantly higher in comparison to patients with unipolar depression. Majority of patients of unipolar depression were of mild severity.

Table 1: Socio-demographic data

Demographic variable		Unipolar	Bipolar	p- value
Gender (n)	Males	53	72	0.028*
	Females	47	28	
Mean age (years)		39.4	40.7	0.779
Marital status (n)	Married	71	68	0.028*
	Unmarried	29	32	
Employment status (n)	Employed	38	51	0.011*
	Unemployed	62	49	
Socio-economic status (n)	Upper class	33	29	0.412
	Middle class	28	33	
	Lower class	39	38	

*: Significant

Table 2: Clinical data

Clinical variable	Unipolar	Bipolar	p- value
Age of onset (years)	33.7	28.8	0.000*
Duration of illness (months)	123.8	156.8	0.011*
Positive family history (n)	42	51	0.728
Severity grading (n)			0.000*
Mild	62	46	
Moderate	28	38	
Severe	10	16	

*: Significant

DISCUSSION

Depression is a mood disorder that causes a persistent feeling of sadness and loss of interest. The common features of all the depressive disorders are sadness, emptiness, or irritable mood, accompanied by somatic and cognitive changes that significantly affect the individual's capacity to function. Because of false perceptions, nearly 60% of people with depression do not seek medical help. Many feel that the stigma of a mental health disorder is not acceptable in society and may hinder both personal and professional life. There is good evidence indicating that most antidepressants do work but the individual response to treatment may vary. The etiology of Major depressive disorder (MDD) is believed to be multifactorial, including biological, genetic, environmental, and psychosocial factors. MDD was earlier considered to be mainly due to abnormalities in neurotransmitters, especially serotonin, norepinephrine, and dopamine. This has been evidenced by the use of different antidepressants such as selective serotonin receptor inhibitors, serotonin-norepinephrine receptor inhibitors, dopamine-norepinephrine receptor inhibitors in the treatment of depression.⁸⁻¹² Hence; the present study was conducted for comparing socio-demographic and clinical profile of patients of unipolar and bipolar depression.

100 patients with unipolar depression and 100 patients with bipolar depression were enrolled. Mean age of patients with unipolar and bipolar depression were 39.4 years and 40.7 years respectively. Majority proportion of bipolar depression were males (p- value < 0.05). Majority proportion of patients of unipolar group were married and unemployed (p- value < 0.05). Non-significant results were obtained while comparing the socio-economic status among patients with unipolar and bipolar depression. Mean age of onset among patients with unipolar depression was significantly higher in comparison to patients with bipolar depression. Our results were in concordance with the results obtained by previous authors who also reported similar findings. Kalita KN et al compared the socio-demographic and other variables between patients with unipolar and bipolar depression, along with assessment of severity of depression. The study included total of 330 subjects selected through purposive sampling technique from outpatient department after obtaining due informed consent. Bipolar group had onset of illness at significantly younger age with more chronicity (32.85 ± 11.084). Mean BDI score was significantly higher in the unipolar depressive group. Careful approach in eliciting symptom severity and associated socio demographic profiles in depressed patients may be helpful in early diagnosis of bipolar depression.¹³

Mean duration of illness among patients with bipolar depression was significantly higher in comparison to patients with unipolar depression. Majority of patients of unipolar depression were of mild severity. In another study conducted by Reddy et al, authors evaluated 74 patients diagnosed with unipolar (40) and bipolar (34) depressive disorders. Out of 74 patients, males were 32 and females were 42. Age of onset was 32.2 years in group I (unipolar) and 20.4 years in group II (Bipolar), total duration was 12.4 years in group I and 16.2 years in group II, the number of episodes was 3.4 and 7.1 in group II, the number of

hospitalizations was 2.8 in group I and 5.2 in group II, suicidal thoughts were seen in 21 in group I and 24 in group II, anhedonia 10 in group I and 23 in group II, pseudodementia 7 in group I and 13 in group II, dissociative features were seen in 11 in group I and 27 in group II and delusions 4 in group I and 8 in group II.¹⁴

Various psycho-socio-demographic, longitudinal course, and phenomenological factors associated with BP and UP depression were compared in another study conducted by Nisha A et al. BP depression group consisted of mostly males, with earlier age of onset of illness, longer illness duration, frequent episodes, hospitalizations and psychotic symptoms. The total HAM-D score and 4 HAM-D item scores—psychomotor retardation, insight, diurnal variation of symptoms and its severity, and paranoid symptoms were significantly higher in this group. Binary logistic regression identified the age of onset, the total duration of illness, frequency of affective episodes, and presence of delusions as predictors of bipolarity.¹⁵ It is now known that use of antidepressants in bipolar depression can lead to manic switches, mixed state induction and cycle acceleration. Studies have also shown that ECT has equal efficacy and leads to similar symptomatic and functional recovery in unipolar and bipolar depression and probably patients with bipolar depression respond faster than those with unipolar depression. Efficacy of ECT in manic phase in terms of remission or marked clinical improvement has been reported to be about 80%.¹⁶⁻¹⁸

CONCLUSION

It has become more important not to miss bipolarity in patients with first episode depression. Adequate measures should be taken to understand the clinical markers of depression.

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