DISABILITY IN DEPRESSION INPATIENTS AT THE NATIONAL INSTITUTE OF MENTAL HEALTH

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Depression is a common mental disorder which also is the leading cause of disability worldwide. However, there is no study which has been done in Vietnam regarding about disability in depression patients. Our study's aim is to describe characteristics of disability in depression patients at the National Institute of Mental Health. Ninety - four depressive patients were recruited in this study from June 2019 to September 2019. Disability was measured using WHODAS 2.0, a survey of 36 questions. All patients in this study had moderate or severe depressive symptoms. The mean WHODAS scores was 35.36 ± 16.76 on a scale of 100. Self - care scores had the lowest mean (19.08 ± 25.21), whereas life activities and participation in society scores had the highest means, 46.74 ± 23.23 and 46.57 ± 17.92, respectively. Depression affects daily activities of patients and their participation in society.

Keywords: disability, depression

I. INTRODUCTION

Among common mental disorders, mood disorders generally tend to be associated with the greatest functional impairment.[1] Emotion - reflection - movement inhibition caused by depression reduces human's functioning and often recurs.[2] Depression also is the cause of other health problems. The atypical subtype of depression, characterized by increased appetite and sleep, is strongly associated with increased risk of overweight/obesity.[3] Patients with depression were less successful than individuals without mental illness in controlling their blood pressure.[4] Depression is the leading cause of disability worldwide in terms of total years lost due to disability,[2] absenteeism, and reduced productivity at work.[5] Functional impairment seen in depressive condition includes the compromised ability to work, to engage in interpersonal relationships, to care

for oneself, and to participate in community activities.[6] Functional disability has been found to be associated with the severity of depression[7] and synchrony of change in depression severity as well as the level of functional disability has been found.[8] Improving functional disability has been pointed out as an endpoint of patient treatment[9] and as a method for guiding treatment.[10] To our knowledge, in Vietnam, we have not found out any research or studies about disability in depression. The study's aim is to describe disability characteristics of depression in patients receiving treatment in an inpatient setting. The result can become significant data to refer to and improve cognition of depression.

II. METHOD

1. Research design

This is a descriptive, cross - sectional quantitative study.

2. Research setting and sampling

This research was conducted at National Institute of Mental Health belong to Bach Mai hospital, from June 2019 to September 2019.

The research included patients who were diagnosed with depression in one of the codes (F31.3, 4, 5; F32; F33).

The recruitment criteria included all patients who were diagnosed with depression and were being treated at the National Institute of Mental Health at the time of the interview. We confine the number of days from the day of admission to the day of the interview within 14 days to have a higher accuracy of disability status.

We excluded patients who refused to participate in research or had a physic medical condition that affects Activities of Daily Living, or the patient's relatives were unable to respond to the interview.

3. Research instrument

WHODAS 2.0 is a practical, generic assessment instrument that can measure disability at both population level and in clinical practice. WHODAS 2.0 captures the level of functioning in six domains of life11 including: cognition (understanding and communication); mobility (ability to move and get around); self - care (ability to attend to personal hygiene, dressing, eating, and to live alone); getting along (ability to interact with other people); life activities (ability to carry out responsibilities at home, work and school); participation in society (ability to engage in community, civil and recreational activities).

4. Presenting methods of data collection

Recruitment was done through convenience sampling. All patients who met inclusion and exclusion criteria in setting at the time of collecting data period were asked to join the interview with all their awareness of the study and their volunteer.

Patients were asked to answer the demographic and medical questions first.

Then patients were instructed to answer WHODAS questions with regard to the past 30 days. For each question, patients were asked to circle/tick only one response on the level that he/she thought it was right with his/her condition.

Because of the side effects of psychiatric medications, some patients couldn't do the interview on their own; in these cases, a relative was also present during the interview.

In the end, the patient or relative was asked to sign a consent form as evidence that the interview was done in a real patient.

5. Data analysis method

- After interviews, the total WHODAS scores and domain scores were converted into 100 score - ladder11 with 100 points meaning total disability.

- The process of data coding, entry was done with Excel and analysis by SPSS software version 20 © Copyright IBM Corporation 1989, 2011.

- Descriptive statistics (frequencies, percentages, means, standard deviations) were used to present demographic, medical characteristics of respondents, and WHODAS scores.

6. Ethnic considerations

This study is non - interventional research. Human rights and privacy were protected . All respondents were told of the voluntary nature of this study and were allowed to stop participating at any time. The respondents were informed about the study aims. The data was analyzed and presented anonymously.

III. RESULTS

Table 1. Demographic characteristics of the sample

Variables		Number of participants (N = 94)	Percentage (%)
Age	Mean ± SD:	46.14 ± 16.69	
	Range:	17 – 79	
Group age	<40	39	41.5
	40 – 59*	32	34.0
	≥60**	23	24.5
Gender	Female	60	63.8
	Male	34	36.2
Marriage status	Single	18	19.1
	Married	67	71.3
	Divorced	4	4.3
	Widow	5	5.3
Academy level	Preschool	1	1.1
	Primary school	7	7.4
	Secondary school	24	25.5
	High school	22	23.4
	University/College	40	42.6
Working status	Employee	62	66.0
	Unemployed or retired	32	34.0

*CollinsDictionary.com. Collins English Dictionary – Complete & Unabridged 11th Edition. Retrieved December 05, 2012.

** Law on the Elderly (Law No. 39/2009/QH12), Official Gazette - English Translation of Công Báo, 2010 - 03, No. 10, pp. 4 - 13.

Demographic characteristics of the sample (table 1): the average age of participants was 46.14 ± 16.689 years old with a range from 17 years old to 79 years old. The elderly comprised 24.5% of the sample. About 58.5% of the sample were over 40 years old. The ratio of female to male patients was 1.76. 71.3% of patients were married. About 91.5% of patients had education levels from secondary school and 42.6% of patients had a university degree or higher level. 66% of respondents had worked before hospital admission and 34% were unemployed or retired.

Medical characteristics of the sample (table 2): About 47.9% of patients were diagnosed with a depressive episode and 43.6% had recurrent depression. 33% of patients had severe depression, and 43.6% of respondents had psychotic symptoms. 78.7% of patients had taken psychiatric medicine with a prescription from a psychiatrist before present treatment. Most of the cases have never been admitted previously or were admitted only once before (77.6%). Only 22% of patients have treated in hospital 2 times or more. About 31.9% of cases had quit medication or used it infrequently.

Table 2. Medical characteristics of the sample

Variables		Number of participants (N = 94)	Percentage (%)
Group diagnosis	Bipolar disorder with depression episode	8	8.5
	Depressive episode	45	47.9
	Recurrent depression	41	43.6
Severity of depression	Moderate	22	23.4
	Severe without psycho symptoms	31	33.0
	Severe with psycho symptoms	41	43.6
Had taken medication before?	Yes	74	78.7
	No	20	21.3
Times of treatment in hospital before?	Have never	41	43.6
	1 time	32	34.0
	2 times	8	8.5
	Over 2 times	13	13.8
Treatment compliance	Very compliant	64	68.1
	Intermittent	18	19.1
	Quit medication	12	12.8

Table 3. WHODAS scores

Domain	Range	Mean ± SD
Understanding score	0.0 – 87.5	25.35 ± 25.38
Getting around score	0.0 – 85	26.06 ± 23.22
Self - care score	0.0 – 100	19.08 ± 25.21
Getting along score	0.0 – 90	33.56 ± 22.31
Life activities score	0.0 – 100	46.74 ± 23.23
Participation score	6.25 – 78.13	46.57 ± 17.92
Total score	9.72 – 87.5	35.36 ± 16.76

WHODAS scores (table 3):

   - Understanding and communicating domain had the mean 25.35 ± 25.38 and ranges from 0 – 87.5.

   - Getting around domain had the mean 26.06 ± 23.22 and range from 0 – 85.

   - Self - care domain had the lowest mean 19.08 ± 25.21 and range from 0 – 100.

   - Getting along domain had the mean 33.56 ± 22.31 and range from 0 – 90.

- Life activities domain had the highest mean 46.74 ± 23.23 and range from 0 – 100.

- Participation in society domain has the mean 46.57 ± 17.92 and range from 6.25 – 78.13.

- Finally, the total score had a mean of 35.36 ± 16.76 and range from 9.72 – 87.5.

Self - care domain scores had the lowest mean (19.08 ± 25.21), whereas life activities and participation in society scores had the highest mean at 46. The mean of the total score was 35.36 ± 16.76.

IV. DISCUSSION

Our study describes the disability characteristics in depression inpatient in National Institute of Mental Health by WHODAS score on the scale of 100 (means total disability).

The mean age of the study participants is 46.14 ± 16.69 years with the range from 17 to 79 years old. Our mean age is close with the mean age (42.0 ± 16) in another study of depression patients, which was also carried out in National Institute of Mental health by Nguyen Thanh Hai (2018).[12]

The percentage of females and males with depression in this study was 63.8% and 36.2%, respectively. This ratio in this study was higher compared with the ratio in a study done by Nguyen - Lan D. Nguyen (2005) at Center for Mental Health and the gender ratio of depression at the primary care clinics in Ho Chi Minh City[13] (1.76 compared to 1.38 and 1.32, respectively).

Because the sample were inpatients, the severity of depression in this sample was mostly moderate and severe. We divided patients into 3 groups: moderate depression, severe depression without psychotic symptoms and severe depression with psychotic symptoms, with the proportion, in turn, was 23.4%, 33% and 43.6% (N = 94). The difference in proportions

between primary care officials and a specialized hospital can be seen clearly when compared with a study done by Gretchen A. Brenes (2007) with a large number of depression patients (N = 907) who were chosen from 2 university - affiliated primary care facilities . In that study, 70.2% of patients had no or minimal symptoms of depression, 13.5% reported mild depression, and 16.3% reported moderate or severe depression.[14]

In this study, the self - care scores have the lowest mean (19.08 ± 25.21), the life activities and participation in society scores have the highest (46.74 ± 23.23, and 46.57 ± 17.92). Besides that, in life activities and self - care domains, we met cases who had 100 points which means they totally could not take care of their own activities because of depression, even eating and getting dressed. In the study of L.A. (2003), the mean scores of domains, in turn, was understanding (25 ± 26.1), getting around (15.32 ± 18.8), self - care (8.49 ± 14.6), getting along (17.94 ± 22), life activities (41.37 ± 30.9) and participation (36.69 ± 21.9).[15] Chwastiak showed similar results in comparison between domains, in which self - care had the lowest and life activities, participation had the highest score. From 2 studies, we can see that depression has a strong influence over life activities and the ability of patients to participate.

The mean of total scores was 35.36 ± 16.76, which was higher than the mean scores of the study of L.A. Chwastiak (2003), the mean was 27.14 ± 17.1 with 73 depressive patients who were chosen from GHC – a staff model maintenance health primary care organization.[15] The higher scores can be explained by the characteristic of the sample who mostly had severe depression in a specialized hospital, they probably would have higher scores of disability than patients in the primary care population.

V. CONCLUSION

Depression seriously affects the patient's daily living functions. Depression patients who were treated in National Institute of Mental Health hospital have the mean disability - score is of 35.36 ± 16.76 with all patients were moderate or severe depression conditions. Depression affects mostly in daily activities and participation in society domain with the range concentration is 40 to 60.

Limitation

Our study has some limitations. The sample size was relatively small and had restrictions on a self - rated scoring questionnaire. Some patients were affected by side effects of psychiatric medication so the interviewer also needed the statements from the patient's relatives, which would be not very fit for patients evaluated themselves. The study used convenience sampling to recruit participants. Therefore, the results would not reflect all patients who can be included in the study population.

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