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Editorial

Depression : Scenario in Bangladesh

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Today, everybody involved in health care finds that more and more people are seeking treatment for various psychiatric disorders. Among these disorders depression is the most prevalent either as a symptom or as a syndrome. Many studies have led to a conclusion that depression is extremely frequent all over the world. In the western countries, the point prevalence of depressive symptoms is 13-20%. The prominent Epidemiological Catchment Area (ECA) study reported a point prevalence and life time prevalence of depressive disorder to be 5% and 8% respectively[1]. The picture in Bangladesh is no different. Prevalence of depression was reported to be 2.9% in a rural community[2] and 30-34.5% amongst the patients attending psychiatric outpatient departments of general hospitals[3-4]. Depressive disorder was found to be 20-62% among the cases referred for psychiatric consultation[5-6]. It also has been observed from child and adolescent psychiatric service that depression is not uncommon among young people. From all these reports, we can anticipate that high a rate of depression exists in different groups of population in Bangladesh.

As a comorbidity, depression is frequent mainly with anxiety but also with other psychiatric disorders. Depression is a well recognized condition associated with a wide range of physical disorders and can also occur as an effect of some medications. The studies carried out in Bangladesh on depression among general medical conditions revealed that prevalence of depression is 40% in cerebrovascular disease, 35% in cancer, 26% in myocardial infarction, 42% in gastrointestinal disorders, 35% in sexually transmitted diseases and 23% in systemic lupus erythromatosus[3-13]. It is also evident that depression is highly prevalent in epilepsy, endocrine disorders like thyroid dysfunction, Cushing's syndrome, diabetes mellitus; encephalitis, renal disease, multiple sclerosis, head injury, rheumatoid arthritis and other chronic debilitating diseases. This depression is due to either direct pathophysiological consequence or as sequele of the underlying physical disorder or both. Therefore, as a disorder, depression is widely prevalent throughout the disciplines of medical science.

The presentation of depression in Bangladesh is commonly 'somatic'. This has a special significance in the diagnosis of depression and is a matter of cross-cultural issue. Leading studies in Bangladesh reported that 54-79% depressed patients had prominent somatic symptoms[14-15]. Of these symptoms, 62% patients with major depressive disorders reported headache as their one of the primary symptoms during the episode of depression[16]. Other symptoms commonly reported are burning sensation in the hands, feet and all over the body; abdominal pain and discomfort; other pain and aches in different parts of the body and feeling of hotness and heaviness in the head. In fact, this consists of a long list and its variant symptoms are sometimes difficult to define or specify and have no identifiable pathology. Therefore, these types of somatic symptoms tend to 'mask' the depression and due attention is necessary at least in our socio-cultural perspective to find out the underlying or associated depression for every unexplained somatic symptom.

Though biological factors have a major role in the aetiology of depression, social factors also have an important role in precipitating depression in the vulnerable individuals. In one study in Bangladesh, depressed patients reported two and half times as many psychosocial stressors as the control patients and the greatest or significant differences were found among conjugal, family, and financial stressors[17]. Understandably, the social factors have significantly important role in the causation of depression as evidenced by the rise in the incidence commitment with wide spread degradation of social values and adverse waves of geopolitical changes throughout communities and the globe as a whole.

Further more depression is a life threatening disorder. Of the medical causes, depression is the major cause of suicide and parasuicide. In a general hospital survey in Bangladesh, 38% cases with deliberate self-harm were found to have major depressive disorder and another 48% showed evidence of depressive symptoms[18]. It is alarming that the trend of suicide and parasuicide is increasing even among the adolescents and

there is a strong possibility of associated depression with them. Another factor which should not be ignored is that the burden of sufferings imposed by depression is heavy. Naturally, problems that are common in the general population also common among the people at work. Depression is not only distressing to the person involved, it also makes them less productive at work and cause negative impact on the national economy and on the progress as a whole.

Of happiness is that the treatment of depression is effective and therefore worthwhile. Antidepressants are the mainstay of treatment which are effective now in majority of the cases particularly those severe in nature. In Bangladesh, physicians now have a lot of options to choose among drugs because along with tricyclics and SSRIs, other newer generation atypicals are now available in the country. For the same reason, it is now also possible to manage depression, comorbid with general medical conditions, more efficiently. ECT is another option particularly for the most severe form depression not responding well to medications alone and also depression associated with psychotic or prominent vegetative symptoms. Because of its fast effectiveness, ECT is still the first line treatment when the patient's life is endangered. Psychological approaches like supportive psychotherapy and problem-solving techniques can be good adjuvant. Cognitive behaviour therapy is also effective in many depressed patients with perceived or imagined problems. Our psychiatrists and clinical psychologists skilled in these specialized techniques are now offering their valuable services to the depressed patients.

It is well conceivable that depression is a serious disorder prevailing in Bangladesh with progressively increasing incidence. It is blissful on the other hand that awareness is gradually building up among our people and the professionals. Not only as a distressing medical problem but as an outcome and marker of socio-economic stress, by all means, we have to combat this problem. Raising more awareness, health education, strengthening consultation liaison service, creating support groups in the community, identification of the causes and their treatment at the right time are all well known strategies but all that is needed is a strong commitment by healthcare professionals and stake-holders and a concerated national programme of action.

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