Research Article

Sociodemographic and clinical characteristics of a sample of patients with major depressive disorder.

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Abstract
Introduction: The World Health Organization (WHO) recently reported that depression is a major cause of disability worldwide, with more than 320 million people affected globally (World Health Organization, 2017). **Aim of the work:** is to describe sociodemographic characteristics in a sample of patients diagnosed with major depressive disorder. **Patients and methods:** 51 Patients were referred from the outpatient psychiatric clinics of Minia governorate, Minia University hospitals outpatient psychiatric clinic, Minia psychiatric hospital and the study was held in Minia university hospitals during the period from December 1, 2018 to October 1, 2019. **Results:** the mean age of the sample was 35.44 ± 10.402 years, ranging from 18 to 55 years. Nearly half of the participants were females (55.6%). More than a half of them (57.8%) were married, while (31.3%) were single. Rural residents (53.3%) were more common than urban (46.7 %). The most common educational level was high-education (31.1%) followed by technical education (26.7%). Full time employees were (53.3%) followed by unemployed and not looking for work (31.1%). The majority of patients (73.3%) reported significant environmental stressor or precipitant prior to the onset of depression. **Conclusion:** depression is more common in third decade of life, more common in females more than males and highly-related to significant life stressors.
Key words: socio-demographic; depression.

Introduction
Depressive disorders are common mental disorders, occurring as early as 3 years of age and across all world regions (Ferrari et al., 2013)

The World Health Organization (WHO) recently reported that depression is a major cause of disability worldwide, with more than 320 million people affected globally (World Health Organization, 2017).

Remarkably, the WHO World Health Survey (Moussavi et al., 2007) found that depression reduces overall health significantly more than do chronic diseases such as coronary artery disease, arthritis, asthma, and diabetes and that the comorbid state of depression plus medical illness worsens health more than any combination of chronic diseases without depression.

Incidence and Prevalence
Depressive disorders represented the second leading cause of disability worldwide, and MDD was responsible for 2.5% of global disability adjusted life years (DALYs) (Ferrari et al., 2013).

MDD affects about 6% of the adult population worldwide each year (Bromet et al., 2011). The proportion of the global population with depression in 2015 is estimated to be 4.4% (WHO, 2017).

Patients and methods
51 Patients were referred from the outpatient psychiatric clinics of Minia governorate, Minia University hospitals outpatient psychiatric clinic, Minia psychiatric hospital and the study was held in Minia university hospitals during the period from December 1, 2018 to October 1, 2019 with the following criteria

Inclusion Criteria:
 1- Adults aged 18–60 years
 2- Both male and female were included
3- Fulfilling criteria for major depressive disorder, as a single or recurrent episode according to Diagnostic and Statistical Manual of Mental Disorders (DSM-5) criteria using Structured Clinical Interview for DSM-5 (SCID-5).

Exclusion Criteria:
 1- A lifetime history of psychosis or current psychotic symptoms.
 2- Bipolar disorder.
 3- Substance abuse or dependence in the past 3 months

4- Current episode showed a 17-item Hamilton Rating Scale for Depression (HRSD-17) score of at least 18 before TMS treatment **(Hamilton, 1967).**

Data analysis was done by the Statistical Package of Social Sciences (SPSS) Version 25.0 for Windows.

Descriptive statistics: Frequencies and percentages were calculated for categorical variables, while means and standard deviations were calculated for continuous variables.

Results
Table (1): Socio-demographic characteristics of the sample

Age (years)	
Mean ± SD	35.44 ± 10.4
Range	18-55
Sex	
Male	20 (44.4%)
Female	25 (55.6%)
Residence	
Urban	21 (46.7 %)
Rural	24 (53.3%)
Marital status	
Married	26 (57.8%)
Widowed	3 (6.7%)
Divorced	2 (4.4%)
Never married	14 (31.1%)
Duration of marriage (years)	
Mean ± SD	9.24 ± 10.680
Range	0 - 30
Education level	
Illiterate	5 (11.1%)
Read and write	5 (11.1%)
Preparatory	4 (8.9%)
Technical	12 (26.7%)
High education	14 (31.1%)
Post graduate	5 (11.1%)
Occupation	
Full time	24 (53.3%)
Par time	3 (6.7%)
School or training	2 (4.4%)
Unemployed looking for work	2 (4.4%)
Unemployed not looking for work	14 (31.1%)
Environmental context	
No environmental precipitant	12 (26.7 %)
Environmental precipitant	33 (73.3 %)

Table (1): shows that the mean age of the sample was 35.44 ± 10.402 years, ranging from 18 to 55 years. Nearly half of the participants were females (55.6%). More than a half of them (57.8%) were married, while (31.3%) were single. Rural residents (53.3%) were more common than urban (46.7 %). The most common educational level was high-education (31.1%) followed by technical education (26.7%). Full time employees were (53.3%) followed by unemployed and not looking for work (31.1%). The majority of patients (73.3%) reported significant environmental stressor or precipitant prior to the onset of depression.

Discussion

The sample size was calculated using G*Power 3.0 program (Faul et al., 2007) and its number was 48, with effect size = 0.4 and power = 85%. The number of the patients of this study was 51 patients, the dropouts were 6 patients.

In our study inclusion criteria included diagnosis of major depressive disorder, as a single or recurrent episode according to Diagnostic and Statistical Manual of Mental Disorders (DSM-5) criteria using Structured Clinical Interview for DSM-5 (SCID-5). In contrast to our study Li et al., (2014) and Blumberger et al., (2018) used Mini-International Neuropsychiatric Interview-confirmed diagnosis of major depressive disorder, as a single or recurrent episode and O'Reardon et al., (2007) used a DSM-IV diagnosis of MDD, single episode or recurrent. We supported the use of DSM-5 diagnosis as it is the most recent and the most common in our practice in Egypt.

In the current study; the mean age of participants was 35.44 ± 10.4 ranging from 18-55 years which was close to but lower than other studies as those of Fitzgerald et al., (2012) (43-44 y), and Blumberger et al., (2018) (41-43 y).

In the study of Peng et al., (2012) the mean age of participants was (27.4 versus 26.4) that was younger than the participants in the current study.

Exclusionary criteria for study participation included a lifetime history of psychosis, bipolar disorder, Substance abuse or dependence in the past 3 months in agreement with studies by O'Reardon et al., (2007), George et al., (2010). Yet patients with bipolar depression were involved in other studies as the study of Rachid et al., (2017).

As DSM-5 separate "Bipolar disorder" from "Depressive disorders" marking a division in what had been known as "Mood disorders", thus we choose not to include patients with bipolar depression in our study

Nearly half of the participants were females (55.6%). More than a half of them (57.8%) were married, while (31.3%) were single. Rural residents (53.3%) were more common than urban (46.7 %). The most common educational level was high-education (31.1%) followed by technical education (26.7%). Full time employees were (53.3%) followed by unemployed and not looking for work (31.1%). The majority of patients (73.3%) reported significant environmental stressor or precipitant prior to the onset of depression.

Population studies have consistently shown major depression to be about twice as common in women as in men (Kuehner et al., 2003).
People are most likely to suffer their first depressive episode between the ages of 30 and 40, and there is a second, smaller peak of incidence between ages 50 and 60 (Eaton et al., 1997).

We concluded that depression is more common in third decade of life, more common in females more than males and related to significant life stressors.

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