

Article

Clinical presentation of depression among Malaysian women in Penang Island

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ABSTRACT

Objectives To identify the aetiology and clinical presentation of depression among Malaysian women.

Methods A cross-sectional study was conducted at the Psychiatry Clinic, Public Hospital, Pulau Penang, Malaysia. Retrospective evaluations of records were conducted between January 2002 and December 2007. The data were analysed using the statistical software, SPSS v. 13®.

Results Ninety-six (56.8%) of the patients were Chinese, the mean (\pm SD) age of the patients was 45 ± 17.8 years, with a majority (72; 42.6%) aged over 50 years. The incidence of depression with comorbid hypertension and comorbid diabetes mellitus was significant among women aged over 50 ($P < 0.001$ (hypertension) $P < 0.015$ (diabetes mellitus)). Marital and relationship problems

were found to significantly affect Chinese women aged 15–30 years ($P = 0.019$). In terms of the clinical presentation of depression among Malaysian women, suicidal ideation and somatic symptoms like reduced energy/being easily fatigued were more frequent among Chinese.

Conclusion Symptoms of being short-tempered, crying, restless and doubtful/distracted should not be neglected in primary care because of the possibility of mental health disorders. The timely evaluation of diabetic and hypertensive patients is an ideal strategy to prevent mental health disorders.

Keywords: aetiology, clinical presentation, depression, Malaysian women

Introduction

Depression is one of the most prevalent psychological disorders diagnosed¹ and is a major challenge to public health.² It is difficult to identify a single cause/risk factor that may result in depression. However, it may be said that depression is outcome of complex cognitive, behaviour, hormonal and biochemical processes.³ In addition, non-medical con-

ditions like traumatic and social events can be associated with the incidence of depression. According to Gregory *et al*,⁴ academic failure, setbacks in relationships, the failure of financial investments, the break-up of a love affair or the death of a loved one are potential risk factors for depression.⁵ Similarly, medical complications like heart diseases and

diabetes mellitus may also be a risk factor for depression.^{6,7}

Epidemiology of depression in Malaysia

In terms of the south-east Asian region (SEAR) ~ 7–12% of men are at a lifetime risk of depression; however, the incidence of depression among women is ~ 20–25%.⁸ Previous epidemiological surveys conducted in rural areas of Malaysia have reported that ~ 10% of the population has some sort of minor or major depressive disorder.⁹ Saroja¹⁰ reported a prevalence of 13% among older people in Malaysia. The incidence of depression was shown to be associated with the prevalence of comorbid conditions like diabetes (25%), low serum calcium levels (16%), low albumin levels (24%) and low haemoglobin levels (51%).¹⁰ In particular, it should be noted that few studies have tried to evaluate the specific incidence of postnatal depression (PND) among Malaysian women.¹¹ With this deficiency in the literature in mind, this study aimed to highlight the aetiology and clinical presentation of depression among Malaysian women.

Methods

Study design

A cross-sectional study was conducted at the Psychiatry Clinic, Public Hospital, Pulau Penang, Malaysia. Penang is one of the 13 states in Malaysia, comprising two parts, Penang Island and Penang mainland, with a combined population of 1.5 million. The population of Penang comprises Malay (42.5%), Chinese (46.5%), Indian (10.6%) and minority (0.4%) residents.¹² Retrospective evaluations of records were conducted from January 2002 to December 2007.

Study sample

During the time frame of the study (January 2002 to December 2007) a total of 169 female patients/cases were reported at the Psychiatry Clinic, Public Hospital, Pulau Penang. All women patients with a confirmed diagnosis of depression were included in the study. The study sample was segregated in two stages; first, an electronic list of all patients registered at the psychiatry clinic was obtained. Those diagnosed with psychiatric disorders other than depression were dropped and all patient records with a con-

firmed diagnosis of depression were isolated using each patient's unique registration identification number. In the second step, patient records for males and females were separated. Information such as the sociodemographics, presentation of symptoms and risk factors identified by the psychiatrist in the medical records were part of the data collection.

Ethical consideration and data analysis

The study protocol was approved by the Clinical Research Centre (CRC), Public Hospital, Pulau Penang and Ministry of Health, Malaysia. The data were analysed by using statistical software, SPSS v. 13®. To evaluate the association of risk factors with the demographic data a chi-square test was applied. A *P*-value < 0.05 was considered statistically significant.

Results

A total of 169 patient records for women with a confirmed diagnosis of depression were identified. The findings show that the majority (96; 56.8%) of the patients were Chinese, followed by Malay (45; 26.6%) and Indian (28; 16.6%). The mean (\pm SD) age of the patients was 45 \pm 17.8 years, with the majority (72; 42.6%) aged over 50 years. In most cases, comorbid conditions were identified in addition to depression (Table 1). The incidence of comorbid hypertension and comorbid diabetes mellitus was significant among women aged over 50 (*P* < 0.001 (hypertension) *P* < 0.015 (diabetes mellitus)). Within the clinical presentation of depression among Malaysian women depressed/low mood, disturbed sleep/insomnia, loss of interest and enjoyment, and diminished appetite were reported by the majority. Suicidal ideation and somatic symptoms such as reduced energy/being easily fatigued were more frequent among Chinese patients than the others (Table 2). In addition to these documented symptoms, being short-tempered, crying, being restless and having doubtful/distracted thoughts were reported by Malaysian women.

Discussion

When discussing the prevalence of depression among Malaysian women, comorbid medical complications like diabetes mellitus and hypertension are the main risk factors.^{13,14} It may be that patients with hyper-

Table 1 Demographic information of respondents

Demographic variables	n (%)
Age (years) (Mean \pm SD = 45 \pm 17.8)	
15–24	29 (17.2)
25–30	17 (10.1)
31–35	6 (3.6)
36–40	13 (7.7)
41–45	11 (6.5)
46–50 year	20 (11.8)
>50	72 (42.6)
Marital status	
Single	46 (27.2)
Married	100 (59.2)
Widowed	9 (5.3)
Divorced	11 (6.5)
Occupation	
Not mentioned in record	24 (14.2)
Professional	17 (10.1)
Students	26 (15.4)
House wife	39 (23.1)
Unemployed	17 (10.1)
Industrial workers/sales person/ promoters	46 (27.2)
Comorbid conditions	
Hypertension	37 (21.9)
Diabetes mellitus	21 (12.4)
Gastric ulcer	10 (5.9)
Relapse	21 (12.4)

tension and diabetes are often not evaluated for the prevalence of depression. There is a need to evaluate diabetic and hypertensive patients for the possible prevalence of depression,^{6,7} especially among female patients aged over 50 years. Overall, it can be seen that the Chinese women are more likely to suffer from depression. However, it may be possible that Chinese patients are more willing to report or be checked for depression in comparison with Malays and Indians. In the context of symptom presentation, depressed mood, disturbed sleep, lack of interest, suicidal thoughts and appetite changes were the most commonly reported symptoms. However, some other symptoms were also reported more often by Chinese women, i.e. being short-tempered, crying, being restless and having doubtful/distracted thoughts. Keeping in mind the effects of culture and the presentation of symptoms of depression, healthcare providers should not neglect these symptoms because of the possibility of mental health disorders. Clinical presentation of depression varies from cul-

ture to culture; such patients should be referred for a psychiatric evaluation to ensure a timely diagnosis of their mental health status.

Conclusion

Patients with a confirmed diagnosis of diabetes mellitus and hypertension should be screened periodically for the prevalence of depression. In a primary care setting, symptoms of being short-tempered, crying, being restless and having doubtful/distracted thoughts should not be neglected because of the possibility of mental health disorders. There is a possibility that the presentation of depression among Malaysian Chinese may be different from the actual symptoms of depression.

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