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# The Frequency of Depression and the Comorbidity of Psychotic Disorders at Day Hospital of Psychiatric Clinic, Clinical Center of Sarajevo University

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## ORIGINAL PAPER

### ABSTRACT

**Introduction:** Numerous epidemiological international studies as well as knowledge based on clinical experience show high prevalence and the importance of the psychiatric comorbidity with depressive and anxiety disorders. **Goal:** The aim of this study is to analyze prevalence of comorbid anxiety disorders and depression in subjects at the Day Hospital of the Psychiatric Clinic, Clinical Center of Sarajevo University (CCUS) and examine the demographic profile of the patients. **Material and methods:** Study involved 230 randomly selected patients (aged between 18 and 65 years, N=230, who were hospitalized at the Day Hospital of the Psychiatric Clinic of Clinical center of University of Sarajevo from January 1<sup>st</sup> to December 31<sup>st</sup> 2011) and who were interviewed by the Structural Clinical Interview (SCID) which generated ICD-X diagnoses and assessment of the comorbidity. Depressive symptoms were assessed by Beck's Depression Inventory with 28 items. Anxiety symptoms were assessed with Beck's Anxiety Inventory scale with 21 items. Study is retrospective, clinical and epidemiological. **Results:** Of the total number of patients (230) it was determined that 107 (46.5%) have depressive episode; 71 (30.9%) anxiety disorder. Comorbidity of these two disorders was found in 14 (6.1%) cases. Anxiety disorders were more represented in women (61.2%), as well as depressive disorders and comorbidity (70.1% and 85.7%). Subjects with depression on average was 52.9±7.4 years old (range 29-64 years), patients with anxious disorders 50±9.5 years (range 22-65 years) while patients with comorbidity of these two entities was at mean age of 54.5±4.5 years. The least common category of education was retired persons and respondents with university education for all three entities. Hospitalization duration for depression, anxiety, and comorbidity of these two disorders is highest for depression (47.1±9.7 days) and shortest in case of comorbidity (45.9±6.9 days). **Conclusion:** Depression and anxiety often coexist. When they occur in comorbidity, both anxiety and depression appear to be more severe. Severely depressed and anxious patients have reduced capacity to work and as such represents a considerable burden to the family and the community. Overview of depression, anxiety and the comorbidity of these two diagnoses (listed as primary diagnosis) in the baseline sample showed that there was most patients with depression (107 or 46.5%), followed by anxiety (71 or 30.9%) and comorbidity with 14 patients or 6.1%. Effective assessment, evaluation, diagnosis and treatment can lead to better treatment outcomes in primary care and improved quality of life.

**Key words:** depression, anxiety disorders, comorbidity.

## 1. INTRODUCTION

Numerous international epidemiological studies and knowledge-based clinical experience indicate a high prevalence and the importance of psychiatric comorbidity between depression and anxiety disorders. The frequency of comorbid anxiety disorders in people with depression is about 58% and the prevalence of comorbid depression in patients with anxiety disorders 30% (1). Most frequent

comorbidity of depression is with panic disorders, generalized anxiety disorders and posttraumatic stress disorder. Clinical and epidemiological studies have confirmed the clinical impression that the phenomenon of comorbidity is associated with clinical presentation severity (2, 3).

Comorbidity of depressive and anxiety disorders occurs in high rate in primary care and causes a lot of costs to individuals and the society. Also the occurrence of comorbidity

of these disorders complicates the diagnosis and treatment. Effective assessment, diagnosis and treatment lead to faster recovery, but also improve the quality of life (4).

Results of clinical and epidemiological studies indicate a trend that anxiety disorders and depression occur in the comorbid (simultaneously or alternatively) more often than other psychiatric disorders (1, 5, 6).

Results of clinical studies indicate that comorbid anxiety disorders in people with depression cause higher level of dysfunction that is associated with depression alone and having an influence on the increase in suicidal risk ignoring the clinical form of anxiety disorder and impede recovery (7).

On the other hand, comorbid depression adversely affects the clinical features of generalized anxiety disorder, panic disorder and social phobia in terms of intensification of symptoms that result from the primary anxiety disorder but not the other anxiety disorders (1).

## 2. GOALS

To make an analysis of the incidence of depression, anxiety, and their comorbidity in patients hospitalized at the Department of Day Hospital of Psychiatric Clinic, Clinical center of Sarajevo University (CCUS) in 2011.

To present prevalence of comorbid depression and anxiety disorders by gender, age, employment status, qualifications and length of hospitalization.

## 3. MATERIAL AND METHODS

The subjects of the study are patients (N=230) hospitalized at the Department of Day Hospital of Psychiatric Clinic CCUS, from January 1<sup>st</sup> to December 31<sup>st</sup> 2011. Respondents were randomly selected and interviewed using the Structured Clinical Questionnaire (SCID) for the diagnosis according to ICD-10 and to assess comorbidity (8).

Of this total have been selected 178 patients with depressive and anxiety disorders and their comorbidity. In the study were analyzed the following variables: gender, age, qualifications and length of hospitalization. The study is of epidemiological, retrospective, analytical and descriptive nature, based on observation and analysis of relevant variables. The intensity of depressive symptoms was assessed using the Beck's Depression Inventory with 28 items and anxiety symptoms were assessed using Beck's Anxiety Inventory scale with 21 items (9).

Taken into account are patients with depressive and anxiety disorders, separately and in comorbidity. Excluded from the study are patients who had comorbidity with other disorders. For data processing were used methods of standard and nonparametric statistics, while the level of significance was determined using the Chi-square test and a correlation was analyzed using one-way analysis of variance (ANOVA). The level of significance was defined as  $p < 0.05$ . Results are presented in tables.

## 4. RESULTS

This study included 230 patients of whom 192 were diagnosed with depression (F30-F39), anxiety disorders (F40-F49) and comorbidity of these two diseases. The results were statistically analyzed and presented in tables.

Dg 1			Dg 2				
	N	%		N	%		
F30-39	F 31.4	1	0.9	F30-39	F 32.0	1	9.1
	F 32.0	1	0.9		F32.1	2	22.2
	F 32.1	27	24.5		F 32.2	3	33.3
	F 32.2	32	29.1		F33.2	3	33.3
	F 33.1	12	10.9		Total	9	100.0
	F 33.2	33	32.7				
	F 33.3	1	0.9				
	Total	107	100.0				
	F 40.0	1	1.2				
	F 40.1	1	1.2				
F40-49	F 41.0	1	1.2	F40-49	F 41.0	1	20.0
	F 41.1	1	1.2				
	F41.2	24	33.8		F 41.1	1	20.0
	F 42.2	1	1.2				
	F 43.1	16	22.5		F 43.1	1	20.0
	F 43.2	22	30.9				
	F 44.4	1	1.2		F 43.2	2	40.0
	F 45.0	3	3.7		Total	5	
	F 45.3	1	1.2				
	Total	71	100.0				

Table 1. Comparison of primary (Dg 1) and secondary (Dg2) diagnosis

Overview of depression, anxiety disorders and PTSD representation in the reference sample shows that in the group F30-F39 was most frequent diagnosis F32 (60 or 54.5%), followed by F33 (46 or 44.5%), while the other diagnoses in this group was only present in the case of 2 patients or 1.8%. In the group F40-F49 dominates F41.2 (24 or 33.8%), followed by F43.2 (22 or 30.9%).

Diagnosis	Comorbidity	
	N	%
Depression	107	46.5
Anxiety	71	30.9
Comorbidity	14	6.1
Other diagnoses	38	16.5
Total	230	100.0

Table 2. Prevalence of depressive and anxiety disorders and comorbidity

Review the baseline sample (230) indicates that 107 respondents as a first or second diagnosis had depressive disorder (46.5%), 71 or 30.9% anxiety disorder and 14 or 6.1% combined depression and anxiety. The remaining 38 or 16.5% of respondents had other mental disorders.

Diagnosis	Hospitalization duration			
	N	Mean	Minimum	Maximum
Depression	107	47.07	5	66
Anxiety	71	46.21	10	60
Comorbidity	14	45.93	34	56
Total	192	46.67	5	66

Table 3 Comorbidity and length of hospitalization,  $F=0.204$ ;  $p=0.815$

Analysis of the average length of hospitalization shows that the respondents spent approximately the same number