

Prevalence of Depression in Karachi, Pakistan

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Depression is a common mental health problem, seen frequently in general medical settings.¹ It constitutes a substantial proportion of the global burden of disease. Major depressive disorder (MDD) was identified by the World Health Organization (WHO) in 2001 as the fourth leading cause of disability and premature death in the world. It is estimated that by the year 2020 MDD would be second to ischemic heart disease in regard to disease burden.^{2,3} The WHO media center published a fact sheet in 2001 on mental and neurological disorders which stated that 25% of individuals develop one or more mental or behavioral disorders at some stage in their lives, in both developed and developing countries.⁴ In this communication we report the surveillance of depression and factors associated with depression among residents of Karachi, Pakistan. A cross-sectional study was conducted, approved by ethical committee of Ziauddin University Hospital, Clifton, Karachi, Pakistan. A total of 300 individuals were selected randomly from different areas of city. All individuals participated in the study were informed about the objectives of the study and provide them assurance with regards to confidentiality. A simple, self explanatory questionnaire with nominal measurement was administered by trained data collectors.

The results of this study showed a higher prevalence of stress and depression in our society. The magnitude of stress is however different in different stages of life. 15.66% respondents termed their depression as “common cold of emotional illness.” Depression may be described as a feeling sad, blue, unhappy, miserable, or down and dumps. 42% of respondents believed that it is a mood disorder, 32 % recognized it as feelings of grief, or low-energy and only 26% were in opinion that it is an increased isolation and unable to do routine work. 70% of the individuals suffered “often” while 20% marked “very often” and 10% were experienced “rare” depression in their lives. There were various reasons for depression among the individuals but the highest was social-economical burdens. When they asked about the person whom they like to see in episodes of depression, about 37% reported that in such bad times they want to see the face of their close friends (37.3%), while 32.6% want

to share that bad moments with their family member (s), 16% wished for family physician and 3.6% liked to visit psychiatrist/counselor, and 10.3% individuals marked category of “other”. Another important aspect of this study is that depression is more common in females rather than males of different age groups. This study shows an increased prevalence of depression in our society due to stress associated to different social-economical factors. If it remains going un-noticed, un-checked and un-observed it would result in a big disaster.

It is suggested that healthy lifestyle habits can help prevent depression, or lessen the chances of it happening again. These habits include eating properly, sleeping adequately, exercising regularly, learning to relax, and not drinking alcohol or using drugs.⁵

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