

Mental Health Reflections and Self-Rating at Population Contexts and Paradigms

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ABSTRACT

Background: Depression is a major source of distress and can have a profound impact on the quality of life and consider leading cause of death and morbidity. Early treatment and identification of depression reduces the burden on caregivers and family member along with medical costs. About 3% of the global population proved to be affected by depressive disorders currently according to global statistics. People are most likely to develop their first depressive episode between the age of 30-40. There is a second, smaller peak of incidence between age of 50-60 years.

Objectives: The main goal of this study is to determine the prevalence of depression in people living in Dubai, United Arab Emirates.

Research Methodology: Community based-study was conducted in 2019 with the use of a cross-sectional, multistage, stratified, cluster random sample. Families were visited and interviewed at their homes. Data was collected by adapted tool from the World Health Survey and developed by WHO. 2532 families were interviewed by approximately 100 well trained data collectors 25 nurses.

Results: The present study showed that the prevalence of depressive disorder among Adults aged 18 and above was 2.1%. This fluctuates between 2.3% for females and 2% for males. The estimated number of adults who were affected by depressive disorder was 54,733 who age 18 years and above. Out of all clients having depressive disorder, only 19% were diagnosed. While approximately 81% did not realize that they were suffering from a depressive disorder. The results show the depression prevalence was 4.7% for local clients compared to 2% for non-local clients.

Conclusion: Depression tends to adversely impact individual's quality of life. Males are less likely to suffer from depression than females and UAE nationals more than expatriate. Depressive disorders among Dubai population is not uncommon, in spite of revealing the lowest level of global depressive rating, it does reflect significant public health implications which necessitate effective containment strategies.

Keywords: Depressive disorders; Prevalence; Dubai adults; Containment

INTRODUCTION

A substantial cause of communal and economic liability not only for families, people and the populace are mental disorders. Depression is a prevalent mental disorder. This is exemplified by a depletion of interest in a typical day to day behavior and a constant desolation that is commonly patterned with failure to assume daily activities [1]. The percentage of people on a worldwide scale experiencing depression was approximately 4.4% in 2015

as reported by the World Health Organization (WHO). Females (5.1%) predominantly manifests the illness who are frequently in their formative years as compared to males (3.2%) [2]. For unknown reasons, depression is two times more widespread in females rather than in males. Unknown causes may have promoted this trend [3].

The overall global population undergoing depression is 322 million. Half of which resides in South East Asia and Western Pacific Region. This indicates a high distribution of the populace

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in this area. On the other hand, the incidence rates differ but is usually seen in older adults who are 55-74 years (more than 7.5% for females aging, and 5.5% among males). Teenagers and children are not spared from depression. As a matter of fact, it affects teenagers who are lower than 15 years of age although at a lesser rate compared to other age groups [3].

Postpartum period, Parkinson's disease, stroke, multiple sclerosis, or other neurological disorders the most common risk factors of major depression [4]. It is frequently seen in post cardiovascular patients with subsequently low clinical outcomes linked to depression [5]. Various researches contradict the occurrence of the illness according to age bracket. In geriatric adults the figures indicate a decrease within the age group [6]. Socioeconomic conditions exacerbate depressive disorders. It is also more frequent in metropolitan area when compared to rural area [7].

Worldwide data shows an estimate of 4.4% of the overall populace is experiencing depressive disorder while only 3.6% are having anxiety disorder. A reasonable difference is seen in the incidence of depression according to area: Western Pacific Region 3.6%, and African Region 5.4%. While for anxiety disorders the incidence are as follows: Western Pacific Region 2.9% and Region of the Americas 5.8% [8].

Depression is a leading cause of death and morbidity. Depression is a major source of distress and can have a profound impact on the quality of life [9]. Early treatment and identification of depression reduces the burden on caregivers and family member along with medical costs [10]. The prevalence and epidemiological data of patients with depression are limited. Comprehensive information will be beneficial in creating operational strategies and will enable government programs for mental health is directed towards diagnosis and initial interventions. Currently, a thorough evaluation on depression, its impact, and different risk factors is not available. Thus, our study is aimed at synthesizing scientific data on the prevalence and risk factors of depression in the UAE.

RESEARCH METHODOLOGY

Design/Setting/Sampling

This is a cross-sectional, community-based study that uses a multistage, stratified, Cluster random sampling which was conducted from February-March 2019 over 40 days in Dubai, United Arab Emirates.

Study procedure

Families were visited and interviewed at their homes. Through

the visit, data collectors were able to obtain detailed information with the use of a valid and reliable questionnaire. This was adapted from the World Health Survey and developed by WHO. There were approximately 100 well trained data collectors in the team that includes 25 nurses. All of which were recruited to work in the field for over 40 days. The total numbers of family members interviewed were 2532. This comprised individuals who are aged ≥ 18 -59 years, either male or female and from diverse nationalities. Data was carefully entered, collected, cleaned, weighted, and analyzed using Stata 12 version. Standard ethical procedures were applied. The inclusion and exclusion criteria were specified as well as the standard operational definitions of variables.

RESULTS

The result in Table 1 shows only 1 (0.1%) aged 18-24 years are clinically diagnosed and who self-reported with Depressive Disorder, while 4 (0.4%) were from the age group of 25 - 44, and 1 (0.6%) are aged 45 -59 years and those above 60 years old have 4 (0.7%). In terms of gender, the self-reported depression prevalence among male is 8 (0.53%) which is statistically higher compared to female who only have 2 (0.034%). On the other hand, Depressive Disorder Screening rate is 48 (2.29%) for female and 31 (1.53%) for male. The prevalence is higher among female compared to male clients. Despite the difference in sample size, there is a relatively higher prevalence among local clients compared to non-local.

The result shows that 4.2% of local clients who were screened are positive with Depressive Disorder compared to only 0.5% who self-reported. While for non-local clients, 1.6% screened positive and 0.4% self-reported with Depressive Disorder (Figure 1).

In terms of gender, 2.29% of female clients screened positive compared to 0.03% self-reported with Depressive Disorder. While male clients screened positive were three times higher when compared to those who self-reported with Depressive Disorder (0.53% vs. 1.53%) (Figure 2).

DISCUSSION

Depression and Mental disorders are considered a significant financial and social burden on individuals, families, and society as a whole. The present study showed that the prevalence of depressive disorder among Adults aged 18 and above was 2.1%. This fluctuates between 2.3% for females and 2% for males. In United Arab Emirates studies conducted to determine the prevalence of depression in Sharjah [11,12] two in Al-Ain [13,14], one in Dubai [15], and one national qualitative study that included different

Table 1: Distribution of depressive disorder among the Dubai population adults.

Variables	Clinically Diagnosed		Depressive Disorder Screening		Total
		Self-Reported	Positive	Negative	
Age group	18 - 24	1 (0.1%)	5 (1.9%)	218 (98.0%)	224 (100%)
	25 - 44	4 (0.4%)	44 (1.6%)	1450 (98.0%)	1498 (100%)
	45 - 59	1 (0.6%)	16 (1.9%)	447 (97.5%)	464 (100%)
	60+	4 (0.7%)	14 (2.4%)	328 (96.9%)	346 (100%)
Gender	Female	2 (0.034%)	48 (2.29%)	980 (97.67%)	1030 (100%)
	Male	8 (0.53%)	31 (1.53%)	1463 (97.94%)	1502 (100%)
Nationality	National	5 (0.5%)	43 (4.2%)	837 (95.3%)	885 (100%)
	Non-National	5 (0.4%)	36 (1.6%)	1606 (98.0%)	1647 (100%)

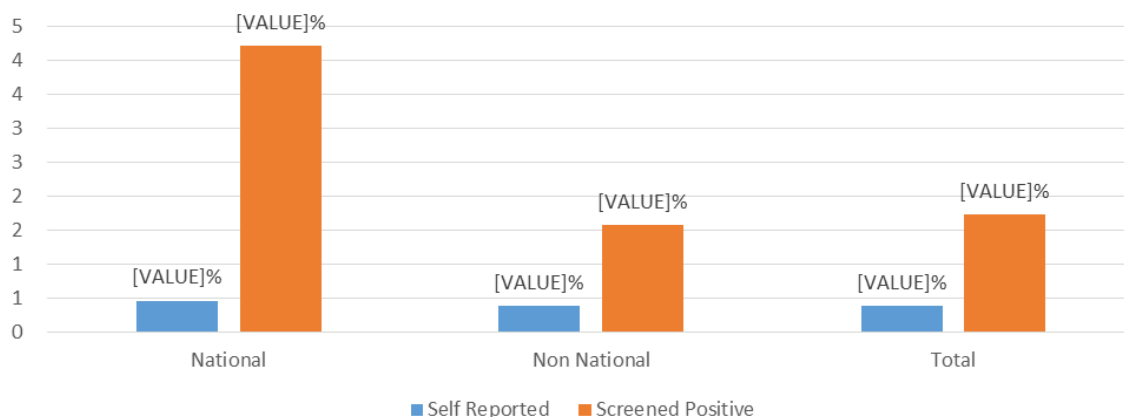


Figure 1: Distribution of depressive disorder among Dubai population aged 18+ years by nationality.

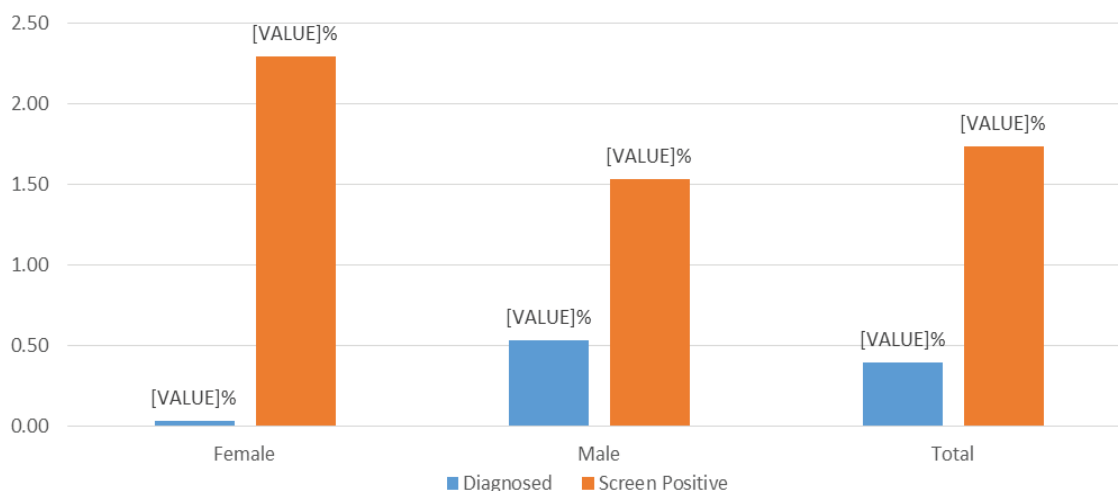


Figure 2: Distribution of depressive disorder among Dubai population aged 18+ years by gender.

location in UAE [16]. Prevalence was vary from 12.5–28.6% due to wide-ranging sample sizes. A cross-sectional study conducted health care facility Sharjah including 224 female participants. The findings show that 33% of female participants suffered depression symptoms of which (14.7% were moderately depressed) and (18% were severely depressed) [11]. In contrast findings were reported on general population in the US, which reported a depression rate of 9%. Studies conducted in United State of America reported a higher prevalence of depression compared with current study results mostly among the young population. Young population might experience more stress concerning their future/employment and may be less pleased with their studies [17].

Female gender is the most important risk factor for depression. Literature suggests that women reported a higher risk for depression compared to men. A study conducted in Al Ain, United Arab Emirates found that depression was 2.5% in males and 9.5% in females [18]. For unknown reasons this trend is common in Arab countries [19]. There are many risk factors associated with depression among females that might relate to biological sex differences and depend less on education, diet, culture, race, and other potentially confounding economic and social determinants [20]. The findings are consistent with current study in term of Depressive Disorder Screening; which the percentages of females were higher compared to male clients. Psychosocial correlates of depressive symptoms among Arab women included having experienced stressful life events [11]. On the other hand, males’ clients who self-reported with depressive disorder were higher compared to females.

Consistent findings were noticed in systematic review and meta-analysis on gender in Saudi Arabia the relative risk shows that males are less likely to be depressed than females [21]. The result of the present study is somewhat similar with the result carried out in Iran wherein review reported a combined prevalence of major depressive disorder to be 4.1% and women were more likely to be depressed RR: 1.95 compared with males [22].

In regards nationality, expatriate clients had less depressive disorder compared to UAE clients. In contest findings were reported by Al-Maskari, which shown that migrant workers employed in the are most likely to be at risk which he suggested socio-economic factors including stressful environments, financial problems, perceived low social status, greater daily stress leading to burnout in organizations and other cultural factors that may also play a substantial role in causing depression [23]. Another study conducted on male expatriate workers demonstrated an association between depression and long working hours and less salary [24].

CONCLUSION

Depression tends to adversely impact individual’s quality of life. Males are less likely to suffer from depression than females and UAE nationals more than expatriate. Depressive disorders among Dubai population is not uncommon, in spite of revealing the lowest level of global depressive rating, it does reflect significant public health implications which necessitate effective containment strategies.

RECOMMENDATIONS

Innovative interventions are aimed primary and secondary prevention. It needs to be carefully designed, implemented, monitored and sustained in the Emirate of Dubai for the coming Decades. The current studies advise the foundation for policymakers, clinicians, and researchers to develop effective strategies for managing depression.

CONFLICT OF INTERESTS

All Authors declaring that there is no conflict of interest.

ETHICAL STANDARDS

Ethical standards have been followed and applied in all stages of the study as per guideline.

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