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Health Tips

Depression can affect people of all ages and people of different age groups may present differently. Yet, depression is detectable and treatable. People with early signs of depression should seek help early.

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Depression : Beyond Feeling Blue

Depression is a disabling illness that involves the body, mood, and thoughts. It is an important public health problem, due to its high lifetime prevalence and the great suffering it inflicts on patients and their loved ones.

Depression can come in different forms, which vary in the course of illness (episodic, recurrent or chronic) and duration (from weeks to years). Common forms of depression include dysthymia, major depressive disorder (also commonly known as unipolar depressive disorder), postpartum depression, psychotic depression and seasonal affective disorder (such as during the winter months when there is less natural sunlight). Depressive symptoms may also be the presenting symptoms of bipolar affective disorder, which is marked by alternate sessions of depressive symptoms and manic behaviours.¹⁻³

Common Symptoms of Depression

The formal diagnosis of depression rests on a set of symptoms evaluated by psychiatrists or other mental health professionals. Depending on the severity of symptoms and degree of functional impairment, depression may be classified as mild, moderate or severe.³ For example, a diagnosis of major depressive disorder requires 5 or more of the symptoms in Box 1 (among which at least one is either a depressed mood or a loss of interest or pleasure in daily activities) presented for most days or nearly everyday for not less than two weeks.⁴ In addition, the symptoms should be accompanied by clinically significant distress or impairment in social, occupational, educational or other important functioning.

While depression can affect people of all ages, people of different age groups may present differently. For example, young children can present with physical complaints, getting irritable or angry, clinging to a parent, vocal outbursts or crying for little reason, poor feeding, withdrawal from friends or social activities, loss of interest in school and poor academic performance. For depressed adolescents, they tend to 'act out' and become rebellious, such as playing truant from school, abusing alcohol or drugs, having eating problems, engaging in self-harm or other disruptive behaviours (including fights, shoplifting or inappropriate sexual involvements).

Depressed adults may present with persistent unexplained physical complaints, such as headache, stomach ache and chronic pain. On the other hand, elderly people with depression may predominantly exhibit vague somatic pains, cognitive decline and are less likely to acknowledge feelings of sadness or grief.² Moreover, people with severe depression may develop psychotic symptoms, such as hallucinations and/or delusions.

Box 1: Common symptoms of depression

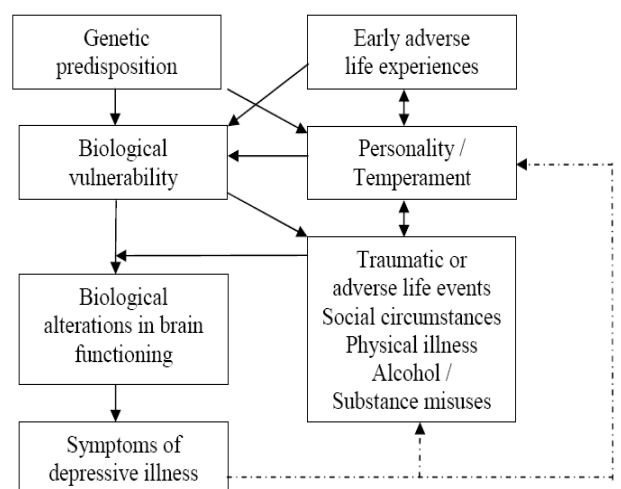
- ◇ Depressed mood, as indicated by either subjective report or observation made by others
- ◇ Markedly diminished interest or pleasure in all, or almost all, activities
- ◇ Significant changes in weight or appetite
Insomnia (including trouble falling, staying asleep or early morning waking) or hypersomnia (excessive sleepiness)
- ◇ Slowing-down of thought, speech or physical movements, or anxiety causing purposeless motions
- ◇ Fatigue or loss of energy
- ◇ Feelings of worthlessness, or excessive or inappropriate guilt
- ◇ Diminished ability to think or concentrate, or indecisiveness
- ◇ Recurrent thoughts of death or suicide

Causes of Depression

The exact aetiology of depression has not been fully understood. However, it is likely that a variety of genetic, biological, psychological and social factors can contribute to or precipitate depression (Box 2).⁵

Depression can sometimes run in families. There is a higher rate of depression (and other mental disorders) in the families of people diagnosed with depression than in the general population. Biologically, abnormalities in cortisol regulation, thyroid function and neurotransmitters inside the brain (such as serotonin and noradrenaline) may precipitate depression. An individual’s vulnerability of developing depression may also be the effect of early life experiences, personality traits, social hardship, a lack of a confiding relationship or social support, or engaging in a dysfunctional relationship. Besides, the onset of a depressive episode usually follows a significant life event.⁵⁻⁷

Box 2: The biopsychosocial model of depression



Source: Semple et al 2005 (page 255).

A prospective study followed 2 630 community-dwelling Chinese elderly aged 65 and above for 2 years reported that men and women who experienced three or more significant life events had nearly 2.2-fold and 4.6-fold higher risk of having depression symptoms respectively.⁸

Global Burden of Depression

Depression is a common mental disorder in community settings, and is a major cause of disability across the world. For unipolar depressive disorder alone, the Global Burden of Disease (GBD) study estimated that about 151.2 million people worldwide suffered from the disease in 2004. In middle- and high-income countries, unipolar depressive disorder ranked first among the leading causes of disease burden and accounted for 5.1% and 8.2% of the total disability-adjusted life years (DALYs) lost in the regions respectively. Globally, it ranked 3rd and accounted for 4.3% of the total DALYs lost. If the current trends for demographic and epidemiological transition continue, unipolar depression is projected to become the global leading cause of disease burden, amounting to 6.2% of global total DALYs lost by the year 2030.⁹

Depression often co-occurs with other chronic diseases. Observations from over 245 000 participants from 60 countries reported that at a worldwide level, the prevalence of depression as a comorbidity of another chronic disease (including diabetes, arthritis, angina and asthma) ranged from 9.3% to 18.1%. Overall, 23.0% of participants with two or more chronic diseases had comorbid depression.¹⁰ Apart from its profound impact on physical function, depression is associated with increased risk of mortality, particularly through suicide. Studies revealed that up to 80% of people who committed suicide had depressive symptoms.¹¹

One local study of about 56 000 elders aged 65 and above also found that elderly men and women with depressive symptoms were 2.03 and 2.36 times as likely to have died due to suicide than their non-depressed counterparts respectively, after adjusting for a number of socio-demographic characteristics (age, education and monthly expenditure), lifestyle practices (smoking, alcohol drinking and physical activity) and health factors (body mass index, health status and self-rated health).¹²

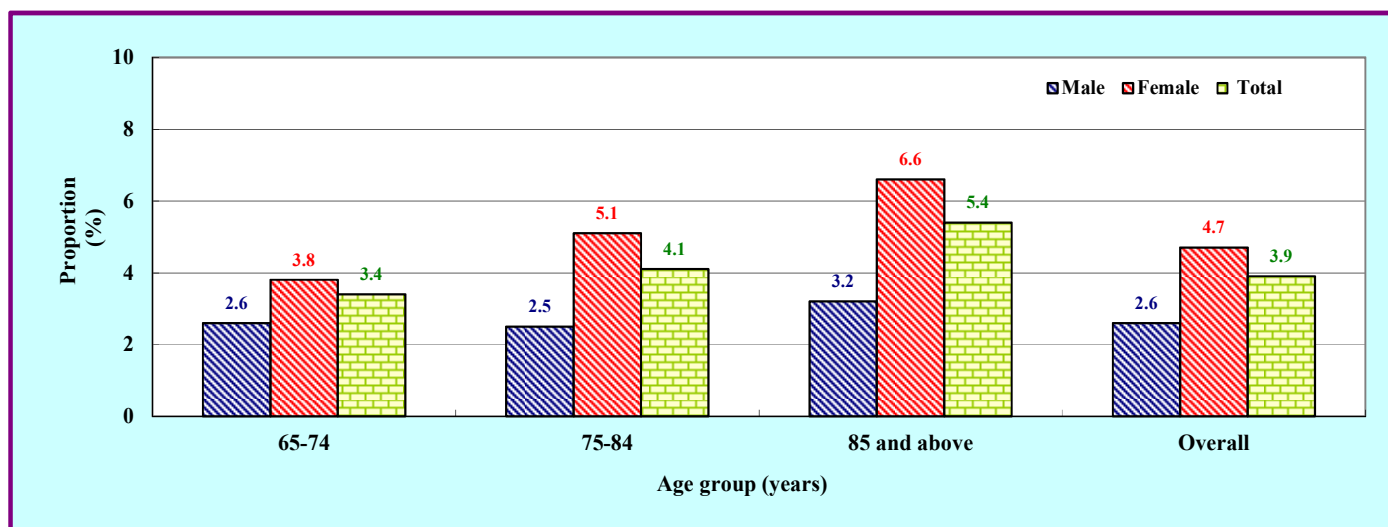
Prevalence of Depression in Hong Kong

Like elsewhere, studies show that depression is also common in Hong Kong, especially among certain population subgroups.

Seniors (aged 60 and above)

Old people are particularly vulnerable to depression. According to a study published by the Hong Kong University in 2005 that used the 15-item Chinese Geriatric Depression Scale (GDS) with a cut-off of 8 or above to identify clinically significant depression, the prevalence of depression among community adults aged 60 and above was 12.5% (13.7% for females and 8.7% for males).¹³ Of over 39 000 community-dwelling elders aged 65 and above who attended the 18 Elderly Health Centres (EHC) of the Department of Health (DH) for health assessment in 2010, 3.9% were found to have significant depressive symptoms (a score of 8 or above) according to GDS. The proportion was higher among females and increased with age (Figure 1).¹⁴ Among institutionalised elders, however, an earlier study conducted between June 2001 and March 2002 on 245 elderly Chinese aged 65 and above from 20 private nursing homes reported a prevalence of significant depressive symptoms in 29.0% of subjects (31.2% for females and 25.3% for males).¹⁵

Figure 1: Proportion of EHC members aged 65 and above reported having depressive symptoms by sex and age group, 2010



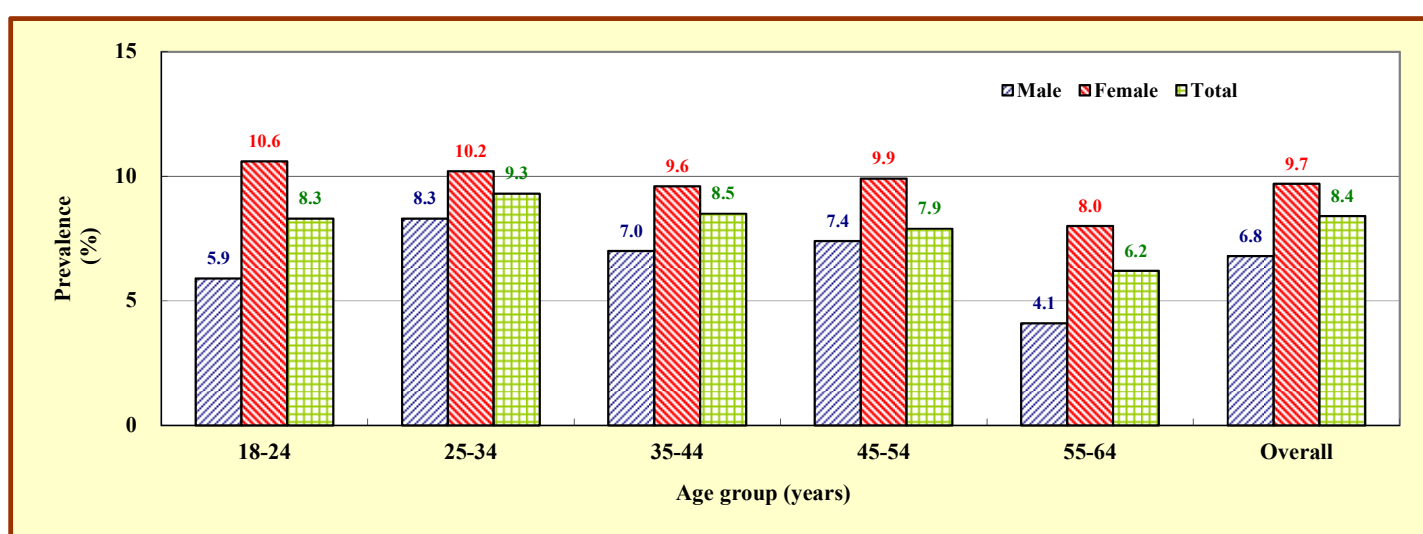
Source: Elderly Health Service.

Adults (aged 18-64)

A territory-wide survey in 2004 telephone-interviewed a random sample of more than 5 000 adults aged 18-64 to assess the prevalence of depressive episodes according to the diagnostic criteria set in the Diagnostic and Statistical Manual of

Mental Disorder, 4th edition (DSM-IV). It reported that the overall 12-month prevalence of major depressive episode was 8.4%. Rates were higher in females (9.7%) and people aged 25-34 (9.3%) (Figure 2).¹⁶

Figure 2: Prevalence of DSM-IV (12-month) major depressive episode among community-dwelling adults aged 18-64 by sex and age group



Source: Lee et al, 2007.

Pregnant and postpartum women are at higher risk for depression due to hormonal variations, stress and changes in life roles. Using the Hospital Anxiety and Depression Rating Scale (HAD), a study found that the rates of antenatal depression ranged from 18.9% in the second trimester to 22.1% in the first trimester in a cohort of 357 pregnant women in Hong Kong.¹⁷ Another earlier study about a decade ago, which recruited 959 women at the antenatal clinic of a university-affiliated public hospital and used the Structured Clinical Interview for DSM-III-R, estimated that the respective 1-month postpartum prevalence rates for minor and major depression were 4.7% and 5.5%. The corresponding 3-month postpartum prevalence rates were 5.1% and 6.1% respectively. Overall, about one in ten women had depressive disorder in the postpartum period – 10.3% at the first month after giving birth and 11.2% at the 3 months after giving birth.¹⁸ A more recent study at the same hospital using the Structured Clinical Interview for DSM-IV assessed 551 Chinese couples (women who delivered between January 2006 and March 2007 and their partners) reported a prevalence of depression for women of 10.2% at 8 weeks postpartum. The corresponding prevalence for men was 4.9%.¹⁹

Adolescents and Children

Depressed mood is commonly seen among local adolescents too. Using the Chinese Beck Depression Inventory (BDI), a study on 966 secondary school students found that 36.4%, 14.7% and 4.2% of students aged 14-17 reported having mild, moderate and severe level of depressive symptoms respectively.²⁰ Another local survey conducted in late 2001 on over 7 000 students aged 10-16 also found that 35.8% of the students had depressive symptoms.²¹ For children aged 11-14, the Child Health Survey 2005/2006 reported a prevalence of doctor-diagnosed depression of 0.2%.²²

In-patient Discharges and Deaths due to Depression

Patients with major depressive episodes may need hospital admission for close monitoring and treatment. In 2010, there were over 2 600 episodes of in-patient discharges and deaths in public and private hospitals due to depressive episode or recurrent depressive disorder, of which 70.9% were in females and 24.6% were among people aged 45-54. As shown in Table 1, females had higher in-patient discharge and death rates than their male counterparts in all age groups.²³

Table 1: Number (Rate*) of episodes of in-patient discharges and deaths in public and private hospitals due to depressive episode or recurrent depressive disorder by sex and age group, 2010

Age group (years)	Male	Female	Total
14 and below	8 (1.8)	13 (3.2)	21 (2.5)
15-24	76 (17.3)	167 (38.0)	243 (27.6)
25-34	100 (22.0)	255 (41.1)	355 (33.1)
35-44	131 (26.8)	371 (56.1)	502 (43.6)
45-54	183 (29.7)	478 (70.8)	661 (51.2)
55-64	111 (25.7)	284 (65.4)	395 (45.6)
65 and above	174 (40.7)	341 (69.5)	515 (56.1)
Total	783 (23.8)	1 909 (51.2)	2 692 (38.3)

Note: * Rate per 100 000 population of respective sex and age group.

Sources: Hospital Authority, Department of Health and Census and Statistics Department.

Detection and Treatment of Depression

Depression is detectable and treatable. Some screening tools (such as GDS and Edinburgh Postnatal Depression Scale) can help detect depressive symptoms in different population subgroups. However, clinical assessment by doctor is still the gold standard for making a formal diagnosis of depression.²⁴

Nowadays, there is a wide range of effective pharmacological and psychological treatment to choose from once a positive diagnosis is made. Either single or combined treatment can be initiated according to the severity of symptoms and patient preference. In most cases, adequate treatment can lead to remission of clinical symptom and the person can return to a normal productive life. However, some patients may relapse later in their lives. Therefore, relapse prevention is important. Practising rational

and positively thinking, adopting healthy lifestyle changes, taking an active role in self-care, complying to therapy and following treatment as prescribed, along with support from family and friends can make a big difference in treatment outcomes, preventing relapse and reducing the severity of future depressive episodes (Box 3).

Remember, there is no health without mental health. Leading a healthy lifestyle can keep our mind in good shape and optimize our resilience during down times. For more information about healthy living, please visit the Central Education Unit website of DH at <http://www.chcu.gov.hk>, or call the 24-hour Health Education Hotline at 2833 0111.

Box 3: Tips for handling depression

What the depressed persons can do for themselves

- ⊙ Know more about depression. Be patient as recovery takes time.
- ⊙ Maintain a positive attitude towards self, the world and the future.
- ⊙ Exercise every day. Physical activity can improve mood and reduce depressive symptoms.
- ⊙ Maintain regular bedtime and good sleeping habit.
- ⊙ Spend time and talk with trusted friends or relatives who can offer support.
- ⊙ Make time for leisure and hobbies. Do something enjoyable every day.
- ⊙ Be aware of possible stressor. Prioritise work and avoid setting goals that are hard to achieve. Seek help early if problem persist.
- ⊙ Do not smoke, drink or abuse drugs as these substances can trigger, worsen, and prevent recovery from depression.
- ⊙ Stick to the treatment plan. Keep medical appointments and take medications as prescribed. Discuss with a doctor or counsellor if noticing any changes in symptoms.
- ⊙ Join a support group for depression. Connecting with others who face similar challenges can help coping.

What family and friends can do for the depressed persons

- ⊙ Know more about depression. Give them time to adjust their life and recover from depression.
- ⊙ Be with them. Invite them out for walks, outings or other activities that they may enjoy.
- ⊙ Never disparage their feelings. Talk and listen to them with appropriate reassurance if necessary. Point out realities and offer hope.
- ⊙ Discuss with their doctor if having any doubt on their diagnosis and treatment.
- ⊙ Encourage and assist them in seeking help, staying in treatment and ensuring drug compliance.
- ⊙ Find out about local support group and attend the meeting with them whenever possible.
- ⊙ Do not overlook or ignore suicidal cues, any comments about suicide or death. If indicated, keep them company, report to the doctor or call for immediate help.

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DEPRESSION: *A Global Crisis*
World Mental Health Day, October 10 2012

The World Federation for Mental Health has been organising the World Mental Health Day annually on October 10 since 1992. Each year, a different theme is selected for the event to raise public awareness about mental health issues.

For 2012, the theme is “**Depression: a Global Crisis**”, as to enlighten the public that depression is one of the most widespread illness that can affect everyone, yet it is also treatable with recovery possible. People should therefore be alert to the early signs of depressive disorder and seek help early.

To know more about the World Mental Health Day and related activities in past years, please visit the thematic website at <http://www.wfmh.org/00WorldMentalHealthDay.htm>.



Data Brief

Suicide usually occurs when the suicidal persons are under extreme psychological distress that they would deliberately inflict a physical harm on themselves. In Hong Kong, suicide (or intentional self-harm) is a public health problem. In 2010, there were 1 008 registered deaths attributed to suicide, with 62.4% and 27.2% being males and people aged 65 and above respectively.

Of note, suicide is preventable and avoidable. Members of the public can help reduce the risk of suicide by debunking the myths about suicide (such as people who talk about committing suicide are doing it for attention, or suicidal people really want to die and nothing can stop them), learning the possible warning signs for suicide (such as talking about death or “going away”, or giving away of favourite possessions), taking suicide threats seriously, and providing emotional support and appropriate help for anyone in distress.

Number (Rate*) of registered deaths attributed to suicide by sex and age group, 2010

	Number (Rate*)
Sex	
Male	629 (19.1)
Female	379 (10.2)
Age group	
14 and below	5 (0.6)
15-24	65 (7.4)
25-34	155 (14.4)
35-44	169 (14.7)
45-54	185 (14.3)
55-64	154 (17.8)
65 and above	274 (29.8)
Total[^]	1 008 (14.4)

Notes: * Rate per 100 000 population of respective sex or age group.

[^] Total included one registered death with unknown age.

Sources: Department of Health and Census and Statistics Department.

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