INTERNATIONAL RESEARCH JOURNAL OF PHARMACY
www.irjponline.com
ISSN 2230 – 8407

Research Article

ASSESSMENT OF DEPRESSION STATUS AMONG ADOLESCENTS AND ADULTS IN UAE

Samir Issa Bloukh, Zehra Edis, Mohammad Waseemul Islam, Sabrina Ait Gacem *, Latifa Saeed, Amna Sultan
College of Pharmacy and Health Sciences, Ajman University, Ajman, UAE
*Corresponding Author Email: s.aitgacem@ajman.ac.ae

Article Received on: 29/01/19 Approved for publication: 19/04/19

DOI: 10.7897/2230-8407.1005156

ABSTRACT

Background: World Health Organization (WHO) has recognized depression as the fourth leading cause of disease burden in the world and it is a disorder that can appear at any stage of a person's life. Adolescents and adults are susceptible to depression and it is very common due to many factors. Objective: The present study is held to assess the depression status and its causes among adolescents and adults as well as to determine the percentage of adolescents and adults who are exposed to be depressed and find out the main causes that may lead to depression. Methods: The study included 4,998 participants between the ages of 15-35 years old. The responses were taken from respondents in the waiting rooms of some hospitals in Dubai and it was distributed in the social media as well. The results were analysed using MS Excel. Results: The results reflect that 13.92% of respondents spend their time alone followed by 8.02% and 8.60% representing time spent with friends and families then time spent sleeping respectively. In terms of future prospects, 39.55% of respondents think their future seems hopeful, which is a sign that people have fewer negative thoughts toward the future. Conclusion: Most of participants tend to spend their time on social media or alone and most of them lost their interest in their daily activities and have trouble in sleep but on the other hand, most of them think their future seems hopeful.

Keywords: Depression, Adults, Adolescents

INTRODUCTION

World Health Organization (WHO) has recognized depression as the fourth leading cause of disease burden in the world[1]. Depression can be experienced by all individuals at some time in their lives due to many factors that can trigger low mood state and it could be transitory (which described as temporary depression) or chronic (which is characterized by having the symptoms for long period of time)[2]. Children, adolescents, and adults may experience depression and it is considered a very serious condition, which can lead to serious consequences including suicides[3].

Depression is differing between children, adolescents, and adult in many aspects. Comparing to adult, adolescents and children may experience some anxiety symptoms along with depression such as increased irritability, frustration, and Insomnia or hypersomnia, and appetite disturbances. The causes of depression also differ than adults due to the different developmental and social changes that affect adolescents such as changing hormones, pressure and developing bodies[4]. Depressed children and adolescents may have the following symptoms: decrease interest in activities, decrease in energy, negative thoughts and talks about suicides, withdrawal from friends and prefer to be alone all the time, feeling hopelessness and regular complaints of boredom[5].

One of the most common causes of depression in adolescents is the social media, which found to be a very serious path that can result in developing symptoms of depression. On social media, people can easily misunderstand things due to non-verbalize face-to-face conversations, which may lead to harsh judgments and comparisons. To avoid having this situation it is better to keep adolescents under the supervision and understand how they are dealing with social media[6].

Adult depression can be controlled and prevented as well by first knowing the type of depression according to the duration of symptoms and then choosing the best antidepressants for the situation[2]. The current study is held to assess the depression status and its causes among adolescents and adults as well as to determine the percentage of adolescents and adults who are exposed to be depressed and find out the main causes that may lead to depression.

MATERIALS AND METHODS

Inclusion and Exclusion Criteria

The study included 4998 participants from the age range of 15-35 years old. Participants should understand either English or Arabic.

Data Collection

The data were taken from respondents attending the waiting rooms of two hospitals in Dubai and it was distributed in the social media as well.

Ethical Considerations

Participation was voluntary and all respondents joined in with no incentives and signed the informed consents to take part of this study. The research assured that anonymity would be maintained.

Statistical Analysis

The results were analysed using MS Excel and categorical variables such as Age groups, and educational level were described by using frequency, percentages.

RESULTS

The results show the demographic data of participants starting with the age group in which the majority of respondents (78.89 %) were between (15-20) and 75.61 % of the participants are females while (24.39 %) are male. The majority of participants (96.20 %) were single and most of them (69.80 %) have a high school and were unemployed (3.64 %) (Table 1)

The results show that most of participants 69.45 % spend their time on social media followed by 13.93 % spent alone, 8.60 % spent sleeping and 8.02 % spent with friends and family. 14.8 % had difficulty in concentrating on reading and 24 % of respondents do things slowly very much. 18.23 % of respondents think that they lost very much the pleasure and joy out of their life and only 10.24 % of respondents reported that they move and speak slowly very much (Table 2).

Table 3: The results show that 39.6 % of people think their future seems hopeful and 16.4 % represent people who very much consider their future hopeless and 32.33 % of people lost their interest in activities, while 19.04 % of people remain and doing their activities as usual (Table 3).

The results show that 30.2 % of people find it very difficult to make decisions, while 13.3 % find it easy to do so and 19.4 % of people have difficulty in making minor decisions, while 30.5 % find it easy to decide. 11.8 % of respondents reported that their day is not affected by the symptoms (Table 4).

The results show that 27.2 % of people feel sad and unhappy, while 16.1 % feel happy and satisfied and 21.60 % of them keep moving around very much. 46.7 % of participants feel fatigue all the time, while 10.80 % feel active. 46.7 % of people are facing trouble with sleep, while 19.8 % of people deny this and do not have any problem in sleeping. 40.9 % of respondents had difficulty in eating and might have poor appetite or overeating, while 20.7 % were eating normally without any change (Table 5).

Table 1: Results of depressing screening test in Adolescences and adults

Variables		**Frequency** (n = 4,998)	**Percentage** (%)
Age	15-20	3,943	78.89
	20-25	866	17.33
	25-30	127	2.54
	30-35	62	1.24
Gender	Male	1,219	24.39
	Female	3,779	75.61
Marital statues	Married	159	3.18
	Single	4,808	96.20
	Divorced	23	0.46
	widowed	8	0.16
Educational level	School	3,488	69.78
	Bachelor's degree	1,469	29.4
	Master's degree	41	0.82
Profession	Student	4,480	89.6
	Unemployed	182	3.64
	Employee	279	5.6
	House wife	54	1.1
	Retired	3	0.06

Table 2: Performance and activity of respondents

Variable		**Frequency** (n = 4,998)	**Percentage** (%)
How to spend free time	Social media	3,471	69.45
	With friends and family	401	8.02
	Sleeping	430	8.6
	Alone	696	13.93
Doing things slowly	Not at all	847	17
	Somewhat	1991	40
	Moderately	943	19
	Very much	1,217	24
Moving or speaking so slowly that other People could have noticed	Not at all	2,715	54.32
	Somewhat	1,261	25.23
	Moderately	510	10.21
	Very much	512	10.24
The pleasure and joy have gone out of your life	Not at all	617	12.34
	Somewhat	2,570	51.42
	Moderately	900	18.01
	Very much	911	18.23
It is hard to concentrate on reading	Not at all	1,178	23.6
	Somewhat	2,340	46.8
	Moderately	740	14.8
	Very much	740	14.8

Table 3: Current and future prospects of respondents

Variables		Frequency (n = 4,998)	Percentage (%)
Your future seems hopeless	Not at all	1,977	39.6
	Somewhat	1,665	33.3
	Moderately	535	10.7
	Very much	821	16.4
Lost interest in aspects of life that used to be important to me	Not at all	952	19.04
	Somewhat	1,766	35.33
	Moderately	664	13.3
	Very much	1,616	32.33

Table 4: Decision making changes of respondents

Variables		Frequency (n = 4,998)	Percentage (%)
Difficulty making decisions	Not at all	662	13.3
	Somewhat	2,084	41.7
	Moderately	741	14.8
	Very much	1,511	30.2
Cannot concentrate well enough to make even minor decision	Not at all	1,524	30.5
	Somewhat	1,808	36.2
	Moderately	695	13.9
	Very much	971	19.4
How difficult have these problems made your day at home, work etc.	Not at all	589	11.8
	Somewhat	2,429	48.6
	Moderately	604	12.1
	Very much	1,376	27.5

Table 5: Emotional, behavioural and diet changes of respondents

Variables		Frequency (n = 4,998)	Percentage (%)
Feeling sad, blue, and unhappy	Not at all	806	16.1
	Somewhat	1,895	38
	Moderately	937	18.7
	Very much	1,360	27.2
Agitated and keep moving around	Not at all	1,246	25
	Somewhat	1,664	33.2
	Moderately	1,008	20.2
	Very much	1,080	21.6
Feeling fatigued	Not at all	540	10.8
	Somewhat	1,623	32.4
	Moderately	900	18
	Very much	1,935	38.8
Trouble falling or staying asleep, or sleeping too much	Not at all	992	19.8
	Somewhat	1,028	20.5
	Moderately	645	13
	Very much	2,333	46.7
Poor appetite or overeating	Not at all	1,036	20.7
	Somewhat	1,120	22.4
	Moderately	800	16
	Very much	2,042	40.9

DISCUSSION

Depression usually strikes more frequently at younger ages. For 12-month prevalence, younger adults between the ages of (18-29) years old are 200 % more likely to suffer from depression compared to those over 60-years of age and many studies found that the earlier the age of onset of depression the greater the burden of the disease[7,8].

The number of people who participated in the survey distributed to different ages was 3,943 people between age (15-20), 866 people between age (20-25), 127 people between age (25-30) and 62 people between age (30-35). The result shows that 75.61 % of the participants are females while 24.39 % are male. The percentage of their social state was 3.18 % married while 96.20 % single, 0.46 % was divorced and 0.16 % widowed. 69.80 % of the participants only have a high school degree while 29.39 % having a bachelor's degree and 0.82 % of them having master's degree. The Percentage of the unemployed is 3.64 % while 0.06 % for the retired and the percentage of housewives is 1.1 % as it is shown in (Table 1).

In terms of performance and activity of respondents the results of how they spend their free time was 69.45 % spend it on social media which is representing the highest percentage in this question which could indicate that social media take people from their lives and their families and become isolated that might lead to depression according to researchers. Then 8.02 % of people that spend their time free with friends and families which is a low percent because adolescents and adults need to be surrounded by family and friend, 8.60 % spend it on sleeping and 13.93 % spend their time alone, which is considered as an advantage and disadvantage because sometimes being alone help people think clearly and relax, while being alone for a long period of time makes the person isolated and may develop some symptoms of depression.

The percentage of people who had difficulty in concentrating on reading is 14.8 %, while 46.8 % somewhat cannot concentrate on

reading, 23, 6 % they can concentrate well on reading. The percentage of people who do things slowly very much is 24 %, while 19 % do things as usual and fast, 40 % represent people between being slow and being fast. The percentage of people who think that they somewhat lost the pleasure and joy out of their life is 51.42 %, while 18.23 % answered very much, 18.01 % moderately, and 12.34 % not at all. It is natural that people sometimes feel sad and unhappy for certain period of time, but in case of depression people might experience these negative thoughts for a very long period of time leading to dissatisfaction about their lives and this may lead them to think about suicide. 10.24 % of people move and speak slowly very much, while 54.32 % moving and speaking normally as shown in (Table 2).

In terms of current and future prospects in (Table 3), 39.6 % of respondents think their future seems hopeful, which is the highest percentage and considered as an advantage because it is a sign that people have fewer negative thoughts toward the future. 16.4 % represent people who very much consider their future hopeless. As 'losing interest in daily and important activities' is the first sign of depression and considered as the beginning to develop other signs, 32.33 % of people lost their interest in activities, while 19.04 % of people remain and doing their activities as usual. Where 13.3 % represent moderate and 35.33 % represent somewhat.

In terms of decision-making changes, 30.2 % of people find it very difficult to make decisions, while 13.3 % find it easy to do so. People between these two groups are making decisions according to the situations. 19.4 % of people have difficulty in making minor decisions, while 30.5 % find it easy to decide. The percentage of the symptoms affecting their day very much is 27.5 % and 11.8 % their day is not affected by the symptoms as shown in (Table 4).

In terms of emotional, behavioural and diet changes and as shown in (Table 5), 27.2 % of people feel sad and unhappy, while 16.1 % feel happy and satisfied. The percentage of people who keep moving around very much is 21.60 %, while 25 % keep still and do not feel agitated. This sign might associate with anxiety as well, which make them disquiet and unrest. Feeling tired all the time as well can be considered as a sign of depression if the person keeps feeling tired for a long time. 46.7 % of people feel fatigue all the time, while 10.80 % feel active. Sleeping too much can be one of the things that depressed people often do in order to escape from tension and from negative thoughts that they have. On the other hand, having trouble falling asleep can be a sign of both depression and anxiety. 46.7 % of people are facing trouble with sleep, while 19.8 % of people deny this and do not have any problem in sleeping. Compared to a study held in Lebanon in which 38.1 % acknowledged decreased sleep quality[9].

Also 40.9 % of people had difficulty in eating and might have poor appetite or overeating, while 20.7 % eating normally without any change.

A study by Lewisohn *et al*. stated that several depression-related measures acted as risk factors for future depression. Initial dietary restraint and bulimic symptoms predicted onset of major depression and studies have found that past depressive symptoms are the strongest risk factor for major depression onset[10,11].

CONCLUSION

Most of participants tend to spend their time on social media or alone and most of them lost their interest in their daily activities and had trouble in sleep but on the other hand, most of them think their future seems hopeful and reported that their day is not affected by the symptoms. It is suggested that mental health screening campaigns should be held to address both adults and especially adolescents in schools and universities.

Limitations

Data were self-reported and may possibly bear some inaccuracies for not willing to reveal vulnerabilities although the survey did not bear participants' personal information.

REFERENCES

1. Ustun T, Ayuso Mateos JL, Chatterji S, Mathers C, Murray CJ. Global burden of depressive disorders in the year 2000. The British Journal of Psychiatry 2004; 184Suppl5: 386-92.
2. Belujon P, Grace AA. Dopamine System Dysregulation in Major Depressive Disorders.International Journal of Neuropsychopharmacology 2017; 20 Suppl 12: 36-46.
3. Bylund DB, Reed AL. Childhood and adolescent depression: why do children and adults respond differently to antidepressant drugs. Neurochemistry International 2007; 51 Suppl 5: 246-53.
4. Elder GH. Children of the Great Depression. 1st ed. Colorado: Westview Press; 1998. p. 4-15.
5. Chorpita BF, Yim L, Moffitt C, Umemoto LA, Francis SE. Assessment of symptoms of DSM-IV anxiety and depression in children: a revised child anxiety and depression scale. Behaviour research and therapy 2000; 38 Suppl 8: 835-55.
6. Hoge E, Bickham D, Cantor J. Digital Media, Anxiety, and Depression in Children. Pediatrics 2017; 140 Suppl 2: 76-80.
7. Kessler RC, Berglund P, Demler O, Jin R, Koretz D, Merikangas KR, *et al.* The epidemiology of major depressive disorder. The journal of the American Medical Association 2003; 289Suppl23: 95-105.
8. Zisook S, Lesser I, Stewart J, Wisniewski S, Balasubramani G, Fava M, *et al.* Effect of age at onset on the course of major depressive disorder. American Journal of Psychiatry 2007; 164Suppl10: 1539-46.
9. Matar BJ, Jaalouk D. Depression, anxiety, and smart phone addiction in university students- A cross sectional study. PLOS ONE 2017; 12Suppl8: 182-239.
10. Eric S, Chris H, Rebecca PC, Joel DK, Barr T. Body-Image and Eating Disturbances Predict Onset of Depression Among Female Adolescents. Journal of Abnormal Psychology 2000; 109Suppl3: 438-444.
11. Lewinsohn PM, Roberts RE, Seeley JR, Rohde P, Gotlib IH, Hops H. Adolescent psychopathology: II. Psychosocial risk factors for depression. Journal of Abnormal Psychology 1994; 103: 302-315.

Cite this article as:

Samir Issa Bloukh *et al*. Assessment of Depression Status among Adolescents and Adults in UAE. Int. Res. J. Pharm. 2019; 10(5):23-26 http://dx.doi.org/10.7897/2230-8407.1005156

Source of support: Nil, Conflict of interest: None Declared