

Depression; Let's talk

Mohammadhadi Farahzadi

Research Center of Addiction and Behavioral Sciences, Shahid Sadoughi University of Medical Health, Yazd, Iran

ARTICLE INFO

Letter to the Editor

Received: 2017 Mar 25

Accepted: 2017 May 23



Corresponding Author:

Mohammadhadi Farahzadi

mh-farahzadi@tums.razi.ac.ir

How to cite this paper:

Farahzadi M. Depression; Let's talk. J Community Health Research. 2017;6 (2) :74-76.

Introduction

April 7 is known as “World Health Day” and one of the main responsibilities of World Health Organization is to improve the knowledge of the world population in order to prevent various diseases⁽¹⁾. This organization selects an illness or a disorder in terms of a unique slogan in order to plan for educational, prevention, curative and re-strengthening the operation of countries around that problem. The slogan of World Health Organization in 2017 is about depression under the title ‘Let’s Talk about Depression’⁽²⁾. Here some questions come to mind:

How much is the prevalence of depression and its burden that it is put in the first row of the world’s disease? Now that the countries will pay attention to the topic of prevention and treatment of depression, to what extent it is preventable and

what shall be done to prevent it? Finally, what is meant by talking about depression? In this study, we survey the status of depression and mental illness in Iran and the world, effective ways for prevention and treatment of these disease and solutions provided by World Health Organization via existing scientific resources.

The Problem

From the perspective of World Health Organization, effective factors, which can convert an illness to a regional dilemma, include the following⁽³⁾:

- It depends on the prevalence of that problem (prevalence of condition).
- It depends on the effect of that problem on the individuals (effect of condition on individuals).
- It depends on the effect of that problem on society (effect of condition on society).
- Is the problem preventable and is there any effective intervention (is the condition preventable and has effective intervention).

Mental illness has all these factors and can become a regional dilemma. Depression is an illness in which the person is in a sad mood and has lost his interest to what he/she used to do before. In addition, it impairs their daily functioning and this condition will continue for at least two weeks. Moreover, loss of energy, changes in sleep and appetite, restlessness and anxiety, feeling of worthlessness, lack of decision making power, feeling of guilt, hopelessness and thoughts of self harm or suicide are visible in depressed person^(4,6).

In 2001, World Health Organization defined the role of effective factors on the health and their share as follows⁽⁵⁾:

- Biological factors and genetics 15%, physical environment factors 10%, health care 25%, social

factors 50%. These roles were introduced in 2008 with the following changes:

Biological factors and genetics 5%, behavioral factors 30%, healthcare system 10% and social factors 55%. It is obvious that over time, the role of behavioral and social factors on health has become more pronounced and effective.

According to the statistics, depression is among 10 main factors leading to disease in the world ⁽⁷⁾, and it is ranked fourth (on the basis of 2002 basic information but ranked third in Iran) and it will be ranked second by 2020 ^(8, 9, 11). While depression disorder is in the list of ten morbid factors by itself⁽⁷⁾, simultaneous affection or side effects of depression in most non-contagious diseases like diabetes,

MS, overweight and cardiovascular problems are prevalent.

The prevalence of major depression disorder, Dysthymia and bi-polar disorders is about 15%; it implies that nearly 1 out of every 7 person is having mood disorders. In fact, mood disorders are the most prevalent mental disorder in a population after anxiety. The share of depression from mood disorder is more than any other disorder; such that its prevalence is 12.7% and other disorders such as first-grade bipolar was about 0.6% and dysthymia was 1.3%. Average amount of depressive disorder has been reported as equal to 10-15% ^(8, 10, 12).

The performed studies predict that by 2030, main reasons of mortality due to inability or DALY will be AIDS, depression, ischemic heart disorders and car accidents in high income countries; depression, ischemic heart disorders and Alzheimer's in average income countries; AIDS, depression and cerebrovascular disease in low-income countries. In general, it can be said that depression is the first or second reason for inability in the world ⁽⁷⁾. According to the last report of World Health Organization concerning the burden of disease in Islamic Republic of Iran, the major factors leading to disease are trauma and accidents, cardiovascular disorder, depression, addiction and cerebrovascular disorder ⁽¹³⁾.

The first study of disease burden in Iran indicates that mental disorder is the second reason of disease burden originating from inability while basic depression is the fourth reason for the burden of illness among 21 burdens of disease ^(11, 13).

The general assessment is that the more developed the country with high income, the more the share of non-communicable diseases will be. Of course, AIDS is an exception. That is because it is a behavioral element, too. According to world statistics, depression among women is two times more than men, which is due to biological, psychological and social reasons ⁽⁷⁾. In addition, about 20% of women may suffer different grades of depression after delivery, and the extreme degrees may require treatment ⁽⁷⁾.

Researchers assume that 40% of babies with depressed mother, experience depression or other forms of mental problems. Addiction of the parents also has an important role in the formation of depression in their teenage children ⁽¹⁴⁾. In "National Survey of Mental Health" in Iran 2012, the prevalence of basic depression among women is reported to be 1.5 times more than men. In the previous survey of mental health in Iran, this was reported as 2.7 ⁽¹⁵⁾.

Disorders and diseases related to depression affects millions of people annually and this imposes a large expense for them, their families, and society and health system of their country.

According to the results exported from mental health survey in Iran ^(11, 15):

- The rate of unemployment among patients is 6.1 times more than healthy individuals.

- About 1/3 (32%) of the adults of the society (15-64 years) feel the need to refer to psychologists for mental problems. Although more than 2/3 (65.3%) of the affected persons suffer from psychological disorders, they do not benefit from health services. This index regarded as unmet need is one of the main indices of answering of health care system to mental patients.

- Items which require borrowing of money or selling of assets because of mental problems during the last 12 months were regarded as catastrophic payments. Among the patients who

answered this question, 9.17% were involved in catastrophic payments during the last 12 months for mental disease.

In 2001, World Health Organization introduced instruments for controlling mental illness which are defined below ⁽¹⁶⁾:

- Providing proper health care in First Aid system
- Providing access to nerve drugs
- Educational planning and providing holistic medical services
- Planning and providing general education and benefitting media
- Attracting the participation of the patients, families and social groups in prevention and treatment.
- Defining policies and national major plans and related legal requirements
- Developing trained and professional human resources

References

1. WHO. Official health days. Available From:http://www.who.int/mediacentre/events/official_days/en/
2. WHO. global health days. Available From: <http://www.who.int/campaigns/world-health-day/2017/event/en/>
3. WHO. Health Impact Assessment (HIA). Available From: <http://www.who.int/hia/evidence/doh/en/>
4. Bromet E, Andrade LH, Hwang I, et al. Cross-national epidemiology of DSM-IV major depressive episode. *BMC Med.* 2011; 9: 90.
5. Genetic, Environmental, and Personality Determinants of Health Risk Behaviors. Institute of Medicine (US) Committee on Assessing Interactions Among Social, Behavioral, and Genetic Factors in Health; Hernandez LM, Blazer DG, editors. Washington (DC): National Academies Press (US); 2006.
6. WHO. Depression. Available From: <http://www.who.int/mediacentre/factsheets/fs369/en/>
7. Global Health Risks: Mortality and burden of disease attributable to selected major risks. World Health Organization. 2009.
8. Depression Now World's Second Leading Cause of Disability. Megan Brooks November 06, 2013. Available From : <http://www.medscape.com/viewarticle/813896>.
9. Reddy MS. Depression: The Disorder and the Burden. *Indian J Psychol Med.* 2010; 32(1): 1–2.
10. Robert M. A. Hirschfeld, M.D. The Comorbidity of Major Depression and Anxiety Disorders: Recognition and Management in Primary Care. *Prim Care Companion J Clin Psychiatry.* 2001; 3(6): 244–254.
11. Naghavi M, Abolhassani F, Pourmalek F, et al. The burden of disease and injury in Iran 2003. *Popul Health Metr.* 2009;15(7):9. doi: 10.1186/1478-7954-7-9.
12. Wang Ph, Aguilar-Gaxiola S, Alonso J, et al. Worldwide Use of Mental Health Services for Anxiety, Mood, and Substance Disorders: Results from 17 Countries in the WHO World Mental Health (WMH) Surveys. *Lancet.* 2007; 370(9590): 841–850.
13. Shahrzad S, Forouzanfar m, Sepanlon S, Dicker D, et al. Population health and burden of disease profile of Iran among 20 countries in the Region: From Afghanistan to Qatar and Lebanon. *Arch Iran Med.* 2014;17(5):336–342.
14. Hammen CL. Children of depressed parents. In: Gotlib IH, Hammen CL, editors. *Handbook of depression.* 2nd Guilford Press; New York: 2009: 275–297.
15. Rahimi-Movaghar A, Amin-Esmaeili M, Sharifi V, et al. Iranian Mental Health Survey: Design and Field Proced. *Iran J Psychiatry.* 2014;9(2): 96–109.
16. WHO .The World health report: 2001. Mental health: new understanding, new hope.2001.

- Defining and implementing intersectional programs
- Constant survey of mental health of the societies
- Supporting more extensive researches in the field of mental health.

Conclusion

Mental disorders and depression are important reasons for the burden of disease in the world and can potentially turn into a dilemma in a region, city or a country. Although mental disorders have lots of individual, familial and social effects, they are preventable through scientific planning.

Planning in order to achieve the solutions of WHO can have a significant role in preventing mental illness in all preventative levels ⁽¹⁻³⁾.