Disability and Burden of Depressive Disorders

When one thinks of diseases that affect millions of people, kill hundreds and thousands of them, cause widespread disability and cost the society billions of dollars every year, depressive disorders do not come readily to mind. However, recently published estimates suggest that all this and more is indeed true for depressive disorders. The World Health Organization (WHO) estimated that 100 million individuals develop clinically recognizable depression every year.[1] India has about 16.6 million cases of major depression per year and 10.3 million cases at any time.[2] The prevalence of depression is high (3%–5%) with a life time prevalence of 5%–20%.[3] It also causes substantial disability—disrupting the occupational and social life of an individual. Moderate-to-severe occupational role dysfunction occurs in about half the patients.

The burden of mental illnesses including depression is grossly underestimated by the traditional approaches that take into account data on deaths and not disability. A more comprehensive approach is to assess both the quantity and the quality of life using DALYs (disability adjusted life-years)—an index that expresses years of life lost due to premature death and years lived with a disability of specified severity and duration. The study on global burden of disease conducted by the Harvard School of Public Health, the WHO and the World Bank along with one hundred collaborators from around the world used DALYs. This study assigned severity weights to disability caused by various diseases; depression was given severity weights of 0.5–0.7, where 0 is perfect health and 1 is equivalent to death. This was similar to the severity weights for blindness and paraplegia. This changes the way we look at the disease burden associated with mental disorders. Depression ranks fourth in the list of burden of all diseases. This is not only true for developed countries but for developing countries as well. Depressive disorders cause a higher disease burden than ischaemic heart disease, cerebrovascular disease, malignancy, tuberculosis and malaria even in the developing world. Even more disturbing is the fact that with an increasing prevalence of depression and a projected decrease in the prevalence of some other illnesses, the disease burden of depression is likely to be the second highest in the world by AD 2020.[2]

Besides morbidity, depression is also responsible for 60%–70% of all suicides. About 15%–19% of cases with major depression eventually commit suicide.[3] Suicide is one of the leading causes of death in developed countries. Since the majority of these deaths are during an active stage of life, the productivity loss is high. In the United Kingdom the direct cost of treating major depressive disorders has been estimated to be £ 200–400 million, while the indirect costs are about £ 2 billion per year. The overall annual cost estimate for depression in the USA is $ 14.7 billion and represents a significant proportion of its Gross National Product.[3] Considering that India has a much larger population, the economic cost of depression would indeed be very large, in spite of a comparatively low-cost economy.

Though depression is a common disease causing substantial disability and cost to society, it is often not recognized and treated satisfactorily. Even in western countries, about half the patients with depression who consult general practitioners are not diagnosed.[4] Recognizing depression is difficult because patients present predominantly with somatic symptoms[4,5] or because attention is primarily focused on the co-morbid physical disorder.[4] The situation in India in terms of patients getting adequate treatment for depression is worse. Psychiatric services are very scarce in India with less than one psychiatrist for half a million population. Most psychiatrists are concentrated in metropolitan cities and in vast areas of the country, the nearest may be hundreds of kilometres away. There is lack of awareness about the condition.[5] The cases of depression presenting in general health care or primary care settings are either not identified or treated with inappropriate drugs or inadequate doses of antidepressants.[5,6] The patients repeatedly visit doctors leading to increased utilization of scarce health services.

If adequate doses of antidepressants are administered, depression can be success-

fully treated in 65%–85% cases with reduction in suicides by 70%–90%. Recurrent episodes can also be prevented by maintenance pharmacotherapy. If these figures are applied to the total economic costs of depression, it can be deduced that treatment even within one country can save billions of dollars besides reducing the pressure on health care services.

It is time depression is considered as a major public health problem, at least at par with cardiovascular disease and malignancy. A comprehensive programme to deal with depressive disorders needs to be developed without delay. Health professionals can be easily trained to detect depressive disorders. The societal stigma associated with mental illness should be tackled so that the symptoms are understood as manifestations of illness rather than being voluntary in nature. Programmes for detection of depressive disorders in schools/colleges and workplaces should be initiated. Primary prevention should be attempted along with secondary prevention by early intervention. This would help in effectively reducing the enormous burden of this illness in a country with limited resources like India.

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