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Depression of Chronic Medical Inpatients in China

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Odds of major depression have significantly increased among adults with chronic diseases. However, the diagnosis of depression is often unrecognized in China. To know the prevalence of depression in medical inpatients with different chronic diseases and to assess the level of unrecognized depression among hospitalized patients, we assessed depression in patients with cardiovascular disease, diabetes, and chronic pulmonary heart disease. In this study, it has been shown that 78.9% of patients with pulmonary heart disease, diabetes, hypertension, or coronary heart disease have different levels of depression. There were no significant differences in incidence of depression among different gender, age, education levels, marital status, or course of disease. There were no significant differences in total incidence rate of depression and in incidence rate of different levels of depression among the three groups of patients. It is very important to help patients with chronic diseases to reduce their depression by psychological nursing after evaluating their mental status.
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CHRONIC ILLNESS IS the largest cause of death in the world, with cardiovascular disease in the lead, followed by cancer, chronic lung diseases, and diabetes mellitus (Yach, Hawkes, Gould, & Hofman, 2004). The chronic disease morbidity rate is 15.1% in China (Ministry of Health People's Republic of China [MHPRC], 2004). Prevalence of major depression has significantly increased among adults with chronic diseases. However, the diagnosis of depression is often unrecognized. Currently, studies on depression of chronic medical patients are still not adequate in China. To know the prevalence of depression in medical inpatients with different chronic diseases and to assess the level of unrecognized depression among hospitalized patients, we chose to survey inpatients with cardiovascular disease, diabetes, or chronic pulmonary heart disease, as these diseases are characteristic chronic diseases in China, and we intend to supply advice on psychological nursing for those patients.

BACKGROUND

Chronic illness is defined, in keeping with the U.S. National Center for Health Statistics definition, as any illness of 3 or more months' duration (Stedman, 1995). It was the leading cause of death in the world in 2002 (Yach et al., 2004). In China, more than 160 million people are chronically ill patients (MHPRC, 2004). The morbidity rate of hypertension was 18.8% among adults and became the number one cause of death; diabetes, on the other hand, will pose a great threat to the Chinese people if not controlled adequately (MHPRC, 2006). In some areas, the morbidity of chronic obstructive pulmonary disease is 18.24% among adults older than 40 years (Yao, Zhu, & Shen, 2005). In 2001, the leading causes of mortality were cardiovascular

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0883-9417/1801-0005$30.00/0
doi: 10.1016/j.apnu.2007.04.007

disease, chronic pulmonary heart disease, and cancer (MHPRC, 2006). The chronic medical diseases influence patients' physical condition seriously, and the coexistence rate of emotional diseases is extremely high (Katon & Sullivan, 1990).

Depression is one of the most prevalent disorders in the world, and the World Health Organization has predicted that by 2020, depression will be the second leading contributor worldwide to burdens of disease, measured as disability-adjusted life years (Murray & Lopez, 1997). Prevalence of major depression is significantly increasing among adults with chronic diseases. Coexistence of chronic diseases such as coronary artery disease, chronic arthritis, or strokes in particular, is associated with increased odds of major depression (Egede, 2005; Scherrer, Xian, & Bucholz, 2003). The prevalence of major depression among patients with diabetes mellitus has been estimated to be between 11% and 15% (Anderson, Freedland, & Clouse, 2001). The frequency of patients with myocardial infarction who had a score of 40 or higher on the Self-Rating Depression Scale (SDS) score was 46% (18/39) and that of patients who scored higher than 50 was 13% (5/39; Katayama, Usada, & Nishiyama, 2003). In China, Zhang, Lu, and Cai (2003) reported that 60% of inpatients with coronary heart disease had depression accompanied by anxiety. Shi, Xu, and Qiu (2000) found that 61.74% of patients with type 2 diabetes had psychological disorders and that 34.78% of them had depression accompanied by anxiety. Depression is common among hospitalized patients.

However, the diagnosis of depression is often unrecognized. In a recent study (Pepersack, De Breucker, & Mekongo, 2006), a psychogeriatrician diagnosed symptomatic depression in 67 of 155 patients (43%), whereas the geriatrician identified symptomatic depression in 29 (19%) of the 155 patients, one of whom was not diagnosed with depression by the psychogeriatrician. Thus, the geriatrician failed to identify 39 patients who were diagnosed by the psychogeriatrician as having depression. In the study by Rapp, Walsh, and Parisi (1988), only 8.7% of inpatients with depression were correctly identified as depressed by junior medical staff. Koenig, Meador, and Cohen (1988) reported that, among 15 patients identified as having major depression by *Diagnostic and Statistical Manual of Mental Disorders, Third Edition*, criteria, only 20% had depressive symptoms documented in their case notes by junior medical staff, and even after the junior doctors had been informed that major depression was a possible diagnosis in these patients, only 27% of the patients eventually received psychiatric consultation and only 13% were given antidepressant medication. In Shanghai, a large city in China, only 21% of the patients who had depressive symptoms were recognized by physicians (Huang, 2005). In other places, the discriminating rate was much lower. Many Chinese physicians pay more attention to physical problems than to psychological problems, and some are unfamiliar with depressive symptoms and treatments, in particular that the severity of medical problems can lead physicians to underestimate the presence of affective disorders in patients.

We designed a cross-sectional study using person-centered nursing (McCormack, 2004) as our conceptual framework. We wanted to (a) investigate the prevalence and discriminating rate of depression among inpatients with chronic diseases in Changsha, China; (b) find out how to take care of them in nursing practice; and finally, (c) improve the quality of nursing. As the medical model shifted from the biomedical model to the biopsychosocial model in the past decade, we have underscored the importance of psychological and behavioral factors in physical health (Garofalo, 2000) and the nursing philosophy also has changed from patient-centered nursing to person-centered nursing. Person centeredness is defined by Kitwood (1997) as a standing or status that is bestowed upon one human being by others in the context of relationship and social being. It implies recognition, respect, and trust. Based on such a definition, McCormack (2004) extracted four core concepts from it as the heart of person-centered nursing: (a) being in relation, (b) being in a social world, (c) being in place, (d) and being with self. The concept makes the nurses not only focus on technical competence but also engage in authentic humanistic caring practices that embrace all forms of knowing and acting to promote choice and partnership in care decision making.

DESIGN AND METHODS

This study was designed as a cross-sectional study (Sun, 2005). We used a sampling procedure involving four steps. First, we selected Changsha (a city the in Hunan Province of China) as the study

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