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Epidemiology of depression at Traditional Chinese Medicine Hospital in Shanghai, China

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Abstract

Background: Though Chinese Traditional Medicine (TCM) is one of the most important parts of health care system in China, studies on the epidemiology of depression in TCM are scarce and mental health issues in TCM have been neglected for longtime.
Methods: This was an interview-based survey. The prevalence of depression and suicidal risk in outpatients at a TCM hospital was identified by a one-stage diagnosing process using the Mini International Neuropsychiatric Interview. Associated risk factors, role impairment, and service utility were also assessed.
Results: A total of 2000 outpatients aged from 18 to 65 years completed the survey with a response rate of 87.0%. The estimated prevalence of major depressive disorder was 13.2% for lifetime and 4.9% for current. No significant gender differences were found. Depression was more common in patients who lacked social support, experienced family economic burden and health burden, and underwent negative life events, poor self-rated health, or with moderate/severe sleep problem than in their correspondents; all with statistical significance (OR: 1.83–6.82). Patients with depression reported a mean of 82.7 days and 99.3 days of sick leave due to their physical and mental condition, respectively, which was much longer than those without depression (24.8 days and 25.8 days, respectively). Only 30.0% of patients with depression sought professional help from psychiatrists/psychologists or used antidepressants.
Limitations: The recall bias could not be ruled out in this study and could have led to an underestimation of true prevalence and the unmet need for treatment. Since this study was cross-sectional, the causal relationships between sociodemographic factors and depression cannot be determined.
Conclusions: Depression is common at TCM hospitals. The impairments due to depression are striking, and unmet needs for treatment are pervasive. Consequently, mental health services in TCM should not be neglected any longer.
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1. Introduction

Depression is one of the most prevalent mental disorders, and the World Health Organization (WHO) estimates that depression affects approximately 350 million people worldwide and is the leading cause of disability [1]. The burden of major depressive disorder includes impaired role functioning, decreased quality of life, the development of medical conditions, and increased morbidity and mortality [2]. Even though depression is reliably diagnosed and treated, it is estimated that fewer than half of those affected receive adequate treatment [1]; this is especially true in depressed patients with comorbid somatic complaints or physical illness in China [3]. Although, depression is more frequent in patients from the primary health care centers than in those from the community, recognition and treatment remains unresolved [4,5]. Studies in China have shown that only 19 out of 471 cases (4.0%) with depressive disorders were recognized by physicians in general hospitals, and only 14 (3.0%) received antidepressant treatment [3]. The high prevalence, low diagnostic rate, and low treatment rate of depression in the primary care centers have caused widespread concern both in China and worldwide.

Traditional Chinese Medicine (TCM) is one of the most favorable ways in which Chinese patients seek heath care,

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and study [3,6,7] showed that in the internal department of TCM of the large, middle and small size general hospitals, the prevalence of major depression disorder was 5.98%, 1.49% and 8.32%, respectively (6.6% in total), which was much higher than that in the internal department of western medicine from the same hospitals (3.80%, 2.74% and 4.12%, respectively, and 3.6% in total). Unlike the internal department in western medicine which is more specialized, the internal department in TCM hospitals is a comprehensive clinic which addresses both treatment and adjustment ("Tiaoli" in Chinese) of almost all types of physical conditions. Most people visit the internal department of TCM to get healthier instead of treating a specific disorder, i.e., to prepare for pregnancy, to treat symptoms of discomfort (weakness, fatigue, etc.), or to improve immune function. Although there were many studies on the prevalence of depression in hospitals, most of them were conducted in the western medicine-oriented general hospitals [3,8–10], and there is little research from the Traditional Chinese Medicine (TCM) hospital. Only one study conducted by Qin et al [3,7] in the internal department of TCM in general hospitals was found through literature search, and information on the service utility and social function of patients with depression were absent in this study.

Decades ago, in order to change the status quo of high prevalence of depression companioned by low recognition and treatment in general hospitals, the government initiated a program to improve the situation by mental health capacity training for non-psychiatric doctors, and establishment of department of psychiatry in general hospitals. However, as the most important part of the health care system in China, the improvement of capacity for mental health in TCM hospitals has been neglected for long and is far behind the general hospitals, partly due to the lack of epidemiology data. The current study identified a large sample of outpatients at the internal medicine department from a TCM hospital in Shanghai, China, and examined the prevalence of depression, suicidal risk, and associated factors by a one-stage process, and simultaneously assessed the service utility, social function impairment, and attitude to treatment of depression.

2. Methods

2.1. Sampling

Longhua Hospital is one of the biggest TCM hospitals in Shanghai, affiliated with the University of Traditional Chinese Medicine. The number of outpatient visits reached 1.66 million in 2011. On the basis of previous surveys [3,8], we assumed that the prevalence of any depressive disorders were 0.15, with a precision of 0.018, a response rate of 0.80, and a confidence interval of 95%. The sample size was estimated to be 1900. Thus, a sample size of 2000 could meet the need of getting the estimation with good accuracy.

Consecutive patients who visited the internal department over a period of 69 working days from April to June were invited to participate in the study. The criteria for an eligible respondent were: (1) age of 18–65 years old, (2) agreement to participate in this survey, (3) lack of communication barrier caused by deafness, aphasia, or severe physical conditions, (4) acceptance of the informed consent after the nature of the study was fully explained, and (5) lack of obvious cognitive disabilities. Of the 2300 potential subjects contacted, 261 (11.3%) refused participation, 16 (0.7%) were not concordant with the age criteria, 23 (1.0%) did not complete the diagnostic interview, and thus 2000 (87.0%) agreed to participate and finished the survey (Fig. 1).

2.2. Measures

The study was designed as an interview-based, one-phase cross-sectional survey. The data collected consists of three parts:

(1) Part I — Socio-demographic characteristics
The socio-demographic variables included in the study were age, gender, marital status, employment, education, religion beliefs, living status (living alone or living with others), social support (with or without), family economic burden (heavy or not heavy), family history of mental disorders, life events in past 6 months, family health burden (whether there is someone in sickness needed to be taken care of in the family or not), chronic physical problem, self-rated health, sleep problems, and life styles variables such as drinking alcohol and smoking.

(2) Part II — Diagnosis of depression and assessment of suicidal risk
Prevalence of depression was assessed using the Mini International Neuropsychiatric Interview (M.I.N.I. plus 5.0.0), which was developed by Sheehan [11] and allowed for diagnosis according to DSM-IV criteria. The M.I.N.I. Chinese version has been shown to be reliable and valid in China [12]. The lifetime and current diagnosis was considered in this

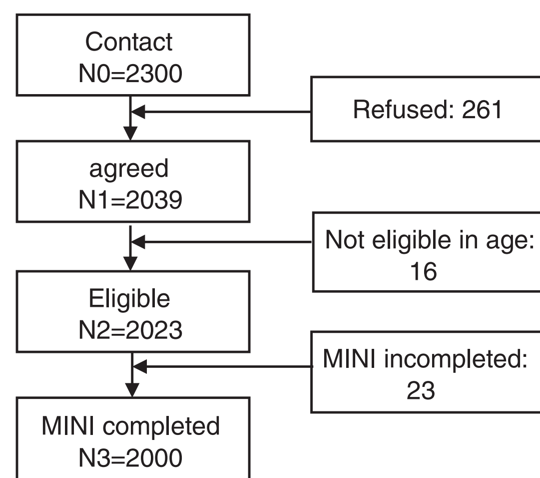

Fig. 1. Flowchart of the recruitment.

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