



## Review

## A systematic review of studies of depression prevalence in university students

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## ARTICLE INFO

## Article history:

Received 3 June 2012

Received in revised form

28 November 2012

Accepted 28 November 2012

## Keywords:

Systematic review

Depression

Prevalence

Students

University

## ABSTRACT

**Background:** Depression is a common health problem, ranking third after cardiac and respiratory diseases as a major cause of disability. There is evidence to suggest that university students are at higher risk of depression, despite being a socially advantaged population, but the reported rates have shown wide variability across settings.

**Purpose:** To explore the prevalence of depression in university students.

**Method:** PubMed, PsycINFO, BioMed Central and Medline were searched to identify studies published between 1990 and 2010 reporting on depression prevalence among university students. Searches used a combination of the terms depression, depressive symptoms, depressive disorders, prevalence, university students, college students, undergraduate students, adolescents and/or young adults. Studies were evaluated with a quality rating.

**Results:** Twenty-four articles were identified that met the inclusion and exclusion criteria. Reported prevalence rates ranged from 10% to 85% with a weighted mean prevalence of 30.6%.

**Conclusions:** The results suggest that university students experience rates of depression that are substantially higher than those found in the general population. Study quality has not improved since 1990.

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## 1. Background

Depression is one of the most common health problems for university students (Lyubomirsky et al., 2003; Vredenburg et al., 1988). Depression is considered as a multi-problematic disorder that leads to impairment in inter-personal, social, and occupational functioning (Sadock and Kaplan, 2007). The basic characteristic of depression is a loss of positive affect which manifests itself in a range of symptoms, including sleep disturbance, lack of self-care, poor concentration, anxiety and lack of interest in everyday experiences (NICE, 2009). Level of impairment can be classified clinically by standardized diagnostic interview but in prevalence studies depression is typically identified through a validated, self-report screening instrument. The prevalence of depression seems to be affected by many factors including; population studied, socio-demographic factors (e.g. sex, age) (Steptoe et al., 2007; Kaplan et al., 2008), place of study (Weissman et al., 1996; Steptoe et al., 2007)

diagnostic tool and sampling used (Weissman et al., 1996; Marsella, 1978). Although there has been an increasing concern about depression in specific groups such as adolescents or the elderly (Winter et al., 2011; Springer et al., 2011; Lim et al., 2011; Gladstone et al., 2011; McKenzie et al., 2010), the problem of university students' depression has received relatively little attention, despite evidence of a steady rise in the number of depressed university students (Ceyhan et al., 2009). Studies have reported wide variations in the proportion of students identified as depressed, from relatively low rates around 10% (Goebert et al., 2009; Vazquez and Blanco, 2006; Vazquez and Blanco, 2008) to high rates of between 40% and 84% (Bayati et al., 2009; Garlow et al., 2008; Khan et al., 2006). This wide variation appears to be influenced by many factors including methods of assessment (Weissman et al., 1996; Marsella, 1978), geographical location (Steptoe et al., 2007; Weissman et al., 1996) and demographic factors such as SES (Kaplan et al., 2008; Steptoe et al., 2007).

The cost of affective disorders can be particularly high in young people because they represent the future of any community, its hope and potential leaders (El-Gendawy et al., 2005). Depression in this early life stage can lead to an accumulation of negative consequences through adult life through its impact on career prospects and social relationships (Denise et al., 1996; Aalto-Setälä et al., 2001). Depression has been linked to poorer academic achievements

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(Hysenbegasi et al., 2005), relationship instability (Whitton and Whisman, 2010), suicidal thoughts and attempts (Jeon, 2011) and poorer work performance (Harvey et al., 2011). Although arguably university students are more likely to be advantaged in socio-economic terms which is considered protective against depression (Lowe et al., 2009), there are many factors that might increase students' vulnerability to depression. These factors include changes in life style resulting in sleep and eating disturbances, financial stressors, family relationship alterations, academic worries and preoccupation with post-graduation life (NIMH, 2003).

There is a strong perception, both in the US and in the UK, that demands for psychological services by university students have grown and that university counseling services are also dealing with more severe mental illness (Hunt and Eisenberg, 2010). Despite this, a recent literature review of studies on depression and treatment outcomes among US College students carried out from 1990 to 2009 identified only four studies and concluded that research on depression and treatment outcomes among US college students are present but scarce and inconclusive. They also found wide variability in inclusion and exclusion criteria and tools for diagnosis of depression and determination of its severity (Miller and Chung, 2009). Another systematic review of research published between January 1980 and May 2005 looking at the prevalence of depression, anxiety, and other indicators of psychological distress among US and Canadian medical students found higher rates of depression than is seen in the general population. The review also pointed to a lack of research into the causes of students' depression and its impact on academic performance, dropout rates and professional development (Dyrbye et al., 2006).

To our knowledge, no systematic review of studies examining the prevalence of depression in undergraduate university students has been published. In the light of this research gap, this review has two main objectives: (I) to identify studies reporting on rates of depression among university students (II) to examine the hypothesis that there is an increase in the rates of depression among undergraduate university students.

## 2. Method

A systematic literature review of PubMed, PsycINFO, BioMed Central and Medline databases was carried out to identify peer-

reviewed studies, published between January 1990 and October 2010, reporting on depression among undergraduate university students. Searches used the keywords depression, depressive symptoms, depressive disorders, prevalence, university students, college students, undergraduate students, adolescents and/or young adults were used in the searches. Additional articles were identified through the reference lists of the retrieved articles and previous review studies.

Inclusion criteria were that: 1) the study sample included exclusively undergraduate students in higher education; 2) the study included an aim to establish prevalence of depression and; 3) the study reported prevalence rates. The exclusion criteria were 1) the study did not report response rate; 2) clinical trials studies and; 3) failure to report a separate prevalence rate for depression. Demographic data, sample size, diagnostic instrument used and prevalence data on students' depression were abstracted.

Searches were limited to articles published in the last two decades yielding a total of 2303 citations. After examining the titles, abstracts (if abstract was unavailable, the article was nevertheless counted) and the reference lists for related articles, 94 articles were retrieved, including five Non-English articles (French 1, Japanese 1, Mexican 1, Korean 2) and 89 English language studies were examined thoroughly. Non-English articles were translated with the help of PhD students from Japan, Spain, and Korea, studying at the University of Nottingham, who were expert in both languages; English and the other language.

After careful reading of these articles, an additional 70 articles were excluded as a result of the following justifications: the study population was non-university adolescents or young adults (13), studies evaluating treatment of depression and/or clinical trials and either not reporting prevalence rate and/or response rate (14), studies not reporting response rate and/or prevalence (23), no separate prevalence rate for depression (8), studies did not aim to establish prevalence (12). The remaining 24 articles were included and were evaluated for quality (Fig. 1). Prevalence rates across studies were calculated as weighted means using RevMan software which takes into account variation in cut-off used (RevMan, 2011). The prevalence rate per study was multiplied by the corresponding sample size and divided by the total sample size to give a weighted prevalence of depression and 95% CIs were calculated (IBM-SPSS, 2009).

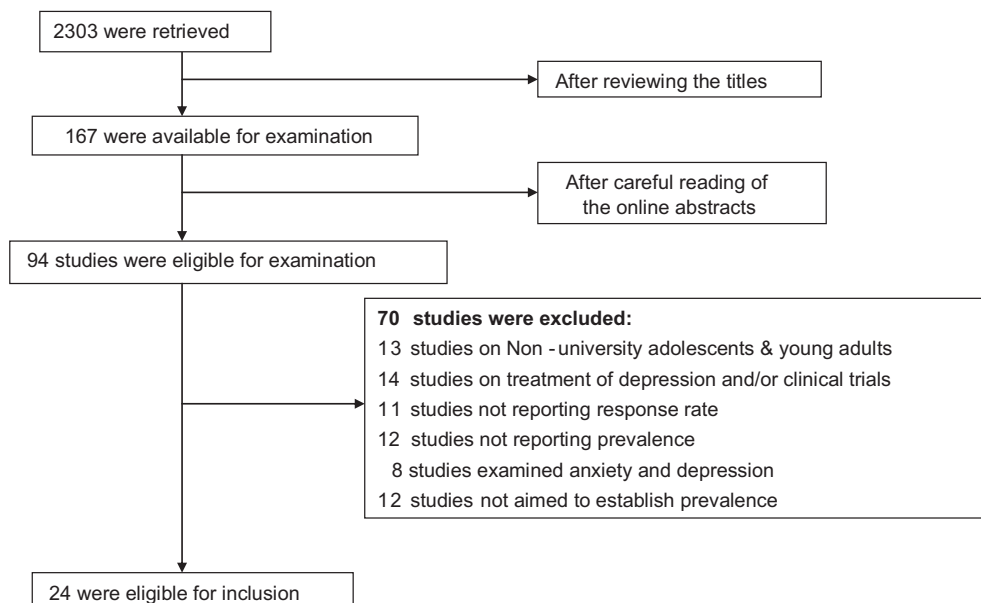


Fig. 1. The study flow chart.

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