



## Research report

## Prevalence and functions of mental disability caused by mood disorders in China: A national sample



Ning Li, Wei Du, Lei Zhang, Gong Chen, Xiaoying Zheng\*

Institute of Population Research, Peking University, China

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## ABSTRACT

**Background:** Mood disorders are common mental illness in China, but little was known about mental disability caused by mood disorders. In this study, we aimed to describe the prevalence rate of mental disability caused by mood disorders, and resulting impairment on physical and social functions.

**Methods:** Data were derived from the 2006 second China National Survey on Disability (CNSD), and identification of mental disability caused by mood disorders were based on consensus manuals.

**Results:** The prevalence rate of mental disability caused by mood disorders in China was 0.366% (95% CI=0.334–0.398). Prevalence rate of mental disability caused by mood disorders was higher among female, elderly people, illiterate population, people currently not married, and people with an annual family income equal or lower than national average. People with mental disability caused by mood disorders were less likely to have severe or extreme difficulty in all 6 aspects of functions.

**Conclusions:** This study revealed a lower prevalence rate of mental disability caused by mood disorders. The findings indicate that more studies are needed to obtain a precise overview of mood disorders in China, and intervention programs aimed at early identification and treatment for mood disorders should be developed.

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## 1. Introduction

Mood disorders are common mental illness, with lifetime prevalence estimates ranging from 3.3% to 21.4% worldwide (Kessler et al., 2007). Mood disorders are also a severe disabling public health problem which brings huge social and economic burdens on quality of life, lost work productivity, and health service costs (Simon, 2003). The relationship between mood disorders and disability has been reported in many studies that persons with mood disorders suffer from impairment in physical and social functions (Adegbaju et al., 2013; Ghio et al., 2015; Phillips et al., 2009; Wang and Gorenstein, 2015). It was reported that the physical functional limitations caused by mood disorders were of equivalent to that caused by chronic medical conditions according to the SF-36 scores (Sturteers et al., 2003), which could exacerbate the overall health (Moussavi et al., 2007).

In the United States, the 12-month prevalence rate of any mood disorder was 9.5% and among these patients 45.0% were classified as severe mood disorder (Kessler et al., 2005). The European Study of the Epidemiology of Mental Disorders (ESEMED) observed a lifetime prevalence rate of 14.0% for any mood disorder in 6 European countries (Alonso et al., 2004). In Australia, the Australian National

Mental Health Survey indicated that the 12-month prevalence rate of mood disorders was 7.2% (Andrews et al., 2001), and another Australian national survey reported that among people with mood disorders, 30% were assessed as moderately disabled and 45% severely disabled (Sanderson and Andrews, 2002).

There has been a rapid increase of mental disorders in China since 1990s (Zhang et al., 1998) and nearly 1/6 of Chinese population had mental disorder (Phillips et al., 2009). Phillips et al. reported a 1-month prevalence rate of 6.1% for mood disorders among Chinese population and 38.9% of those with mood disorders had moderate or severe disability which accounted for 67.8% of all moderate or severe disability caused by mental disorders (Phillips et al., 2009). However, few large-scale surveys on mood disorders were conducted in China and little was known about the magnitude of function impairments and disability caused by mood disorders. In this study, we aimed to describe the prevalence rate of mental disability caused by mood disorders, and resulting impairment on physical and social functions.

## 2. Methods

## 2.1. Study population

In this study, we used data from the 2006 Second China National Survey on Disability (CNSD) which was a national representative population-based survey (Leading Group of the Second China

\* Correspondence to: Institute of Population Research, Peking University & WHO Collaborating Center for Reproductive Health and Population Science, Beijing, China. Tel.: +86 10 62759185; fax: +86 10 62751976.

E-mail address: [xzheng@pku.edu.cn](mailto:xzheng@pku.edu.cn) (X. Zheng).

National Sample Survey on Disability and National Bureau of Statistics of the People's Republic of China, 2006). This survey was conducted from April 1st to May 31st 2006. A stratified, multistage and cluster probability sampling method was used in the survey, and 734 counties (cities or districts), 2980 towns (townships or streets), and 5964 communities were selected from 31 provinces, autonomous regions, and municipalities in China. A total of 2,526,145 non-institutionalized persons in 771,797 households were investigated.

## 2.2. Data collection

There were 20,000 interviewers, 6000 doctors, and 50,000 survey assistants participated in the survey. For selected individuals aged 7 years and older, they were firstly screened for any type of disability, and those suspected to be disabled were diagnosed by doctors for disability as well as its causes. For individuals under 7 years, they went through a comprehensive examination by doctors of all specialties for any type of disability and the causes of disability. Approved by Chinese State Council, this study obtained informed consents from the participants or their next of kin. Details of the survey protocol and sampling procedures were described elsewhere (Zheng et al., 2011).

## 2.3. Measures

Demographic variables of age, gender, residence location, education attainment, marital status, and family annual income were collected. Mood disorders and other mental illness were diagnosed according to the International Statistical Classification of Diseases 10th Revision (ICD-10) (WHO, 1993). The definition and classification of disability were based on the WHO International Classification of Functioning, Disability, and Health (WHO-ICF) (WHO, 2001), and severity of the disability was assessed using WHO-DAS II (WHO, 1999). The criteria for mental disability included having at least one type of mental disorder, manifested in cognitive, affective, as well as behavior disorders, and impaired daily life and social functions (WHO, 2001).

## 2.4. Data analysis

Standard weighting procedures were employed to construct sample weights in consideration of the complex survey sample

design (Lohr, 1999). Population weighted numbers and prevalence rates of mental disability caused by mood disorders were calculated where appropriate. Chi-square test was used to compare the function impairment severity between people with mental disability caused by mood disorders and by other mental illness. We used SURVEYFREQ in SAS 9.1 to perform the data analyses (SAS Institute Inc., 2002) and Taylor series linearization method was to estimate variance and corresponding 95% Confidence Interval (CI) (Korn and Graubard, 1999). We set p-value less than 0.05 as statistically significant.

## 3. Results

### 3.1. Prevalence rate of mental disability caused by mood disorders

The CNSD survey interviewed 2,526,145 (weighted 1,309,468,507) persons and 161,478 (weighted 84,547,041) were identified as disabled. Among 15,927 (weighted 8,421,451) individuals diagnosed as having mental disability, a total of 883 (weighted 479,338) were caused by mood disorders and the national prevalence rate was 0.366 per thousand (95% CI=0.334–0.398). As shown in Table 1, prevalence rate of mental disability caused by mood disorders was higher among female ( $\chi^2=92.08$ ,  $p<0.001$ ), elderly people ( $\chi^2=288.68$ ,  $p<0.001$ ), illiterate population ( $\chi^2=74.64$ ,  $p<0.001$ ), people currently not married ( $\chi^2=22.75$ ,  $p<0.001$ ), and people with an annual family income equal or lower than national average ( $\chi^2=15.24$ ,  $p=0.001$ ) (Table 1).

### 3.2. Physical and social functions of people with mental disability caused by mood disorders

Comparison of physical and social functions between people with mental disability caused by mood disorders and those caused by other mental illness showed a statistical significant difference that less people with mental disability caused by mood disorders experienced severe or extreme difficulty across 6 aspects of functions, i.e. understanding and communicating, physical movement, self-care, getting along with people, life activities, and participation in society ( $\chi^2=218.83$ ,  $p<0.001$ ;  $\chi^2=15.76$ ,  $p<0.001$ ;  $\chi^2=60.64$ ,  $p<0.001$ ;  $\chi^2=184.23$ ,  $p<0.001$ ;  $\chi^2=160.23$ ,  $p<0.001$ ;  $\chi^2=56.65$ ,  $p<0.001$ ) (Table 2).

**Table 1**  
Prevalence rates of mental disability caused by mood disorders in Chinese population.

	Number	Weighted number (n)	Weighted prevalence rates (‰)	p
Total	883	479,338	0.366(0.334–0.398)	
Gender				< 0.001
Male	311	167,556	0.252(0.22–0.284)	
Female	572	311,782	0.483(0.433–0.533)	
Residence location				0.29
Rural	591	342,167	0.377(0.339–0.415)	
Urban	292	137,171	0.341(0.285–0.397)	
Age range (years)				< 0.001
0–17	9	4790	0.015(0.005–0.025)	
18–59	679	371,000	0.463(0.419–0.507)	
60+	195	103,547	0.562(0.472–0.652)	
Education attainment (18 years and older)				< 0.001
Illiterate	198	110,259	0.689(0.581–0.797)	
Elementary school	299	171,260	0.592(0.51–0.674)	
Junior high school	244	129,876	0.376(0.32–0.432)	
Senior high school and above	133	63,153	0.332(0.264–0.4)	
Marital status (18 years and older)				< 0.001
Currently not married	235	124,606	0.634(0.536–0.732)	
Currently married	639	349,941	0.444(0.4–0.488)	
Annual family income per capita				0.001
Higher than national average	147	81,056	0.278(0.226–0.33)	
Equal to or lower than national average	736	398,282	0.391(0.355–0.427)	

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