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Assessment of mood disorders among general population

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Abstract

Backgrounds: Mood disorders in older people are an increasingly serious health and social problem, and their prevalence increases with age. The present study assessed mood disorders among general population.

Materials and Methods: 128 adults with mood disorders of both genders were included. Mood Disorder Questionnaire (MDQ) was used for the study.

Results: Out of 128 patients, males were 70 and females were 58. Mood disorders were depressive disorders in 64, bipolar disorders in 40 and substance induced in 24 patients. The difference was significant ($P < 0.05$). MDQ score below 7 value was seen in 74 and 7 or more in 54 patients. The difference was significant ($P < 0.05$).

Conclusion: Most commonly occurring mood disorder was depressive disorder and bipolar disorder.

Keywords: Bipolar disorder, depressive disorder, mood disorder questionnaire

Introduction

Aging of the population is a significant public health challenge. It is estimated that by 2050, 80% of residents in middle- and low-income countries will be people over 60 years of age [1]. In 2020, over 1 million Poles will be 90 years old, and in 2035 over 25% will be 65 and over. The progressive phenomenon of an aging population around the world, and particularly on the European continent, carries a number of risks, including the mental health of seniors, such as mood disorders [2].

Mood disorders in older people are an increasingly serious health and social problem, and their prevalence increases with age [3]. The most common mood disorders are bipolar disorder, which is the occurrence of mania and hypomania, and depressive disorders. Bipolar disorders are described by the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-5) as a group of brain disorders that cause extreme fluctuations in mood, energy and ability to function [4]. Bipolar disorder includes three different conditions—bipolar I, bipolar II, and cyclothymic disorder. Type I bipolar disorder is a manic depressive disorder that can occur with or without psychotic episodes [5]. Bipolar II disorder consists of depressive and manic episodes that alternate and are usually less severe and do not inhibit function. Cyclothymic disorder is a cyclic disorder that causes short episodes of hypomania and depression. The average global incidence of depression among the elderly is 14.4% [6]. The present study assessed mood disorders among general population.

Materials and Methods

The present study comprised of 128 adults with mood disorders of both genders. All were included after obtaining their written consent.

Demographic data such as name, age, gender etc. was recorded. Mood Disorder Questionnaire (MDQ) was used for the study. MDQ is a questionnaire for screening bipolar spectrum disorders. MDQ is a one-page self-assessment questionnaire and the duration of the questionnaire was estimated to be 5–10 min. The total MDQ score was obtained by summing the “yes” answers in the symptom checklist part (the maximum score is 13 points). A result indicating the characteristics of bipolar disorder in an adult is at least 7 “yes” answers to questions about (hypo) manic symptoms and the occurrence of at least two of these symptoms at the same period of life. Results thus obtained were subjected to statistical analysis. P value less than 0.05 was considered significant.

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Results

Table 1: Distribution of subjects

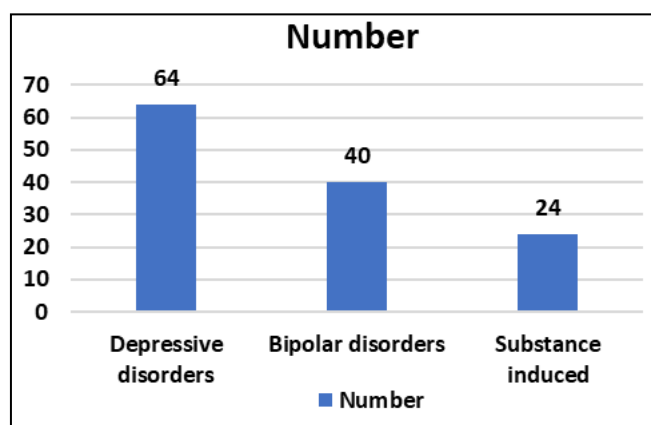
Total- 128		
Gender	Males	Females
Number	70	58

Table I shows that out of 128 patients, males were 70 and females were 58.

Table 2: Assessment of mood disorders

Mood disorders	Number	P value
Depressive disorders	64	0.01
Bipolar disorders	40	
Substance induced	24	

Table II, graph I shows that mood disorders were depressive disorders in 64, bipolar disorders in 40 and substance induced in 24 patients. The difference was significant ($P < 0.05$).



Graph 1: Assessment of mood disorders

Table 3: MDQ score

Point value	Number	P value
Below 7	74	0.05
7 or more	54	

Table III shows that MDQ score below 7 value was seen in 74 and 7 or more in 54 patients. The difference was significant ($P < 0.05$).

Discussion

Bipolar disorder (BD), also known as bipolar affective disorder or manic-depressive disorder. Individuals with BD experience episodes of an elevated or agitated mood known as mania/ hypomania alternating with episodes of depression [7]. Bipolar disorders have two main subtypes, bipolar I disorder (BD-I), bipolar II disorder (BD-II). The diagnosis of BD-I need one or more manic episodes [8]. A depressive episode is not required for BDI diagnosis, but it frequently occurs. The diagnosis of BD-II need one or more hypomanic episodes (without manic episode) and one or more major depressive episode [9]. Bipolar disorder not otherwise specified (BD-NOS) is a catchall category, diagnosed when the disorder does not fall within a specific subtype. Hypomanic episode do not go to the full extremes of mania (i.e., do not usually cause severe social or occupational impairment, and are without psychosis), and

this can make BD-II more difficult to diagnose, since the hypomanic episodes may simply appear as a period of high productivity and creativity [10]. The present study assessed mood disorders among general population.

In present study, out of 128 patients, males were 70 and females were 58. We found that MDQ score below 7 value was seen in 74 and 7 or more in 54 patients. Yang *et al.* [11] tested the ability of the Chinese version of the Mood Disorder Questionnaire (MDQ) to identify Bipolar Disorders (BD) in patients diagnosed with Major Depressive Disorder (MDD) or Unipolar Disorder (UD) in the clinical setting. 1,487 being treated for MDD or UD at 12 mental health centers across China, completed the MDQ and subsequently examined by the Mini International Neuropsychiatric Interview (MINI). Receiver Operating Characteristic (ROC) curves were used to determine the ability of the MDQ to differentiate between BD (BD, BD-I and BD-II) and MDD or UD and patients with BD-I from patients with BD-II. Of the 1,487 patients, 309 (20.8%) satisfied the DSM-IV criteria for BD: 118 (7.9%) for BD-I and 191 (12.8%) for BD-II. When only part one of the MDQ was used, the best cut off was 7 between BD and UD (sensitivity 0.66, specificity 0.88, positive predictive value 0.59, negative predictive value 0.91), 6 between BD-II and UD, and 10 between BD-I and BD-II. If all three parts of the MDQ were used, the MDQ could not distinguish between BD and UD at a cut off of 7 (or 6), and the sensitivity was only 0.22 (or 0.24).

We found that mood disorders were depressive disorders in 64, bipolar disorders in 40 and substance induced in 24 patients. MDQ score below 7 value was seen in 74 and 7 or more in 54 patients. Cybulski *et al.* [12] included a total of 162 people—residents of Bialystok—aged 60 or older; 135 women (83.33%) and 27 men (16.67%). The study used five standardized psychometric scales: The Mood Disorder Questionnaire (MDQ), Hypomania Check List (HCL-32), Geriatric Depression Scale (GDS) and The Zung Self-Rating Depression Scale (Zung SDS). Nearly 90.00% of the respondents obtained GDS scores indicating the presence of mild depressive symptoms; however, on the Zung SDS, which also evaluates depression symptom levels, the result obtained in almost the same number of respondents showed an absence of these symptoms. A similar percentage of respondents also obtained values on the MDQ that allow to determine a lack of bipolar disorder characteristics in the studied population. Over half of the respondents (58.02%) did not show symptoms of hypomania using the HCL-32. There was a significant correlation between the results of the GDS and Zung SDS, the HCL-32 and MDQ, as well as the HCL-32 and Zung SDS in the total studied group.

Conclusion

Authors found that most commonly occurring mood disorder was depressive disorder and bipolar disorder.

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