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The Prevalence of Depression Among Non - Psychiatric Patients in Qbafemi Awolowo University Teaching Hospital, Nigeria

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ABSTRACT

The study examined depressive symptoms among non- psychiatric patients (General Outpatient Department, Obstetrics & Gynaecological, Medical, and Surgical Wards) at Obafemi Awolowo University Teaching Hospital Complex, Ile-Ife, Nigeria, with the aim of determining the prevalence of depression in non-psychiatric patients. It also ascertained the differences in level of depressive symptoms among participants in the General Outpatient Department, Obstetrics & Gynaecological, Medical, and Surgical Wards. The study involved a cross-sectional descriptive survey of 402 inpatients and out patients of the hospital. The result revealed that, there is a high prevalence of depression (43.5%) among the non-psychiatric patients involved in the study. The study also shows that, there was no significant difference in the prevalence of depression among patients in departments/wards involved in the study, ($F [3.40] = 0.10, > .95$). The study concluded that there is high prevalence of depression in the study population. The study also, concluded that, there was no difference in the level of depressive symptoms experienced by the participants in departments/wards involved in the study.

Keywords: Depression; Prevalence; Outpatient; Obstetrics & Gynaecological

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Introduction

In our daily activity, everybody at one point or the other experience a feeling of sadness, especially when we experience significant loses, like loss of job, bereavement, bad news and so on. This sad state may make it quite difficult to move on with life, feeling that life is not worth it. At times like this, our moods, emotions and affect are affected. However, not all individuals can overcome this sadness, and when an individual's sadness persist, intensify and affect the normal enjoyment and interest in daily activity, such an individual may be depressed or in other words experiencing a psychological disorder diagnosed as depression.

Depression is a mood disorder and it dates back to ancient times, it is common in all societies of the world, much more common than most people realize (WHO, 2023; McPherson & Armstrong, 2021; Hidaka, 2012). According to the American Psychological Association (APA), Depression can be defined as a mental state characterized by a pessimistic sense of inadequacy and a despondent lack of activity (APA, 2020). Depression is one of the most common forms of psychopathology according to the World Health Organisation, (WHO), With about 5% of the world's adult population experiencing depression, (WHO, 2022). Estimates of the prevalence of depressive disorders range from 5% to 20% (WHO. 2022; GDB, 2017; Ferrari, et al., 2013). It affects about 160 to 280 million people worldwide (WHO, 2022). Literature, abound in the area of prevalence, incidence and severity concerning depression, (WHO, 2022; GDB, 2017; Kessler, & Bromet, 2013). Major depressive disorder is far more prevalent in women, among young people, and relatives of people with depressive disorder (Dhara, et al, 2024; WHO. 2023; NIMH, 2016; Albert 2015). According to the Diagnostic Statistical Manual for Mental Disorders (DSM-V), depression has several types, this includes major depression, manic (bipolar disorder) depression, dysthymia, postpartum depression and so on, (DSM-V, 2011). Depression is most often chronic or recurrent and can lead to substantial impairments in an individual's ability to take care his or her daily responsibility (WHO, 2023; Woody, et al., 2017; Evans-Lacko, et al., 2018; NIMH, 2016; APA, 2007). At its worst, depression can lead to suicide, (Bachmann, 2018; Strakowski, & Nelson, 2015; Richards, & O'Hara, 2014). Since the sixties, depression has been considered as the common cold of psychopathology in Europe and America, (Kandhakatla et al., 2018; Goodwin, 2008; Oladimeji, 1996; Seligman, 1975, p. 75). Depression like syndrome is encountered in different cultures (Oladimeji, 1996). In many cultures with languages different from English, various names have been used to describe mixed somatic and affective symptoms and signs, which bear close similarities to the clinical features of depression. Some examples as cited in (Morakinyo

1998) include: Yorubas – “*Irewesi okan*” Meaning depressed mind; Latin Americans – *Nervios*; Koreans – *Hwa byung* and so on.

Major depressive disorder is diagnosed when there is persistent negative mood state, which includes profound sadness accompanied by feelings of hopelessness, dejection, despair, loneliness and boredom, crying spells are common and the person reports feeling of demoralization, resulting in part from a sense of incompetence, (WHO, 2023; Patton, 2015; Parker, 2014; APA 2013 p. 162). Other symptoms include poor appetite, insomnia, hypersomnia, lack of energy, inability to concentrate, recurrent thoughts of death or suicide, and a reduction in pleasure derived from common activities, (Parker, 2014; APA 2013, p. 162). Somatic complaints, especially pain, are also common, (WHO, 2020). Major depressive disorder may occur as a single episode but it is more likely that there will be multiple episodes and that the disorder may become chronic, (Culpepper, Muskin, Stahl, 2015; Kanai, et al., 2013; APA, 2013).

The risk of developing mood disorders also, varies with race, with higher rates in Caucasians (Americans and Europeans) than in blacks (African Americans and sub-Saharan Africans). The incidence of depression in Western cultures is about 25%, that is, the proportion of individuals that may suffer from depression at a point in their life is about one in every four persons, (Derajew, et al., 2017; McClelland, et al., 2014; Kessler & Bromet, 2013). Although, until the eighties in most parts of Africa it was assumed that, Africans rarely experienced depressive illness, (Agwu, et al., 2024; Gbadamosi, et al., 2022; Oladimeji, 1996; Binitie, 1987), but, considering the findings of some earlier studies which pointed to the presence of depression in some African cultures, for instance, Field (1967) reported that depression was common among the Ashantis in Ghana. Collomb (1967) reviewed reports of various parts of Africa and found incidence rate of between 11 and 15%, while (German, 1968; & Ebie, 1972) found that depression in various forms is very high on the list of psychiatric clinics and hospitals in Africa but compared to Europe and America the rates are still quite low. This rarity of depression among Africans was explained and encouraged by the closely knit African cultures which allows for; (1) mourning and guilt (2) the protective and grief sharing benefits of the extended family system and (3) the presence of collective (tribal) superego instead of individual superego (Agwu, et al., 2024; Wilson & O'Connor, 2022; Mendel, 1970)

Early studies in Nigerian also, suggest that the incidence of depression is close to that in western societies (Ayeni, 2002), Leighton et al., (1963) found that most symptoms of depression were common among the Yorubas in Western Nigeria. Also, in a state hospital in Ibadan, Nigeria, 345, that is, 19% of the patients treated at the psychiatric outpatient clinic suffered from depression, (Morakinyo, 1988). Odiase (1987) also, found that 19.6% of the

mentality ill patients treated at the University of Benin Teaching Hospital (UBTH) were found to have suffered from depression. Binitie (1987) summarized that depression constitute the third largest diagnostic condition after anxiety and schizophrenic disorders in most psychiatric clinics in Nigeria.

Depression is also, associated with enormous morbidity, mortality, disability, functional impairment and costs.(WHO, 2016). Numerous safe and effective antidepressant medications and psychotherapies now exist, (Archer, et al. 2012). Studies have suggested that most physicians in non-psychiatric departments seem to concentrate on managing the physical symptoms presented by patients, and this makes the psychological symptoms such clients are experiencing go unnoticed or ignored by physicians, (Nagabhirava et al., 2023; Shefer, 2014). Also, many of the previous studies on the prevalence of depression were carried out in hospital environments concerned with mental health treatment, (that is psychiatric departments). These suggest that, most of the studies were carried out on patients who reported to psychiatric hospitals. Invariably, these were patients who had knowledge of treatment in hospitals and those whose depressive illness were severe enough to make them report to the hospital.

However, some people who might be experiencing depressive symptoms do not receive the treatment they require for their experience of these symptoms, (APA, 2023). This may be because the problem is not identified, especially in patient groups presenting with various forms of physical and surgical illnesses (O'Gara, et al., 2023; Sveinsdóttir, et al., 2020). For example, depression has been found to be a common risk factor for heart disease or can complicate recovery from a heart attack, even though it is often under-identified and therefore under-treated in patients with heart disease, (Li, 2023; Bucciarelli, 2020; Dhar. 2016; Hare, 2014; Freedland, 2013; Murphy, 2020). Depression and/or anxiety are a [so, often experienced after surgical procedures, at various times post operatively, (O'Gara, et al., 2023; Sveinsdóttir, et al., 2020; Ghoneim, & O'Hara, 2016). Depression has also been linked to immune functions and mortality in patients with chronic illness (Vadakkiniath, et al. 2023; Katon,2011; Lee &Giuliani 2019). The above facts and figures are an indication that depression is a major mental disorder worldwide, (WHO. 2022; GDB, 2017), This may be the case in Africa as a whole and in Nigeria in particular, although, prevalence studies point to a lower rate of depression among Africans (James., Abate, Abate, et al. 2018; WHO, 2012). It is against this background that this study was designed to focus on depression among adult patients in the teaching hospital environment other than the psychiatric unit. As mentioned earlier, previous authors have confirmed the prevalence of depressive illness in the Nigerian environment, (Gbadamosi, et al., 2022; Aluh, et al., 2020). The variation in presentation and symptomatology has also been highlighted (Hinze, et al., 2024; Rice, 2019; Shafi, & Shafi, 2014). However,

more information is needed as to the severity and co-morbidity with other medical diagnosis, and the number of patients who suffer from depression among other hospital groups, apart from psychiatric clinics in Nigeria, hence this study. Research on mental disorders has been growing steadily in Nigeria, since the ground breaking epidemiological studies carried out by Lambo *et al* in the 1960s. Gbadamosi, et al., (2022), tried to fill the gap identified in several earlier studies on prevalence of depression in sub-Saharan Africa (SSA), its risk factors, pathophysiology, experimental models to contextualise the experience and understanding of depression and its diagnosis in sub Saharan Africa. This study found that the SSA region, contributes about 10% of the global burden of mental disorders. Agwu, et al., (2024), in their study, determined the prevalence of depression and risk factors associated with depression among 60 patients with heart failure attending the Cardiology clinic in Rivers State University Teaching Hospital, using an interviewer administered structured questionnaires to obtain socio-demographic, behavioural and disease related variables. The Patient Health Questionnaire-9 was used to diagnose and classify the severity of depression. They found that, 39 patients were depressed indicating a prevalence of depression was 65%. A breakdown of the level of depression shows that 20 (33.3%) of the patients had mild depression, 12 (20%) patients were moderately depressed while 7(11.7%) of the clients had severe depression according to the Patient Health Questionnaire. Aluh, et al., (2020), examined the Prevalence and correlates of depression, anxiety and stress among 408 undergraduate students from seven pharmacy schools in Nigeria using an online survey. The study was a cross-sectional descriptive survey. They found, the prevalence of depression, to be 44.6%, while that of anxiety was 63.5%, and stress was 35%. Depression and stress were also, found to be positively correlated. Sanni et al., (2018), studied the Epidemiology of Depression in a Primary Care Setting in North Central Nigeria among 425 adult patients attending the family medicine clinics of university of Ilorin Teaching Hospital (UITH), Ilorin, Nigeria. The Hospital Anxiety and Depression Scale (HADS) was used to screen the respondents for depression. They found a prevalence of depression of 24.9%. Age was also found to be related to self-reported depressive symptoms. Adewuya, Bola, Ajayi, Oyedeji, Balogun and Mosaku, (2006) conducted a study on the prevalence and correlates of depression in Nigerian patients with heart failure, using 105 patients with heart failure from the cardiovascular section of the consultant outpatient clinic at Ife State Hospital (ISH) and Westly Guild Hospital (WGH), Ilesa, Osun State, Nigeria. Major depression was experienced by 28 (27.5%) of the patients.

Study Objective

The main objective of this study was to determine the prevalence of depression in non-

psychiatric patients (General Outpatient Department, Obstetrics & Gynaecological, Medical, and Surgical Wards) in OAUTHC. The study hypothesized that, there, will be no significant difference in the prevalence of depression among participants in non-psychiatric units (General Outpatient Department, Obstetrics & Gynaecological, Medical, and Surgical Wards) in OAUTHC.

Methodology

Research Design

The study employed a cross-sectional descriptive survey design of both inpatients and outpatients' population. This is due to the nature of the research, as it sought to find out the relationship that may exist among the dependent variable (depression) and the independent variable (physical illness). The survey method also, allows researchers to collect data on several variables simultaneously, it however, implies no direct manipulation of any variable.

Participants/Sampling

The study population consisted of male and female patients in the general outpatient department, Obstetrics and Gynaecological, Medical, and Surgical wards of the OAUTHC, Ilesa and Ile-Ife calculated to be 14,899 in the year 2019. Going by Leslie's formula,

$$n = \frac{Z^2 P(1-P)}{d^2}$$

using the general population prevalence of depression of 5.2%, standard deviation of 1.96% and a precision level of 0.05, a sample size of 320 was obtained. This was rounded up to 402. The sample for the study consisted of 402 educated patients drawn from the General Outpatient Department (160), with a mean age of 38.8 and standard deviation of 10.7, Obstetrics and gynaecology ward (127), with a mean age of 34.2 with a standard deviation of 10.21. The Surgical Department (70), with a mean age of 33.7 and a standard deviation of 10.6. The Medical Department, (45) with a mean age of 37.9 and standard deviation of 10.3 years. Two hundred and forty-four (244) or sixty one percent (61%) of the participants were females and the remaining 158 (39%) were males.

Research Instruments

A single paper and pencil self-report research protocol was used to elicit data from participants, it included questions that elicited demography information from respondents and a standardized psychological instrument; the Beck Depression Inventory (BDI), developed by Aaron Beck (1972), was used to measure depression. The BDI consist of 21 items described in

simple sentences, each item has 5 different questions in the form of statements to which the respondent ticks the one that best describes their feelings. The items are arranged in alternative statements numbered 0, 1, 2c, 2b, and 3, to express severity of experience of the symptoms. The items are scored according to the number/figure before each statement ticked by the respondent. Ratings are summed up to obtain total scores, and compared to the original classification by Beck (1972), as follows, 0-9 normal range, 10-15 mild, 16-19 mild/moderate, 20-29, moderate- severe and 30-63 severe depression. Steer and Beck (1988) indicated that BDI scores greater than 18 may indicate possible depression within normal adult population.

The mean scores for American males is -5.5, Standard Deviation - 6.7. Mean scores for American females were - 4.7 Standard Deviation - 6.0. Internal consistency was demonstrated by significant relationships between each item and BDI total score. An odd-even item correlation of 0.86 was obtained along with Spearman Brown correlation of 0.93. Beck (1987), reported split half reliability ranging from .78 to .93. The mean coefficient alpha reported was .87 (Steer, Beck and Garrison, 1985), with test-retest correlations of .75 for one month and .75 for undergraduates after 3months (Beck, 1987). Several pieces of evidence for the construct validity of the BDI were reviewed by Beck (1972). With a sample of 606 patients, a correlation of 0.72 was observed between BDI scores and clinicians rating of depression, but only 0.14 between the BDI and clinicians' anxiety ratings. In the Nigeria, Uzoka, (1987), observed a high degree of concordance between three rating scales, namely MMPI, the Behavioral Rating Scale and the Beck Depression Inventory. Awaritife, (1988), concluded that the BDI is valid for use as a test, which taps certain aspects of psychopathology in the Nigerian culture among the literate population. Significant correlation observed was between the BDI and the API, Clinical Anxiety Scale and Neuroticism Scale of the Maudsley Personality Inventory, meaning that it can be used to get valid information on the Nigerian population.

Procedure

Questionnaires were administered by the researcher after providing adequate explanation about the study's objectives and seeking the consent of potential respondents. Administration of the research protocol took place on the clinics days of the selected departments involved the study and in the wards for those on admission during the period of study. This was preceded by an application by the researcher for permission from the Ethical and Research Committee of Obafemi Awolowo University Teaching Hospitals Complex. A space of three months was given to complete administration of the questionnaires. Collected questionnaires were examined and properly sorted to ensure that they were properly completed before leaving the presence of the respondents.

Research Objective: the main objective of this study was to determine the prevalence of depression in non-psychiatric patients (General Outpatient Department, Obstetrics & Gynaecological, Medical, and Surgical Wards) in OAUTHC.

Guiding Statement of Hypothesis

There will be no significant difference in the prevalence of depression among participants in non-psychiatric units (General Outpatient Department, Obstetrics & Gynaecological, Medical, and Surgical Wards) in OAUTHC.

Results

Prevalence of Depression in the Study Population

The main objective of the study was to determine the prevalence of depressive symptoms in the study population. To achieve this, the original norms of the Beck Depression Inventory (BDI) was used to categorize the patients into “Normal” and those with the presence of some depressive symptoms as recommended by the author of the scale. Those who scored between 0 and 9 on the BDI were categorized as “normal”.

Table 1: Prevalence of Depression in the study population

Depression	N	%
0-9 Normal	227	56.5
10-15 Mild Depression	70	17.4
16-19 Mild-Moderate Depression	36	9.0
20-29 Moderate-Severe	46	11.4
30-63 Severe Depression	23	5.7
Total	402	100.0

The above table shows that, of the total number of respondents, 227 (56.5%) obtained scores within the normal range using the original norms of Beck Depression Inventory. This means that 175 (43.5%) of the patients had symptoms of depression which in turn puts the prevalence of depression in the study population to be 43.5%. A breakdown of the level of depressive symptoms of patients in the study population shows that 70 (17.4%) of the patients obtained scores within the range of mild-depression, 36 (9.0%) had scores within the range of mild-moderate depression, 46 (11.4%) obtained scores within the range of moderate-severe depression and finally, 23 (5.7%) of the patient had scores that points to suffering severe depressive symptoms on the Beck Depression Inventory.

Table 2: Prevalence of Depression by Wards

Ward	Normal		Depressive symptoms present	
	Frequency	Percentage %	Frequency	Percentage %
GOPD	89	55.6	71	44.4
O & G	74	58.3	53	41.7
Surgical	41	58.6	29	41.4
Medical	23	51.1	22	48.9
Total	227		175	

The table above indicate that, of the 160 participants selected from the GOPD, 71 (44.4%) as having symptoms of depression. The figure for the Obstetrics and Gynaecological department is 53 (41.7%) out of 127. That for surgical department is 29 (41.4%) out of 70 and the medical department indicate 22 (48.9%) of the 45 participants experienced some symptoms of depression.

Table 3: Breakdown of Prevalence of Depression by Wards

	Ward/Clinic Medical		GOPD		Surgical		O & G		Total	
	Count	%	Count	%	Count	%	Count	%	Count	%
0-9 Normal	23	5.7%	89	22.1%	41	10.2%	74	18.4%	227	56.5%
10-15 Mild Depression	13	3.2%	25	6.2%	13	3.2%	19	4.7%	70	17.4%
16-19 Mild-Moderate Depression	3	0.7%	20	5.0%	4	1.0%	9	2.2%	36	9.0%
20-29 Moderate-Severe	4	1.0%	15	3.7%	7	1.7%	20	5.0%	46	11.4%
30-63 Severe Depression	2	0.5%	11	2.7%	5	1.2%	5	1.2%	23	5.7%
Total	45	11.2%	160	39.8%	70	17.40%	127	31.6%	402	100.0%

A breakdown of depressive symptoms in the wards shows that in the medical ward, 23 (5.7%) of the participants had scores within the normal range, 13 (3.2%) had scores within the range of mild depression, 3 (0.7%) had scores within the range mild/moderate depression, 4 (1.0%) had scores within the range of Moderate/severe depression and lastly 2 (0.5%) had scores that indicates severe depression. In the G.O.P.D, 89 (22.2%) out the participants obtained scores within the normal range on the Beck Depression Inventory, 25 (6.2%) of them scored

within the range of mild depression, 20 (5.0%) of the participants scored within the mild-moderate range, while participants who scored within the range of Moderate severe depression were 15 (3.7%), and those whose scores were within the severe depression range were 11 (2.7%). In the surgical ward, 41 (10.2%) of the participants had scores within the normal range, 13 (3.2%) scored within the range of mild depression, 4 (1.0%) had scores with the range of mild/ moderate depression, while 7 (1.7%) of the clients had scores within the range of Moderate/severe depression and finally, 5 (1.2%) had scores that indicate range of severe depression. Lastly, 74 (18.4%) participants in the O & G department scored within the normal range on the Beck Depression Inventory, 19 (4.7%) others had scores within the range of mild depression, 9 (2.2%) participants scored within the range of mild/moderate depression, 20 (5.0%) of them had scores within the range of moderate - severe depression and the remaining 5 (1.2%) in the O & G department scored within the range of severe depression.

Diagram 1: Bar Chart showing the Prevalence of Significant Depressive Symptoms in study population in percentages

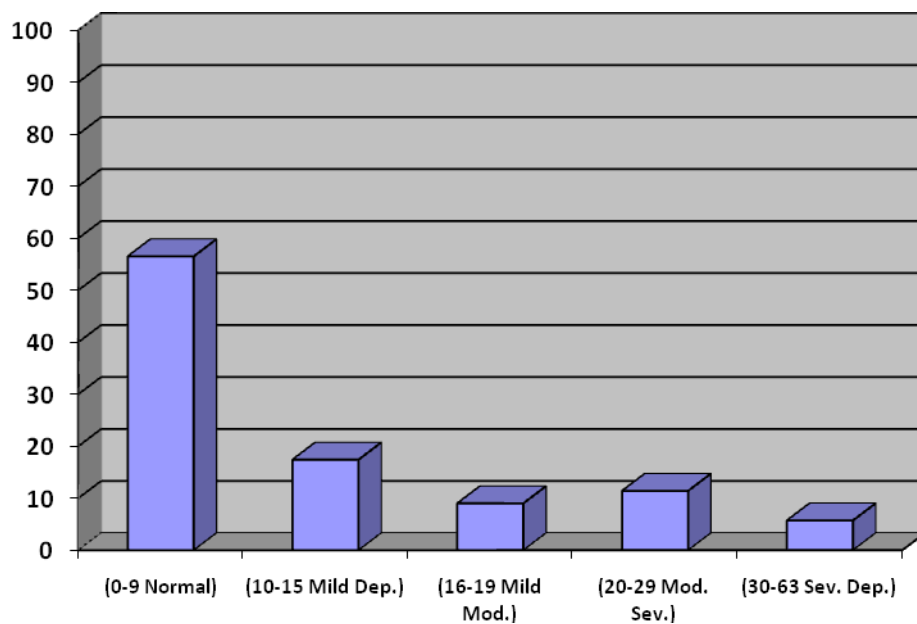
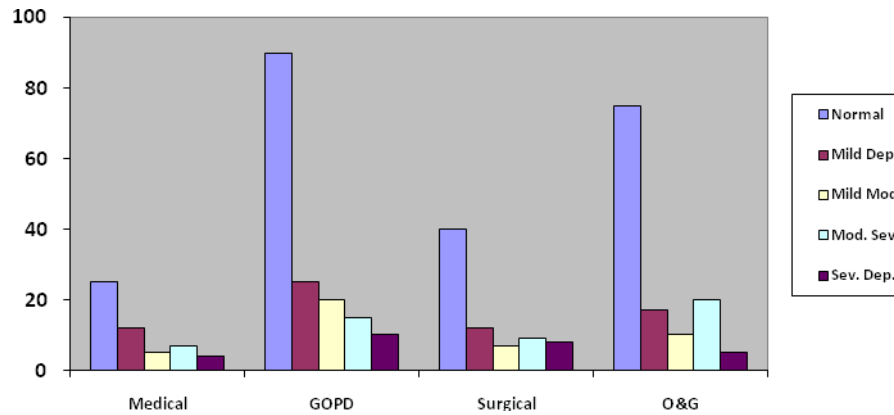


Diagram 2: Bar Chart showing prevalence of depressive symptoms by Ward/units



Ward/clinic

Hypothesis Testing: the stated hypothesis that there will be no significant difference in the prevalence of depression among participants in non-psychiatric units (General Outpatient Department, Obstetrics & Gynaecological, Medical, and Surgical Wards) in OAUTHC was tested by means of the one-way analysis of variance (ANOVA). The results are in Table 5.

Table 4: Means and Standard Deviation for the Wards

Variables	N	Mean	SD	Std. Error	95% Confidence Interval for Mean	
					Lower Bound	Upper Bound
Medical	45	10.78	9.21	1.37	8.01	13.54
GOPD	160	11.25	9.94	.79	9.69	12.80
Surgical	70	10.97	8.96	1.07	8.83	13.11
O and G	127	10.70	9.43	.84	9.04	12.36
Total	402	10.98	9.50	.47	10.04	11.91

Table 5: Summary of the ANOVA on Depression in non-psychiatric units

	Medical	GOPD	Surgical	O and G	Total
N	45	160	70	127	402
Mean	10.78	11.25	10.97	10.71	10.98
SD	9.21	9.94	8.96	9.43	9.50

Source	Sum of squares	Df	Mean Square	F	Sig.
Between Groups	23.40	3	7.80	.086	.97
Within Groups	36204.35	398	90.97		
Total	36227.75	401			

No statistically significant difference in the prevalence of depressive symptoms in the participants in the different departments/units ($F \{3,398\} = 0.086, P > .05$). This finding

suggests that, although there were differences in the means scores of the patients selected from the different departments/units on the BDI, these differences were minimal and not strong enough to approach conventional levels of statistical significance. Therefore, the hypothesis is accepted.

Discussion

The present study tried to find out the prevalence of depressive symptoms among a population of clients being managed in non-psychiatric departments of a teaching hospital. The finding of this study revealed some important outcomes. According to the results of this study presented earlier above, there is high (43.5%) prevalence of depression among the study population. Also, there was no difference in the level depression experienced by participants in the different departments/wards involved in the study.

The present study is in consonant with Gbadamosi, et al., 2022 review of the prevalence of depression in sub-Saharan Africa. It is also in agreement with Aluh, et al., (2020), that found a prevalence of depression to be 44.6%, among undergraduate students from seven pharmacy schools in Nigeria. Sanni et al., also found a similar result with this study as their result indicated a prevalence of depression to be 24.9% among adult patients attending the family medicine clinics of university of Ilorin Teaching Hospital (UITH), Ilorin, Nigeria

This study's finding is also supported by with results of studies from over three decades pointing to suffering of depression, for example Grace, et al., (2005), that found a prevalence of depressive symptoms in patients in the coronary care unit to be 31.3%. The finding of the present study is also in line with the findings by Adewuya, Bola, Ajayi, & Oyedeji, (2006), who conducted a study of prevalence and correlates of depression in Nigerian patients with heart failure. Major depression was found in 28 (27.5%) of the participants. One possible explanation for the lower percentages observed by these other researchers could be that their studies concentrated on those with major depression. The finding of the present study is also in consonant with the result of Poe, Fred, Lowell, Henry and Fox (1980), who found that 52% of 192 patients seen in the General hospital outpatient clinic were depressed, during routine psychiatric consultation. In clinical practice, all the patients (43.6%) in this study who scored above the norm (0-9 on the BDI) would require attention and perhaps, various degrees of intervention. The outcome of this study and similar earlier studies on the prevalence of depression, also suggests that, there may be a higher prevalence of depression among non-psychiatric clients in various hospital departments when compared to findings from general population studies, (WHO. 2022; GDB, 2017). An important implication of the above finding is that, clients who experience various forms of physical illnesses might also, be predisposed to

co-occurring illness of depression with the illness that resulted in their visit to the hospital.

The result of the present study also revealed that the level of depressive symptoms self-reported by clients in the departments/wards involved in the study was similar. From the result, there was no difference in the prevalence of depression amongst clients in the departments involved in the study. The likely explanation for this might be that, most people who visit hospitals for the treatment of a medical condition are not too pleased about their situations or conditions. This might result to negative thinking, which is one of the precursors of depressive illness according to the cognitive theorists (Beck, 1967), The negative thinking and the fact that clients are most often not pleased about their illness can increase the symptoms of depression they self-report. Also, looking at the similar results of participants on admission and those receiving outpatient care (GOPD), although, one expects patients already admitted to the surgical or medical departments to report more symptoms of depression than those involved in outpatient care (G.O.P.D). because their conditions might seem more severe, to require being admitted, clients who visited the G.O.P.D self-reported similar number of depressive symptoms like their counterparts already on admission according the findings of study. This may be because clients receiving outpatient care may not be visiting the hospital for the first time for their conditions, and the more visits they make to the hospital, the more their experience of anxiety, fear and frustrations might increase. The implication of these is that, they might become preoccupied with negative thoughts about their illness, which can predispose them to increased experience of sadness and depression. Another reason why some patients who are reporting to the General Outpatient Department (G.O.P.D) for first time experience symptoms of depression might be that, such individuals might have engaged other means for treating their conditions earlier, without success but when their illness becomes very severe, they now agree to come to the hospital for treatment. These individuals might feel hopeless and become despondent which are significant reasons why people suffer depression. Furthermore, although patients in obstetrics and gynaecological department who are pregnant are not generally viewed as suffering any illness, but pregnancy on its own brings some form of stress and demands adjustment on the part of the individual concerned. It is especially worse if it was not planned for or there is a problem of paternally which might cause frustration for the patient. Also, some clients who report to the Obstetrics and Gynaecological Unit might be experiencing a challenge with infertility, fibroid, and some others might have lost their babies during child birth and this might lead to depressive symptoms. Depression is a common risk factor for some medical and surgical conditions and procedures, for example heart disease, post-partum depression after delivery, diabetics and so on. Participants in the units/departments studied also have similar risks of depressive illness because of their conditions. Depression and/or anxiety are often

experienced after surgical procedures at various times post operatively, (Nagabhirava, et al., 2023; Shefer, 2014). Depression has also been linked to immune function and mortality in patients with Chronic illness (Vadakkiniath, et al. 2023; Katon,2011; Lee &Giuliani 2019). The importance of physicians to be conscious of symptoms other than non-psychiatric patients present with cannot be overemphasized and this calls for training and updating of physicians in practise.

Conclusion

This study made an attempt to find out the prevalence of depression in patients in non-psychiatric departments/units in a Nigerian teaching hospital. Interestingly, the study established that some patients attending non psychiatrics departments involved in the study met the criteria to be diagnosed as suffering depression by the instrument used to measure depression by the study. Also, the results of the study showed that participants in the different departments/units involved in the study self-reported similar levels of depression.

Analysis of data collected and interpretation shows that, the prevalence of depression in the study was not different in all of the departments involved in the study. Conclusively, the present study concludes that, patients in other units/wards apart from the psychiatric department of OAUTHC experience symptoms of depression.

Limitation of the Study

One main limitation of this study is that it was not an experimental design. This means that the results cannot be analyzed in terms of cause and effect. Another limitation of this study was the use of only educated respondents, because the questionnaires required respondents to complete the research protocol themselves, so only those who could read and write in English language participated in the study which limits the versatility of response elicited. Although, it is possible to translate the instrument used for the Study (The Beck Depression Inventory), but a translated Version to the local language (s) would not be useful for clients who cannot read and write in any local language the instrument is translated to. Furthermore, administering the instrument by interpreting the items on the Beck Depression Inventory to participants might lead to responses that are either incorrect or misrepresented by both the interpreter and the participant. Finally, a very important limitation of this study was that patients whose score on the BDI put them in the range of moderate/severe and severe depression should have been referred to the psychiatric unit but ethical agreement of this research did not include referrals.

Recommendation

More understanding of the factors or reasons that might cause depression in patients will go a long way in reducing symptoms of depression and depressive illness in patients. Greater insights can be discovered on why some physically ill patients have more symptoms of depression than others by exploring factors that could precipitate or exaggerate depressive symptoms or illness since people are different in the way they react to different situations. Furthermore, health professionals also need to be equipped and conscious of co-morbid disorders that patients might suffer apart from the primary medical conditions they report to the hospital for. To ensure this, the government and hospital management can engage various health professionals like psychologist, so that other medical conditions apart from those directly reported by patients can be easily observed and attended to. It is recommended that further research in this area would throw more light on the factors that cause depressive symptoms and how they can be reduced effectively.

Conflict of Interest

The present study was self-sponsored, there is no conflict of interest concerning this study by any individual or organisation. This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

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